

1 RULE NOS.: RULE TITLES:

2 65C-16.001 Definitions

3 65C-16.002 Adoptive Family Selection

4 65C-16.005 Evaluation of Applicants

5 65C-16.012 Types of Adoption Assistance

6 65C-16.001 Definitions.

7 (1) "Abuse Hotline" means the department's single statewide toll-free telephone number established
8 for the purpose of receiving reports of child abuse, abandonment or neglect.

9 (2) "Adoption" means "adoption" as defined in Section 63.032(2), F.S.

10 (3) "Adoption Assistance" as defined in Section 409.166(2)(b), F.S.

11 (4) "Adoption Entity" means "adoption entity" as defined in Section 63.032(3), F.S.

12 (5) "Adoption Exchange" means a mechanism for linking adoptive family resources with children
13 needing adoption placement. The Exchange serves all department and community based care staff, and
14 the staff of licensed child placing agencies in Florida.

15 (6) "Adoption Home Study" means a written evaluation of the adoptive parents' capacity for adoptive
16 parenthood. The home study assesses the applicants' home and living environment, their marriage,
17 family and social activities and relationships as set forth in Section 39.521(2)(r), F. S.

18 (7) "Adoption Reunion Registry" means a voluntary computer database ~~data base~~ which acts as a
19 repository for current names, addresses and telephone numbers of parties to any Florida adoption as set
20 forth in Section 63.165, F. S.

21 (8) "Agency" means agency as defined in Section 63.032(~~65~~), F.S.

22 (9) "At-Risk Adoptive Placement" means "At-Risk Placement" as defined in Section 63.092, F. S.
23 ~~a placement of a minor in the home of an approved adoptive parent prior to the termination of the minor's~~
24 ~~parents' parental rights.~~

25 (~~10~~) "~~Children's Case Manager~~" means ~~a person who is responsible for participating in the~~
26 ~~development and implementation of a service plan, linking the behavioral health service providers to a~~

27 ~~child or adolescent and his or her family, monitoring the delivery of behavioral health services, providing~~
28 ~~advocacy services, and collecting information to determine the effect of the behavioral health services and~~
29 ~~treatment.~~

30 (1011) “Community Based Care Provider” means a private licensed child-placing agency which has
31 entered into a contract with the department to provide supervision of and services to families and children
32 who remained at home with one or both parents and in out-of-home placements.

33 (1112) “Court” means “court” as defined in Section 63.032(87)

34 (1213) “Custodian” means a person or entity in whom the legal right to custody of a child is vested.

35 (1314) “Department” means the Department of Children and Family Services.

36 (1415) “Disruption” means the termination of an adoption placement prior to legal finalization.

37 (1516) “Dissolution” means a termination of an adoption following legal finalization.

38 (1617) “Circuit/Region” means a geographic area through which the department and community
39 based care lead agencies plan and administer its programs.

40 (1718) “Intermediary” means “intermediary” as defined in Section 63.032(109), F.S.

41 (1819) “Interstate Compact on the Placement of Children” means an agreement among states, enacted
42 into law in all 50 states, the District of Columbia and the Virgin Islands, which governs the interstate
43 movement of children. It establishes orderly procedures for the interstate adoptive or out of home
44 placement of children, including post-placement supervision.

45 (1920) “Lead Agency” means “eligible lead community-based provider” as defined in Section
46 409.1671(1)(e), F.S.

47 (2021) “Licensed Child-Placing Agency” means “licensed child-placing agency” as defined in
48 Section 39.01, F.S.

49 (2122) “Mental health multidisciplinary team” means the group of people brought together by the
50 child’s mental health case manager to plan and coordinate mental health and related services to meet the
51 child’s needs in the most appropriate, least restrictive setting. Members of the team should include the
52 child, unless contraindicated, the child’s parent or legal guardian, caregiver, targeted case manager,

53 psychiatrist, therapist or behavioral specialists, and any other agency representative who is providing
54 mental health or related services to the child.

55 ~~(2223)~~ “Non-Recurring Adoption Expenses” means reasonable and necessary adoption fees, court
56 costs, attorney fees, and other expenses that are directly related to the legal adoption of a special needs
57 child, that were incurred prior to adoption finalization.

58 ~~(24)~~ “Placement” means the act of physically moving a minor into the physical custody of the
59 prospective adoptive parent or in the case of adoption by a foster parent or relative, or other current
60 caregiver, the date the placement agreement is signed.

61 ~~(25)~~ “Primary Residence and Place of Employment in Florida” means “Primary Residence and Place
62 of Employment” as defined in Section 63.032(17), F. S.

63 ~~(26)~~ “Qualifying Adoptive Employee” means a full time, part time or retired employee receiving
64 retirement benefits of a state agency who is paid from regular salary or retirement appropriations or who
65 otherwise meets the employer’s definition of a regular rather than temporary employee and who adopts a
66 child pursuant to Chapter 63, F.S. For purposes of this definition, the term includes instructional
67 personnel, as defined in Section 1012.01, F.S., employed by the Florida School for the Deaf and the
68 Blind.

69 ~~(2327)~~ “Relative” means “relative” as defined in 39.01(~~6463~~).

70 ~~(2428)~~ “Significant Emotional Tie” means the relationship between a child and his or her caretaker
71 family when a child is bound to that family in such a vital and ardent manner that removal of the child
72 from that family would have detrimental consequences for the child. This term is also used in evaluating a
73 child’s eligibility for adoption subsidy when the question of eligibility rests solely on his adoption by the
74 current caretaker.

75 ~~(2529)~~ “Sibling” means one of two or more individuals having one or both parents in common.

76 ~~(2630)~~ “Single Point of Access” means the designated staff person or Alcohol, Drug Abuse and
77 Mental Health staff person or the authorized agent designated by the department within a geographical
78 area who is identified as the point of contact to assist the case management or adoption counselor in

79 accessing mental health assessments and other mental health services for children adopted from foster
80 care or in the care and custody of the department or the appropriate entity within the community based
81 care agency.

82 ~~(2734)~~ “Special Needs Child” means “special needs child” as defined in Section 409.166(2)(a), F. S.
83 ~~(32) “State Agency” means a branch, department, or agency of state government for which the Chief~~
84 ~~Financial Officer processes payroll requisitions, a state university or community college as defined in~~
85 ~~Section 1001.21, F.S., a school district unit as defined in Section 1001.30, F.S., or a water management~~
86 ~~district as defined in Section 373.019, F.S.~~

87 ~~(2833)~~ “Suitability of Intended Placement” means “suitability of intended placement” as set forth in
88 63.032(17), F. S. ~~the fitness of the intended placement with primary consideration given to the welfare of~~
89 ~~the child and fitness and capabilities of the adoptive parents for a particular child.~~

90 ~~(2934)~~ “To Place” means the process whereby a parent or legal guardian surrenders a child for
91 adoption or a child’s parents’ parental rights are terminated by a court for adoption and the prospective
92 parents’ receiving and adopting the child including all actions by any person or agency participating in the
93 process.

94 *Rulemaking Specific Authority 39.0121, 63.233, 409.166(8), 409.167(6) FS. Law Implemented*
95 *39.01, 39.521, 39.704, 63.032, 63.092, 63.165, 63.212, 409.166, 409.167, 790.174, FS. History–New 4-*
96 *28-92, Amended 4-19-94, Formerly 10M-8.0013, Amended 12-4-97, 8-19-03, 11-30-08, 7-21-10.*

97 65C-16.002 Adoptive Family Selection

98 *Rulemaking Authority 39.012, 39.0121, 39.0137, 63.233, 409.166(8) FS. Law Implemented 63.039(1),*
99 *63.042, 63.0425, 63.085, 409.145 FS. History–New 2-14-84, Formerly 10M-8.02, Amended 5-20-91, 4-*
100 *28-92, 4-19-94, 8-17-94, 1-8-95, Formerly 10M-8.002, Amended 12-4-97, 12-23-97, 8-19-03, 11-30-0,*

101 *Repealed - -13.*

102 65C-16.005 Evaluation of Applicants.

103 (1) No person shall be denied the opportunity to become an adoptive parent on the basis of race, color
104 or national origin. The placement of a child with a particular family must not be denied or delayed on the

105 basis of race, color or national origin of the family or the child.

106 (2) An adoptive home A social study which involves careful observation, screening and evaluation
107 shall be made of the child and adoptive applicants prior to the adoptive placement of the child. The aim of
108 this evaluation is to select families who will be able to meet the physical, emotional, social, educational
109 and financial needs of a child, while safeguarding the child from further loss and separation from primary
110 caregivers caretakers. Completing a Child Study is a required part of the preparation needed to identify
111 an adoptive family for a specific child. Before preparing the child study, the appropriate case manager or
112 adoption caseworker must be thoroughly familiar with the content of the child's entire record. The child
113 study must include the current and projected or future needs of the child based on all available
114 information regarding the child and the birth parents' family and medical history. The child study is also
115 critical documentation for subsidy purposes of the child's special needs. Rather than repeat information
116 from an evaluation or the Comprehensive Behavioral Health Assessment in a child study, these
117 documents may be attached and referenced in the child study. All available family and medical history
118 information shall be provided to the adoptive parents prior to or at the time of the adoptive placement.
119 The child study, with identifying information redacted, will be part of the written background information
120 provided to the adoptive family. A child study shall include:

121 (a) Developmental History. A developmental history must be obtained from the birth parents
122 whenever possible. When the child has been in care for a period of time, developmental history obtained
123 from birth parents must be supplemented by direct observation by the case manager or adoption
124 caseworker, foster parents, pediatrician, and if indicated, other caregivers, a psychologist, teachers and
125 other consultants. The developmental history must include:

126 1. Birth and health history;

127 2. Early development;

128 3. Child's characteristic way of responding to people;

129 4. Deviations from the normal range of development; and

130 5. Child's prior experiences, including continuity of care, separations, and information regarding

131 other known significant relationships and placements the child had prior to and since entering out-of
132 home care.

133 (b) Medical History. A medical examination must be completed by a qualified physician, preferably a
134 pediatrician, to determine the child's state of health and significant health factors which may interfere
135 with normal development. The medical history shall take into consideration the following:

- 136 1. Circumstances of birth and possible birth trauma;
- 137 2. Congenital conditions which may have been corrected or need additional correction or treatment;
- 138 3. Physical handicaps that may interfere with normal activity and achievement;
- 139 4. Significant illnesses and health of the child, parents and other family members; and
- 140 5. Immunization record of the child.

141 (c) Family History. Family history will be obtained from birth parents whenever possible and will
142 include all significant information about both parents and their siblings. Information about the child's
143 birth family, which will be shared with the adoptive family and later with the child, shall be carefully and
144 accurately recorded. This information must include:

- 145 1. Age of both parents;
- 146 2. Race, national origin or ethnicity;
- 147 3. Religion;
- 148 4. Physical characteristics;
- 149 5. Educational achievements and occupations;
- 150 6. Health, medical history and possible hereditary problems;
- 151 7. Personality traits, special interests and abilities;
- 152 8. Child's past and present relationships with family members and the significance of these
153 relationships; and
- 154 9. Actual or potential impact of past abuse, neglect or abandonment.

155 (d) Psychological and Psychiatric Evaluations. Psychological or psychiatric evaluations of children
156 known or suspected of having mental health problems must be obtained prior to the adoptive placement.

157 A child who will be placed for adoption with medical subsidy for treatment of a psychological or
158 psychiatric condition must have had such an evaluation within the 12 month period preceding the
159 adoptive placement.

160 (e) Heredity. There are no hereditary factors that rule out adoptive planning for a child. Genetic and
161 medical professionals will assist in deciding which hereditary conditions entail significant risk because
162 they limit life expectancy or adversely affect normal development. With the recognition that there are
163 adoptive parents who are willing to accept children with special needs, such conditions must be carefully
164 evaluated. An unfavorable diagnosis does not rule out adoption for the child when there are families
165 willing to assume the risks.

166 (f) Pre-placement Physical Examination. Prior to placement every child must have received their most
167 recent well-child check-up. No child will be placed without a physical which has been conducted within
168 twelve months of placement unless there is a known or suspected medical condition. When there is a
169 known or suspected medical condition, a physical within six months prior to placement will be required.
170 If the adoptive family prefer, an additional examination may be completed at their expense, and a copy
171 provided for the child's case record. It is important that this examination be thorough and provide the
172 potential adoptive family and the case manager and adoption caseworker with a clear understanding of the
173 child's physical condition.

174 (g) Education. An educational history must be documented for the child, including all schools
175 attended, current grade, and a summary of the child's report cards and his/her Individual Educational
176 Plan, if appropriate. An interview with the child's current teacher is required in order to document issues
177 related to academics, socialization skills and behavioral concerns.

178 (3) In determining which home studies and applications for adoption should be approved, all of the
179 following criteria, not listed in any order of priority, must be considered:

180 (a) The child's choice, if the child is developmentally able to participate in the decision. The child's
181 consent to the adoption is required if the child is age 12 or older unless excused by the court;

182 (b) The ability and willingness of the adoptive family to adopt some or all of a sibling group, although

183 no individual child shall be impeded or disadvantaged in receiving a loving and nurturing home due to the
184 inability of the adoptive family to adopt all siblings. The needs of each individual child must be
185 promoted;

186 1. When considering adoptive placement of a sibling group, consideration must include the fact that a
187 sibling relationship is the longest lasting relationship for a child and placing siblings together, whenever
188 possible, preserves the family unit.

189 2. In situations where consideration is being given to separating siblings who are in an open
190 dependency case, the adoption unit must staff the case as a team. The team must consider the emotional
191 ties existing between and among the siblings and the degree of harm which each child is likely to
192 experience as a result of separation. The positives and negatives of keeping the children together must be
193 thoroughly explored, and at least one member of the team must be assigned the role of defending the
194 position of placing the children together. In particularly difficult cases, professionals who have expertise
195 in this area can be consulted.

196 3. The decision to separate siblings who are in an open dependency case shall be approved in writing
197 and documented in the Florida Safe Families Network (FSFN) by the community based care or sub-
198 contractor staff charged with this responsibility. The community based care or sub-contractor staff will
199 prepare a memorandum directed to a designated community based care or sub-contractor staff describing
200 efforts made to keep the siblings together and an assessment of the short term and long range effects of
201 separation on the children. The memorandum must also include a description of the plan for post adoption
202 communication or contact. for future contact between the children if separation is approved.

203 4. If, after placement as a sibling group, one child does not adjust to the family, a decision must be
204 made regarding what is best for all of the children. The adoption staff must review this situation as a
205 team, and choose the plan that will be least detrimental to the children. The decision must be documented
206 in the children's records, including the Florida Safe Families Network (FSFN) . This documentation must
207 also include the plan for future contact if the decision is to pursue separate placements.

208 (c) The commitment of the applicant to value, respect, appreciate, and educate the child regarding his

209 or her racial and ethnic heritage and to permit the child the opportunity to know and appreciate that ethnic
210 and racial heritage;

211 (d) The family's child rearing experience. Applicants with previous child-rearing experience who
212 exhibit the energy, physical stamina, and life expectancy which would allow them to raise the child to
213 adulthood and who have a demonstrated history of having provided consistent financial support to other
214 minor children, either birth or adopted, will be considered. Applicants who do not have previous child
215 rearing experience but who demonstrate the capacity to parent a special needs child will also be
216 considered. Applicants who have experienced an adoption disruption or dissolution in the past must be
217 carefully evaluated. When evaluating the previous disruption or dissolution experience, staff must assess
218 the reasons for the disruption or dissolution, the family's openness in dealing with the problems that led
219 to the disruption, their willingness to accept help with the problems, and their willingness to help the child
220 move to the next placement;

221 (e) Marital Status. Applications to adopt will be accepted from married couples and from single
222 adults. Couples married less than two years must be given particularly careful evaluation;

223 (f) Residence. Florida families must be prepared to remain in Florida long enough to have the
224 adoption study completed, the child placed, and the adoption finalized. Families from other states wishing
225 to adopt Florida children may apply and be studied by an agency authorized or licensed to practice
226 adoption in their state of residence. Out of state placements will be facilitated through established regional
227 or national adoption exchanges or directly with out of state agencies, and will comply with the
228 requirements of the Interstate Compact for the Placement of Children;

229 (g) Income. The family must have income and resources to assure financial stability and security to
230 meet expenses incurred in adequate care of the family. While a family's income must meet the needs of
231 its current members, a family interested in a special needs child must not be precluded from consideration
232 if the availability of an adoption subsidy would enable them to adopt a special needs child. Management
233 of current income and the ability to plan for future changes in income so that the child's social, physical
234 and financial needs will be met are as important as the amount of income;

235 (h) Housing and neighborhood. Housing and neighborhoods must provide adequate space and the
236 living conditions necessary to promote the health and safety of the family;

237 (i) Health. Applicants will be required to fully disclose health history about themselves and each
238 member of the household, including current health status, ~~including~~ any condition that is progressive and
239 debilitating in its course, and any past and current treatment and services received for such condition,
240 ~~regarding themselves and each member of the household.~~ A current physical shall not be required unless
241 the applicant has disclosed a physical, mental or emotional condition that jeopardizes the safety and
242 permanency of the child's placement. ~~The physical, mental and emotional health of the prospective~~
243 ~~adoptive household members must not jeopardize the safety and permanency of the child's placement and~~
244 ~~will be considered in determining the best interest of the child;~~

245 (j) Other Children, Including Adult Children, of in the Family. When families have children by birth
246 or adoption, the anticipated impact of a new child on the family must be considered. Contact must be
247 attempted and documented with each child living within or outside of the adoptive family home in order
248 to determine the anticipated impact on the family. All household members, children and adults, shall be
249 interviewed and included in the assessment of the family;

250 (k) Working Parents. The willingness and ability of prospective adoptive parents who are employed
251 outside the home to make arrangements to be with the child during the transition period must be
252 considered. It is desirable that one parent be free to devote full time to the care of the child for a period of
253 time after placement. The exact length of time is determined by the needs and the age of the child, and the
254 needs of the child must be given priority over the employment situation of the parent;

255 (l) Department or Community Based Care Employees. Employees of the department and the
256 community based care, including sub-contractor staff, will be considered as adoptive applicants. In
257 situations where the employee has a close working relationship with the foster care or adoption staff in his
258 or her local area, or had such a relationship in the recent past, the applicants study shall be conducted by a
259 licensed adoption agency outside the local area. The appropriate entity in the community based care
260 provider agency must be notified immediately when an application to adopt is received from a

261 departmental or community based care provider agency employee. The provider entity will make a
262 decision regarding whether the adoption study for the employee will be completed by the provider
263 agency, or if the services of another agency will be sought. If the decision is to have the employee's
264 adoption study and subsequent placement handled by another agency, the community based care provider
265 entity will make the necessary arrangements with the Family Safety program office in the other circuit or
266 the chosen agency. When an adoptive applicant is a member of a board or group which has actual or
267 perceived authority over the department, its community based provider, its staff or operations, such
268 applicant will be referred to another circuit or a local licensed child placing agency for handling;

269 (m) All adoptive parent applicants must disclose to the department or community based care provider
270 any prior or pending local, state or national criminal proceedings in which they have been involved;

271 (n) All adoptive applicants must complete the requirements for background screening as outlined in
272 Rule 65C-16.007, F.A.C.; and

273 (o) Use of References. A minimum of five written references will be required. Only one reference
274 shall be obtained from a relative. At least two of the references will be non-relatives. References must be
275 obtained from persons who either: 1) have had the opportunity to observe the applicants in situations that
276 may give some indication for their capacity for parenthood, or 2) who as the result of their relationship to
277 the applicant, possess or should possess documentation or knowledge of the applicant's capacity for
278 parenthood. References should be obtained from employers of applicants and from schools or day care
279 providers who have had an opportunity to know the family. All references shall be provided directly to
280 the agency conducting the home study by the person providing the reference; and

281 (p) The firearm safety requirement form, CF-FSP 5343, effective February 2012, which is hereby
282 incorporated by reference and available online at www.dcf.state.fl.us/publications/, must be signed and
283 dated by the prospective adoptive parents as a part of the home study process. The purpose of this form is
284 to inform prospective adoptive parents of Section 790.174 of the Florida Statutes. A copy of the signed
285 form is retained as a part of the approved home study and a signed copy is provided to the prospective
286 adoptive parents.

287 (4) Family Preparation and Study Process.

288 (a) Adoption staff must explain to applicants what to expect during the preparation and study process.
289 The process must also help to establish a relationship with adoptive applicants which will make it
290 possible for them to ask for and use help during the presentation, pre-placement, placement and the post-
291 placement adjustment period.

292 (b) The approved adoptive parent training must be provided to and successfully completed by all
293 prospective adoptive parents except licensed foster parents. ~~Relative and relative~~ caregivers who have
294 previously attended the approved training or have demonstrated the ~~been determined to understand the~~
295 ~~challenges and~~ parenting skills needed to successfully parent the children available for adoption from
296 foster care shall not be required to complete the approved adoptive parent training. The determination
297 that the prospective adoptive parents will not be required to complete such training shall be clearly
298 explained in the home study.

299 (c) At the beginning of each year, community based care organizations responsible for adoption
300 services must establish a 12 month training calendar so that inquiring families are ~~can be~~ aware of when
301 they can ~~expect to~~ begin the preparation process. Providers must also maintain the ability to conduct extra
302 training classes ~~groups~~ when there is a need. ~~This will be particularly important when there are~~
303 ~~significantly higher~~ the number ~~numbers~~ of families cannot ~~waiting for group~~ ~~than can be~~ accommodated
304 in the regularly scheduled classes ~~sessions~~. Providers who assure that all appropriate adoption, licensing
305 and case management ~~foster care~~ staff are trained and certified in the delivery of the adoption training will
306 be prepared to deal with such ~~emergency~~ situations.

307 (5) Family Preparation Through Use of the Individual Study Process

308 (a) Although the most preferred method of preparing applicants for adoptive parenthood is the
309 approved adoptive parent training group process, there will be exceptional cases in which an individual
310 study approach must be used. Some examples of factors which might lead to a decision to prepare an
311 applicant family via an individual study are as follows:

312 1. Extreme distance which would cause hardship for the family;

- 313 2. Small numbers of inquiring families at irregular times;
- 314 3. Families who are adopting subsequent children and have already been trained; and
- 315 4. Cases in which the applicant needs individualized education on portions of the curricula even
- 316 though the child has been living in the home for an extended period ~~and there is evidence of well~~
- 317 ~~functioning relationships.~~

318 (b) Each decision to use the individual study approach must be approved in writing by the appropriate

319 entity in the community based care or sub-contractor agency, and the family's record must include

320 justification for use of this method.

321 (c) The focus of the individual study, as in group preparation, must be on education and preparation

322 of the family.

323 (6) Families Who Adopt Again. Prior approval of a family to adopt does not automatically deem the

324 family appropriate to adopt again. Families previously approved in other states or circuits in Florida

325 should be carefully evaluated. Consideration of any family for placement of a subsequent child requires

326 an updating of the previous study. Such an update will include an assessment of the following:

327 (a) Issues Related to the Previously Adopted Child. This should include a brief description of the

328 child, his or her incorporation into the family, and the skills the parents have demonstrated in providing

329 for this child;

330 (b) Motivation of the family in seeking to adopt another child at this time;

331 (c) School adjustment of the previously adopted child to include communications and an ongoing

332 relationship with the local school system. If a child is home schooled, the child's socialization,

333 community visibility and peer relationships shall be assessed.

334 (d) Health Needs. Any significant medical problems and any impact they have had on the previous

335 adoption or might be expected to have on subsequent placements must be discussed;

336 (e) Housing needs and the capacity of the home to comfortably accommodate another child;

337 (f) Income. Any major changes in the family income must be discussed. A determination should be

338 made as to whether or not the addition of another child, even with adoption subsidy, will tax the family's

339 ability to manage within their current income;

340 (g) Marriage. The effect of the previous adoption on the marriage must be discussed;

341 (h) Extended Family and Neighbors. How the previous adoption has been perceived, received or
342 rejected by the family. How and neighbors perceive the family relationships including the visibility of the
343 child within the neighborhood;

344 (i) Updated References. References should be asked to address how the family seems to have
345 managed with the previously adopted child and how they believe the family will cope with additional
346 children;

347 (j) Abuse Hotline/Criminal Records Check. Abuse Hotline and criminal records checks must be
348 conducted as part of each subsequent application to adopt; and

349 (k) Other Major Changes. Address any additional family members not considered in the initial study.
350 Also address any other major changes such as job changes, deaths, and serious illness or medical
351 conditions which may have had an effect on the family or which may compromise the applicant's ability
352 to meet the needs of another child.

353 (7) The ~~Written-Adoption Home Study. Whether or not the parent preparation is conducted in a group~~
354 ~~process or in an individual study, a written report, generally referred to as The the-adoption home study,~~
355 shall must be prepared for each ~~studied~~ family. The adoption written home study must address the issues
356 discussed in subsections (1) through (6) above.

357 (8) At the conclusion of the preparation and adoption home study process, the counselor and
358 supervisor will make a decision about the family's appropriateness to adopt. The That decision to approve
359 the family to adopt will be reflected in the final recommendation included in the adoption home written
360 study. ~~If the recommendation is for approval, the study and written recommendation will be submitted to~~
361 ~~the appropriate entity in the community based care or sub-contractor agency for approval.~~ If the counselor
362 and supervisor do not recommend approval, the case will be reviewed by Adoption Review Committee
363 according to the directions provided in subsection 65C-16.005(9), F.A.C.

364 (9) Adoption Review Committee. Each community based care provider responsible for providing

365 adoption services for children in the department's custody must establish an Adoption Review
366 Committee. The committee will consist of at least three (3) persons with adoption related experience who
367 are not directly involved in the case being presented. When the request for committee review is a possible
368 denial of a home study, possible denial of adoption of a specific child by an applicant who is a current
369 caregiver, relative or adult known to the child or a department staff person has knowledge of national
370 criminal results, State sealed or expunged criminal results or child abuse and neglect history results that
371 are unknown to the community based care provider, one member of the committee shall be a department
372 staff person, preferably with adoption expertise. The community based care agency will select a
373 committee member to serve as the committee chair.

374 (a) The committee ~~shall will~~ provide consultation and assistance when an adoption to the adoption
375 ~~counselor on any adoptive~~ home study is being denied or when an applicant is being denied adoption of a
376 specific child and the applicant is a relative, current caregiver or has a relationship with the child. ~~in~~
377 ~~which the counselor and supervisor are recommending denial, or Adoption adoption~~ case situations which
378 present challenging issues may also be referred. Requests for committee review may be made by the
379 adoption caseworker counselor, an appropriate entity within the Department or the appropriate entities
380 with the community based care provider. Requests for committee review will be made in writing and
381 forwarded to the appropriate entity in the community based care agency. While the committee is available
382 to review any challenging case, cases with the following issues ~~, except as set forth below,~~ shall must be
383 referred to the committee.

384 1. Health. Cases in which it is determined that the adoptive applicant is experiencing a serious or
385 chronic medical condition and such condition predictably compromises or could compromise the
386 applicant's ability to provide the physical, emotional, social and economic support necessary for the child
387 to thrive.

388 2. Abuse History. Cases in which the Abuse Hotline clearance reveals verified findings of abuse,
389 neglect, or abandonment which did not result in a disqualifying felony conviction, and cases in which
390 there were some indicators of abuse or neglect. All abuse history, regardless of findings, should be

391 reviewed when assessing these families.

392 3. Criminal History. In cases in which the required criminal history checks pursuant to Sections
393 39.0138 and 39.521, F.S., reveal that the applicant(s) ~~has~~ ~~have~~ been convicted of crimes specified in
394 Section 39.0138(2), F.S., their application ~~shall~~ ~~must~~ be denied and no referral to the Adoption Review
395 Committee shall be made. The applicant must be advised that he or she cannot be approved. If the
396 criminal history check reveals that the applicant was convicted of a law violation listed in Section
397 39.0138(3), F.S., within the last five years, the applicant cannot be considered for approval, until five
398 years after the violation was committed. Prior to five years, no referral to the Adoption Review
399 Committee shall be made, and after five years, these ~~These~~ applicants must be referred to the committee.

400 4. Cases in which the applicant is a current or former foster parent and the review of the foster parent
401 file reveals that there have been care and supervision concerns or a violation of licensing standards.

402 5. With the exception of those applicants convicted of a crime as specified in Section 39.0138, F.S.,
403 counselors must seek the assistance of the committee prior to a decision to deny an applicant's adoption
404 home study.

405 6. Cases in which more than one applicant has applied to adopt the same child and the applicants are
406 either related to or have a relationship with the child.

407 (b) ~~The adoptive applicant review committee chairperson will convene the committee and issue a~~
408 ~~written recommendation to the circuit legal counsel and the appropriate entity within the community~~
409 ~~based care agency within 30 days of receipt of a request and provide all necessary written documentation~~
410 to the committee members prior to the committee convening. ~~The chairperson will and issue a written~~
411 ~~recommendation to the regional circuit legal counsel and the appropriate entity within the community~~
412 ~~based care agency within 30 days of receipt of the request. Following input from the regional circuit legal~~
413 ~~counsel and the community based care entity, the chairperson will prepare a written report summarizing~~
414 ~~consensus of the committee and the recommendation from regional circuit legal counsel and the~~
415 ~~community based care agency entity. The recommendation to approve the applicant will be submitted to~~
416 ~~the entity within the community based agency or a designee. The recommendation to deny the applicant~~

417 ~~will be submitted to the regional circuit administrator or the designated department designee staff person~~
418 ~~and the appropriate entity within the community based care agency or a designee.~~ It is the policy of the
419 state and of the department that adoptive placement decisions be made consistent with the best interest of
420 the child. The role of good judgment in assessing the best interest of the child cannot be replaced by rote
421 policy decrees. The exercise of that judgment must be shaped by the strengths and needs of the child as
422 documented in a child study and the following considerations:

423 1. Attachment. Consideration must be given to the quality and length of the attachment to the current
424 caregiver. The age of the child at placement and the current age must be considered in assessing
425 attachment issues. The ease with which the child attached to the current family and any indications of
426 attachment difficulty in the child's history must be evaluated. The number of moves as well as the child's
427 current chronological and developmental age will be important factors in evaluating attachment
428 difficulties and in determining the likelihood that the child will form a healthy attachment to a new
429 family.

430 2. Kinship. Cultural values and traditions are more likely to be passed on to children who have a
431 shared history with extended family. Consideration must be given to the quality of the relationship with
432 the relative. Some children will already know and trust the relative seeking to adopt. If not, the
433 willingness of the relative to participate in pre-placement activities to promote the development of a
434 relationship must be considered.

435 3. Permanence. The capacity of the prospective adoptive parent to meet the child's need for
436 permanence must be evaluated. The ability of the prospective adoptive parent to understand the needs of
437 adoptive children in different developmental stages, the potential services that will be needed and the
438 prospective parent's willingness to engage in needed services due to the inherent challenges of parenting
439 an adopted child must be carefully considered.

440 4. Siblings. When considering adoptive placement of a sibling group, consideration must include the
441 fact that a sibling relationship is the longest lasting relationship for a child and placing siblings together,
442 whenever possible, preserves the family unit. The emotional ties existing between and among the siblings

443 and the degree of harm which each child is likely to experience as a result of separation must be
444 considered. The positives and negatives of keeping the children together must be thoroughly explored. In
445 particularly difficult cases, professionals who have expertise in this area can be consulted.

446 5. The willingness and capacity of the prospective adoptive parent to engage in post adoption
447 communication or contact with siblings or relatives if it is in the best interest of the child.

448 6. Grandparents. Grandparents with whom a child has lived at least 6 months within the 24-month
449 period immediately preceding the filing of a petition for termination of parental rights, must be notified
450 that their grandchild is being considered for adoption. These grandparents must be afforded the
451 opportunity to have a home study completed and to petition for adoption.

452 7. Other relatives. Other relatives may wish to be considered as an adoption placement for the child.
453 If such a relative is identified prior to the memorandum of agreement being signed and the child is
454 currently residing with non-relatives, the application of the relative must be evaluated through an
455 adoption home study, unless otherwise ordered by the court. If the relative's request for adoption is made
456 after the memorandum of agreement has been signed by the prospective adoptive parents, the relative
457 shall be advised of their right to petition the court for adoption.

458 8. Adoptive parents of previously adopted siblings. The department or community based care or sub-
459 contractor staff shall advise the adoptive parents who previously adopted siblings to a child recently
460 removed of the child's placement in foster care. If this child becomes available for adoption, the adoptive
461 parents of the previously placed sibling shall be given an opportunity to apply to adopt this child. The
462 application of these adoptive parents will be given the same consideration as an application for adoption
463 by a relative, as described above.

464 9. Current caregiver. The current caregiver of the child may wish to adopt. If the current caregiver
465 applies to adopt the child, the application must be evaluated to through an adoption home study. The
466 home study must assess the length of time the child has lived in a stable, satisfactory environment and the
467 depth of the relationship existing between the child and the caregiver. There are some situations in which
468 adoption by the current caregiver may not be in the best interest of the child. Examples of these situations

469 include:

470 a. The current caregiver wants to adopt a child but not his or her siblings and it is in the best interest
471 of the sibling group to be placed together for adoption.

472 b. The current caregiver has returned other adopted children to the department or has arranged for
473 some other out-of-home informal long-term placement for a previously adopted child.

474 10. Non-relative with whom child has a relationship. Persons known to the child, but who do not have
475 custody of the child, may wish to be considered for adoption. If such persons apply to adopt the child, and
476 the child has an identified adoptive family and a memorandum of agreement has not been signed, the
477 application must be evaluated through an adoption home study. In addition, the depth of the relationship
478 existing between the child and the non-relative applicant must be assessed.

479 (c) The chairperson will issue a written report summarizing consensus of the committee
480 recommendation to the regional legal counsel and the appropriate entity within the community based care
481 agency within 30 days of the case being reviewed by the committee. Following input from the regional
482 legal counsel and the community based care entity, the chairperson will prepare a final report or, if
483 requested by the regional legal counsel, provide additional information or documentation about the child
484 or prospective family. The final report will include the recommendation from the regional legal counsel
485 and the community based care agency entity. The appropriate entity within the community based care
486 agency or a designee will provide the applicant with written notification of the decision to approve within
487 10 working days of the decision. The ~~regional circuit~~ administrator or ~~designated~~ department designee
488 staff person shall provide the applicant with written notification of the decision to deny the application,
489 within 10 working days of the decision. The written notice must include the reason for the denial, and
490 must advise the applicant of his/her judicial option for review of the denial as described in the
491 Administrative Procedures Act, Chapter 120, F.S.

492 *Rulemaking Specific Authority 39.012, 63.233 FS. Law Implemented 39.0138, 39.401, 39.521, 39.621,*
493 *63.042, 63.0422, 409.401 FS. History–New 2-14-84, Formerly 10M-8.05, Amended 4-28-92, 4-19-94, 8-*
494 *17-94, 1-8-95, 7-18-95, Formerly 10M-8.005, Amended 12-23-97, 8-19-03, 11-30-08.*

495 65C-16.012 Types of Adoption Assistance.

496 (1) The intent of adoption assistance is to promote the adoption of special needs children who are in
497 the department's foster care program or in the care of a licensed private child placing agency. It is the
498 responsibility of the community based care or sub-contractor agency adoption staff to inform prospective
499 adoptive parents of the availability of all of the benefits listed below.

500 (2) Maintenance Subsidy. A monthly payment may be made for support and maintenance of a special
501 needs child until the end of the month of the child's 18th birthday. Unless approved by the Regional
502 Administrator or department designee ~~Secretary of the Department~~ pursuant to subsection 65C-16.013(8),
503 F.A.C., the amount of the payment may not exceed the statewide standard foster care board rate for which
504 the child would have been eligible if in a licensed family foster home at the time of the request ~~had the~~
505 ~~adoption placement not taken place~~. Under no circumstances shall the amount of subsidy exceed the
506 monthly family foster care board rate for which the child would have been eligible.

507 (3) Post Adoption Services. In addition to temporary case management, adoptive parent support
508 groups and information and referral requests, post adoption services include assistance to cover the cost of
509 medical, surgical, hospital and related services not covered by Medicaid or local community resources
510 and needed as a result of a physical or mental condition of the child which existed prior to the adoption.

511 (4) Other Medical Services. Other medical services available may include on-going Medicaid
512 coverage and continuing eligibility with Children's Medical Services for children who were receiving
513 such services prior to adoption.

514 (5) Reimbursement for Non-recurring Adoption Expenses. Nonrecurring adoption expenses are those
515 reasonable and necessary adoption fees, court costs, attorney's fees, and other expenses that are directly
516 related to the legal adoption of a special needs child.

517 ~~(6) Adoption Benefit for State Employees. State employees as desined in Section 409.1663, F.S., who~~
518 ~~adopt a child may be eligible for a lump sum payment as defined in Section 409.1663, F.S.~~

519 ~~(67) Tuition Waiver. Children who were in the custody of the department and who were adopted after~~
520 ~~May 5, 1997 are eligible for an exemption of undergraduate college tuition fees at Florida universities or~~

521 community colleges as stated in Section 1009.25, F.S.

522 (78) Adoption assistance for eligible children will be paid irrespective of the child's state of residence.

523 Adoptive parents receiving adoption assistance are obligated to notify the department of any change of

524 address.

525 ~~(9) The provision of all adoption assistance is contingent upon the availability of state and federal funds.~~

526 Rulemaking Specific Authority 409.166 FS. Law Implemented 409.166, ~~409.1663~~, FS. History—New 2-14-

527 84, Formerly 10M-8.18, 10M-8.018, Amended 8-19-03, 11-30-08,.