

## **Circuit 19 Interagency Agreement**

### **for Case Transfer and Out of Home Placement**

#### **Purpose:**

This agreement between the Florida Department of Children and Families (“DCF”) and Communities Connected for Kids (“CCKids”) addresses case transfer and out of home placement. CCKids is the Lead Agency in Florida’s 19th Judicial Circuit pursuant to master contract ZJ002 with DCF. The goal of this agreement is to ensure that the families involved with DCF and CCKids become engaged with services as quickly as possible to ensure child safety and the achievement of permanency. It is the intent of CCKids and DCF to cooperate fully to ensure a seamless child protection system. The case transfer process is designed to promote the prompt and accurate exchange of information for purposes of the protection of unsafe children and delivery of timely, comprehensive, and quality services to families. This agreement complies with 65C-30.002, Safety -Planning and Case Transfer and CFOP 170-09. The agreement contains two parts:

Part 1: Case Transfer Protocols

Part 2: Out of Home Placement Protocols

#### **Part 1: Case Transfer Protocol**

1. The case transfer meeting is a parent/family centered transparent process used to support a smooth transition from protective investigations to ongoing case management for children who have been assessed as being unsafe and in need of ongoing case management and related services.

The parties agree that:

- A. 65C-30.002(6), Florida Administrative Code requires that once the investigation and the Family Functioning assessment have been completed, the CPI shall schedule a case transfer conference at which time a case manager will assume responsibility for ongoing safety and case management. Notwithstanding this requirement, CCKids agrees to facilitate the scheduling and coordination of the Case transfer conference on behalf of the CPI.
- B. Case transfer conferences must be scheduled and held with urgency. The parties commit to a goal of holding case transfers for all cases no later than ten (10) calendar business days from the date of shelter or safety determination. To fulfill this goal:
  - 1) CPI will ensure that the child’s case file contains evidence of the items outlined in 65C-30.002(6)(c) at the time they request case transfer. Such items are highlighted on the case transfer checklist (Exhibit A). Should the IOC pre-transfer review reveal that the required items are not present, case transfer conference will not be scheduled.
  - 2) CCKids will schedule a case transfer conference to occur within three (3) business days of receipt of a case transfer request meeting the required conditions, unless a longer

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time period is requested by the referring CPI. Required conditions outlined in administrative code are:

- a. Case transfer request must contain completed investigation and FFA containing sufficient, reconciled and corroborated assessment information. Sufficient means enough information has been gathered to support the identification of danger threats, caregiver protective capacities, and child vulnerability.
- b. CCKids agrees to waive the requirement for a completed investigation and accept for transfer when the safety determination has been made.
- C. DCF will make all efforts to produce and document in CCWIS/FSFN all agreed upon checklist items prior to or at the time of the case transfer conference. Some required case transfer items may be temporarily unavailable due to circumstances beyond the control of the CPI/case transfer team, but the responsibility to obtain and provide such documents remains that of DCF.
- D. Should information that does not impact the safety determination be incomplete, the Lead Agency shall not delay taking primary assignment and responsibility for the case, provided the CPI has met the requirements outlined in F.A.C. 65C-30.002.
- E. As provided under Part 2, Paragraph A.4, Dependency Case Manager will be assigned as secondary for sheltered children, prior to case transfer to ensure availability of services to meet the well-being needs of the children, and provision of those services shall not be delayed.

## **2. Required Documents and Work Products/Activities**

The work products and documents required to be provided and/or documented in CCWIS/FSFN by DCF are outlined in Circuit 19 Transfer Checklist, attached hereto as **Exhibit A**. The parties agree that items highlighted in yellow are required to complete case transfer.

- A. CPI will complete required safety items prior to requesting case transfer.
- B. CPI Supervisor/CPI Case Transfer Specialist will review the CCWIS/FSFN files using the case transfer checklist (Exhibit A).
- C. CPI Supervisor/CPI Case Transfer Specialist will request case transfer via email to the IOC mail group ([flcbcioc@cckids.net](mailto:flcbcioc@cckids.net)) and will attach the checklist in CCWIS/FSFN attesting to the presence or absence of each document or work product at time of case transfer request. All highlighted items on the checklist, denoting safety items required prior to transfer, must be complete for CCKids to accept case for transfer.
- D. CCKids Intake and Operations Coordinator (IOC) will prepare for the case transfer in accordance with CFOP 170-9
- E. Case transfer will be scheduled within three (3) calendar days of the request for transfer.

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- F. CPI will notify family of the case transfer staffing, date, time and location after coordinating with the Intake & Operations Coordinator for that county.
- G. If parents are unable to attend, CPI's will make one attempt to reschedule to fit the family's need with the Intake & Operations Coordinator. If a petition has been filed for in-home judicial services and the parents are represented by counsel who have been notified of the staffing, the staffing will proceed without the parents.
- H. If the parents (unless represented by counsel), the assigned CPI and DCM are in attendance, the case will be transferred upon completion of the staffing (CPI Supervisor and DCM Supervisor or a designated acting supervisor should also be in attendance. DCM will make face-to-face home visit within 2 business days of the transfer.
- I. For in-home judicial cases, the staffing may still be held if the assigned, CPI, DCM or parents are not present. However, the official transfer will not occur until the CPI and assigned DCM make a joint home visit to discuss the transfer, safety planning, etc. with the family. This must occur within 2 business days of the transfer staffing and include caregivers responsible for the abuse/neglect.
- J. All parents being offered non-judicial in-home services must sign the in-home services agreement and must be present for the case transfer staffing to occur.
- K. Case transfer staffing shall include the discussion of case goal, danger threats, protective capacities and in-home and/or out of home safety plans.
- L. Discussions shall also include service referrals needed, those made (if applicable), upcoming court dates, court ordered tasks, and other information pertinent to the immediate safety and well-being needs of the child.
- M. Upon completion of the transfer staffing, case management will assume full responsibility for the case, including responsibility for monitoring or modifying the impending danger safety plan.
- N. Following the case transfer meeting, the CPI will send the case transfer request through FSFN to the DCM supervisor for assignment. The receiving DCM will be assigned primary in FSFN by the DCMS. CPI will be assigned as secondary until all remaining tasks are completed.
- O. The CPIS will ensure that all documents and activities outlined on the Case transfer checklist that are absent at the time of the transfer request are completed no later than 30 days following the date of case transfer. A final copy of the checklist attesting to the completion and documentation of all activities will be uploaded into FSFN within 30 days of case transfer.

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## Part 2- Out of Home Placement Protocol

Guiding Principles: Out of Home placements should be conducted and communicated in a manner that minimizes trauma to the child, supports the caregiver through provision of all relevant information, and sets the tone for ongoing support of the child and family requiring this most restrictive safety option through effective and comprehensive communication and documentation.

### A. Out of Home Placements :

1. For an out of home safety plan involving initial licensed foster care placement, the CPI will contact CCKids Placement verbally to request placement.
2. For licensed placements, see Licensed Placement Interagency Protocol. ( **Exhibit B**)
3. For all out of home placements the CPI will email flcbcooh@cckids.net immediately with the following:

- Intake Number (MUST also include in the email subject line)
- Name of Child/ren removed
- Removal Address/Date/Time
- Removal from who? (Parents, caregiver, etc.)
- Both parents in home?
- Marital status of person/s removed from – **select 1:**

<input type="checkbox"/>	Single Female
<input type="checkbox"/>	Single Male
<input type="checkbox"/>	Married Couple
<input type="checkbox"/>	Unmarried Couple

- Manner of Removal – **select 1:**

<input type="checkbox"/>	Court Ordered
<input type="checkbox"/>	Temporary Physical Custody
<input type="checkbox"/>	Voluntary

- Environment at Removal – **select 1:**

<input type="checkbox"/>	Justice Facility
<input type="checkbox"/>	Legal Guardian Household
<input type="checkbox"/>	Medical/Mental Health Facility
<input type="checkbox"/>	Other
<input type="checkbox"/>	Parent Household
<input type="checkbox"/>	Relative Household
<input type="checkbox"/>	Relative Legal Guardian Household

- Child & Family Circumstances at Removal – **select a minimum of one of the reasons below, but select *all* that apply:**

<input type="checkbox"/>	Abandonment
<input type="checkbox"/>	Alcohol Abuse (Child)
<input type="checkbox"/>	Alcohol Abuse (Parent)
<input type="checkbox"/>	Caretaker's Significant Impairment – Cognitive
<input type="checkbox"/>	Caretaker's Significant Impairment – Physical/Emotional
<input type="checkbox"/>	Child's Behavior Problem

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<input type="checkbox"/>	Commercial Sexual Exploitation of Child (CSEC)
<input type="checkbox"/>	Death of Parent(s)/Caretaker(s)
<input type="checkbox"/>	Diagnosed Condition
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Drug Abuse (Child)
<input type="checkbox"/>	Drug Abuse (Parent)
<input type="checkbox"/>	Educational Neglect
<input type="checkbox"/>	Emotional Abuse/Neglect
<input type="checkbox"/>	Failure to Return
<input type="checkbox"/>	Family Conflict Related to Child's Sexual Orientation, Gender Identity, or Gender Expression
<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Inadequate Access to Medical Services
<input type="checkbox"/>	Inadequate Access to Mental Health Services
<input type="checkbox"/>	Inadequate Housing
<input type="checkbox"/>	Incarceration of Parent(s)/Caretaker(s)
<input type="checkbox"/>	Medical Neglect
<input type="checkbox"/>	Parental Immigration, Detainment, or Deportation
<input type="checkbox"/>	Physical Abuse
<input type="checkbox"/>	Physical Neglect
<input type="checkbox"/>	Prenatal Alcohol Exposure
<input type="checkbox"/>	Prenatal Drug Exposure
<input type="checkbox"/>	Public Agency Title IV-E Agency Agreement
<input type="checkbox"/>	Relinquishment
<input type="checkbox"/>	Sexual Abuse Tribal Title IV-E Agreement

- Secondary Reason(s) – if applicable:

<input type="checkbox"/>	Adoption Dissolution
<input type="checkbox"/>	Caretaker's Inability to Cope
<input type="checkbox"/>	Inadequate Supervision
<input type="checkbox"/>	Labor Trafficking
<input type="checkbox"/>	Sexual Abuse-Sexual Exploitation

- Is child(ren)\_ receiving AFDC/SSI/SSA/Other Benefits?
- Is either parent employed?
- If so, where and what is the income amount?
- Is the child(ren) insured?
- Is the child(ren) on Medicaid? Private Insurance?
- Who is the child(ren)'s Primary Care Provider?
- Where is the child(ren) being placed?
- Type of placement
  - Licensed
  - Relative
  - non-relative
- Date and time child arrived at the placement.

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- Name, address and phone of the caregiver(s)
  - County in which case will be assigned
  - Behavioral/Safety Contract needed?
  - Psychotropic Meds?
  - Additional information, if needed:
4. DCM Assignment as Secondary
- a. DCM will be assigned as secondary within 1 business day of notification of removal for the purpose of providing services to children placed in out of home care.
  - b. Secondary DCM will ensure:
    - i. Scheduling and ensuring timely completion of the EPSDT/child health check up
    - ii. Referral for Comprehensive Behavioral Health Assessment
    - iii. Weekly visitation of children
    - iv. Visitation between children and parents
    - v. children are enrolled in school, and that provision of educational information, IEP to caregivers, and between schools if school change occurs.
    - vi. Substitute caregivers have ongoing documentation they need to care for children i.e. social security information, medical insurance information, all past medical records, medication information, etc.
    - vii. Referrals for therapy for children and other services as needed
    - viii. Facilitation of placement moves as outlined in the placement protocol
5. CCKids will provide the following additional services to facilitate child access to services and maximize earning of federal funding:
- a. Letter of Assurance for medical care/well check prior to Medicaid activation
  - b. Child Welfare Specialty Plan care coordination
  - c. IVE eligibility determination
  - d. TANF determination, using income and asset information provided by CPI staff.

## Conflict Resolution

1. If the intake operations coordinator or case management entity identifies any barrier to scheduling a requested transfer staffing and the issue cannot be resolved with the CPI Supervisor within three business days of the identification of the barrier, the issue then will be escalated to the Case Management Program Director and CPI Program Administrator. Outstanding items that present a safety or health risk to the child, or a legal risk to the lead agency or case management agency, will be escalated. If no resolution can be reached within five business days, the matter will be escalated to the County Director and DCF Operations Manager for resolution. If no resolution can be reached between the County Director and DCF Operations Manager, the matter will be referred to the Department's Contract Manager for dispute resolution.
2. If, for any reason, the case management entity declines to accept primary responsibility for the case upon completion of the transfer staffing, there will be an immediate escalation to the

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Program Director and CPI Program Administrator. If no resolution can be reached within five business days, the matter will be escalated to the County Director and DCF Operations Manager for resolution. If no resolution can be reached between the County Director and DCF Operations Manager, the matter will be referred to the Department's Contract Manager for dispute resolution.

3. Resolution of documents missing at case transfer are the responsibility of the CPI program. All documents and work products are expected to be completed and uploaded in FSN no later than 30 days following case transfer without the additional prompting or independent validation of CCKids. Any documents remaining outstanding 30 days following the case transfer conference may be escalated by CCKids to the CPI Program Administrator and Regional Director of Operations. Should items remain outstanding 10 days following such escalation, the issue will be referred to the DCF contract manager. CCKids reserves the right, as outlined in section E.1 of DCF contract ZJ002, to request a revision of performance assessment and/or corrective action for performance outcomes that are potentially impacted by missing or inadequate CPI work products.

The undersigned parties have agreed to conduct operations as outlined in this Interagency Agreement. This agreement is effective December 1, 2025. The agreement will be annually reviewed and re-negotiated as deemed necessary by either party, including to accommodate modifications of statute or administrative code impacting the agreement.

**IN WITNESS THEREOF**, the parties hereto have caused this Interagency Agreement, inclusive of referenced exhibits to be executed by their officials thereunto duly authorized:

Communities Connected for Kids

Signed By: Carol DeLoach

Name: Carol DeLoach

Title: Chief Executive Officer

Date: 12/3/2025

Department of Children and Families

Signed By: Robert Shea

Name: Robert Shea

Title: SE Region Director of Child Protection

Date: 12/4/2025

## **Exhibit B**

# **Circuit 19 Licensed Placement Interagency Protocol**

### **Purpose**

The purpose of this Interagency Agreement is to coordinate removals by the Child Protective Investigation Units in Indian River, Martin, Okeechobee and Saint Lucie Counties and intake & placement into licensed foster care provided through CCKids.

Communities Connected for Kids (CCKids) and the Department of Children & Families (DCF) Child Protection Investigation Units in Indian River, Martin, Okeechobee and Saint Lucie Counties agree to the following:

### **A. Placement Notification:**

The CPI will contact CCKids Placement Services and provide sufficient information to determine the most appropriate available placement.

1. For an out of home safety plan involving initial foster care placement the CPI will contact Placement by calling the on-call number: 772-985-9756.
2. CPI will forward the completed Comprehensive Placement Assessment (CF-FSP 5438) to the CCKids Placement Specialist via email, if available.
3. CPI will gather and provide information, which is known at the time of request, including, but not limited to:
  - Medical needs
  - Developmental needs
  - Mental health needs
  - Medication history, including psychotropic medications
  - Behavioral health needs
  - Alleged type of abuse or neglect and trafficking history
  - Community ties and school placement, including education needs
  - Current placement decision related to any siblings, including a sibling that has been previously adopted or is in an adoptive placement.
  - Child's age, maturity, hobbies or activities, and preference for placement
  - Any considerations or needs for a behavior management or care precautions plan
  - Any pending home studies on relatives or non-relatives
  - Contact information for parents. (CPI will need to educate parent about comfort calls)

### **B. Supervision**



## Exhibit B

1. The Placement Specialist completing the intake call with the CPI will send out email notification to the CPI, CPIS and PA as well as to the CCKids notification email group confirming the intake process has been completed and starts the four-hour window. The placement intake can be completed over the phone if comprehensive information on the child(ren) is known or the Comprehensive Placement Assessment is received by the placement specialist.
2. If the CPI is unable to reach the Placement Unit directly, and must leave a voicemail message, a return call should be received within 15 minutes. If a return call is not received within 15 minutes, the CPI/CPIS should call the Placement Supervisor at 772-710-7804.
3. The Placement Specialist will provide an update to the CPI no later than the two hour (2) mark and will continue with updates hourly until placement is confirmed or until the four-hour mark is reached, whichever occurs first.
4. Once placement has been obtained, The Placement Specialist will provide CPI with the caregiver information to include address and contact numbers. CPI will contact the caregiver within 30 minutes of receiving this information to make arrangements for bringing the child to them, including an estimated time of arrival. The CPI is responsible for maintaining contact with caregiver and informing them of any delays, etc.
5. The CPI will prepare and deliver the Child Resource Record (Green Book) to the caregiver at the time the child is brought to placement.
  - a. If the child is coming into care with medication prescribed, the CPI will provide the caregiver with the appropriate court order upon receipt and/or parental authorization for continued medication administration as outlined in F.A.C. **65C-35.006** . The authorization shall be documented on the "Emergency Intake" form, CF-FSP 5314 with the medication to be entered into the medication log.
6. If placement has not been identified and the CPI is transporting the child(ren) to the agreed upon designated location for ongoing supervision and placement, the CPI will be responsible to deliver the Child Resource Record, Partnership Plan, Child Placement Agreement(s), if applicable, and the applicable court-order and/or signed form CF-FSP 5314 to the receiving Dependency Case Manager.
7. CCKids Placement Specialist will provide the custody letter to the child placing agency or caregiver via email.
8. If at any time during the search for placement, alternate arrangements are made (relative, non-relative, etc.) CPI will immediately notify CCKids Placement Specialist.

## Exhibit B

9. **If placement is not identified within four (4) hours**, the CPI will be advised by the CCKids Placement Specialist to transport the child to the designated agreed upon prearranged location for ongoing supervision and transportation of the child. The CCKids Placement Specialist will be responsible for contacting Case Management to ensure they are ready to receive the children and provide all information gathered about the children to case management. Contact with Case management begins with the confirmation of the intake email notification outlined in B-1. This email notification group will be copied on all placement updates until placement is confirmed.
- C. **Children in Hospitals/Mental Health Facility/Juvenile Facilities:** For cases that involve children who are admitted to a hospital, crisis stabilization unit (CSU), juvenile detention center (JDC) or juvenile assessment center (JAC), and;
- are sheltered (the child is deemed unsafe and the decision is made to shelter), and **ready for discharge**, placement efforts will commence upon completion of the intake.
  - If the child is sheltered but not ready for discharge at the time the initial call to placement is made, the four (4) wait time will not begin until discharge. Placement will initiate search upon completion of placement intake.
  - CPI will transport the child to the placement if identified and available within four (4) hours. If placement is not available within four hours, CCKids will arrange for pick-up of the child from the CPI, and provide on-going supervision, and transportation of the child to placement as outlined above.
- D. **Placement Changes**
1. CPI is legally responsible for making the decision to shelter children and thus are responsible for physically removing the children from their home/location and bringing them to their first out-of-home placement.
  2. CCKids CMO will provide transportation for any subsequent movement between licensed foster homes once CCKids is assigned as secondary on the case.
  3. If any subsequent moves need to occur before CCKids is assigned as secondary on the case (for example, a temporary placement for the evening or through the weekend or holiday), and there is an identified placement by the predetermined pick-up time, the CPI will transport the child to the new placement
  4. If any subsequent moves need to occur before CCKids is assigned as secondary on the case (for example, a temporary placement for the evening or through the weekend or holiday), and there is not an identified placement by the predetermined pick up time the following day, the CCKids CMO will transport the child to the new placement.
  5. A urefer will be completed within 1 business day by CPI if a child is moved by CPI between placements after the initial placement. For example, if the child is placed in licensed care or a

**Exhibit B**

relative and the next day the shelter is denied; a urefer will be completed notifying of the placement change, end of removal episode and a living arrangement will need to be entered into FSFN.

6. The modification of placement of children from licensed care to unlicensed care or between unlicensed levels of care will be in compliance with MDT policy.

# Circuit 19 Transfer Checklist

Case Name:	Click or tap here to enter text.	CPI Name:	Click or tap here to enter text.
Intake Number:	Click or tap here to enter text.	CPI Supervisor:	Click or tap here to enter text.

County	<input type="checkbox"/> Indian River	<input type="checkbox"/> Martin	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> St. Lucie
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Case Type:

- ☐ In Home Non-Judicial  
☐ In Home Judicial  
☐ Out of Home

**\*\*\* The highlighted items are required case transfer items per 65C-30.002, governing Safety - Planning and Case Transfer and CFOP 170-09.**

## All Cases

<u>Initial</u>	<u>Final</u>	<u>NA</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient & completed FSFN Family Functioning Assessment per CFOP 170-1 Chapter 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demos- names, race, ethnicity, gender; SS numbers, current addresses, phone numbers, citizenship, relationships (children, adults, provider tabs), service roles, all participants built
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local criminals/CCIS results in FSFN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of FCIC on all adults and children over 12 results documented in case note
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photographs all children linked in FSFN , if available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth verifications linked in FSFN /Attestation form if out of state, if available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide name of school children attend/grade in the FSFN Education tab , if available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical/immunizations CPI has available (i.e., medical neglect, substance exposed newborns, CPT reports)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ICWA Signed and dated (DCF Acknowledgement Form) uploaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIPAA Signed and dated (DCF Acknowledgement Form) uploaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of safe sleeping brochure provided for all children 3 and under (relative/non-relative only) Signed and dated (DCF Acknowledgement Form uploaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water safety signed and dated (DCF Acknowledgement form)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	911 call outs /documentation of request
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed/Signed & Dated income and asset form scanned into FSFN

### In Home Cases

<u>Initial</u>	<u>Final</u>	<u>NA</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impending danger safety plans created in FSFN. In-Home Safety Plans (paper copy) specifically naming all safety service providers, dated, signed by parents, formal and informal safety management providers, and safety monitors. Signed copy scanned into FSFN.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed home visit face to face in the home (including one parent shelters) with all participants within 14 days prior to case transfer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create/update living arrangements in FSFN with start date of date of non-judicial agreement signature or date petition filed with the court (not date investigation received)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Petition/case opening document (COD) or signed in home agreement by all parents/caregivers/maltreating parties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of Child Abuse and Criminal History checks on all informal safety management providers (CFOP 170-7 Chapter 7) (FSFN child abuse history, a Florida Sexual Offenders and Predators registration check and local criminal history checks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety provider's information in Professional/Fam tab in FSFN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plans of Safe Care, if applicable, for substance exposed newborns

### Out of Home All

<u>Initial</u>	<u>Final</u>	<u>NA</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented diligent efforts to identify and locate all relatives of the child (note type=Family finding) to include parents/relatives of siblings and past placements if applicable (CFOP 170-1 Chapter 14). A FSFN Case Note entry must be completed for each diligent search inquiry. The CPI or Family Finder must document in the category section under "Child Investigation" in the Note Type "Note to File-General. In the Narrative section, the CPI must begin the note with "Family Finding Effort."
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Out of home signed safety plan, including the specific terms, frequency, duration and supervisors of family time (visitation) signed by the safety providers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter Petition and shelter order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Other Parent Home Assessment for all parents who are not part of the shelter petition. A scanned copy will be attached to the "OPHA" note type. If the child/ren are not placed with the parent who is the focus of the OPHA, CPI will include that parent on the dependency petition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation FSFN that caregiver has been provided a green book with custody letter, medical, shelter order, background information and children's medical/medication logs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CP-FSP 5314 Emergency Intake/ parental authorization for medications if applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meds forms DCF form 5339 (signed by both Doctor and parent), for any child sheltered directly from a mental health facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partnership plan signed/dated by out of home caregivers for each child at time of placement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child placement agreement, if applicable; built in the tab in FSFN with signed copy attached.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of ongoing efforts to locate for missing child, if applicable

### Out of Home Relative/Non-Relative (in addition to all OOH)

<u>Initial</u>	<u>Final</u>	<u>NA</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPI will launch and complete the Unified Home study in FSFN once the provider is built. Caregiver fingerprints will be requested at the time of placement and must be completed no later than 10 days following the placement. CPI will obtain proof ( photo of receipt) that caregiver was printed. Upon receipt of fingerprint results, UHS will be completed and approved, no later than 30 days following placement. Emergency Home study will include documentation in the background section for FCIC and all clear documentation for the NCIC's.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprint result letter verification that they went
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Child Placement assessment (for all relative/non-relative initial placements)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation in a case note in FSFN that the comfort call was held per FS 409.1415 for all initial placements

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 Supervisor Signature

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 Date of Initial Submission

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 Supervisor Signature

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 Date of Final Submission