



Series: 400

Policy Name: **Child Placement Agreements**

Policy Number: **405**

Origination Date: 2/1/26

Regulation: CFOP 170-11, Chapter 4
F.A.C. 65C 28.004

Attachments: CFOP 170-11, Chapter 4, Child Placement Agreement Policy Questions and Answers

Policy

It is the policy of Communities Connected for Kids (CCKids) to establish safeguards for children in out-of-home care who may pose a significant threat to the safety of other children or themselves by creating Care Precautions and Behavioral Management plans while maintaining them in the least restrictive setting which includes remaining safely with siblings and/or relative/non-relative caregivers.

CCKids adopted Chapter 4 of the Children & Families Operation Procedures (CFOP) 170-11 for *Child Placement Agreements for Care Precautions and Behavior Management Plans* as procedure with specific lead agency determinations and responsibilities outlined below.

Identifying Qualified Assessors:

“Qualified Assessor” (QA) means a clinical professional with specific training and expertise to assess the symptoms or behaviors and make recommendations that may include interventions, treatment, care, supervision, and other specialized services. CCKids has identified the following professionals as QAs by meeting this definition by job qualification:

- Director of Clinical & Placement Services
- Behavioral Health Supervisor
- Lead Behavioral Health Specialist
- Behavioral Health Specialist
- Placement Supervisor

Process for Granting Exceptions:

“Exceptions” means that standard requirements in regulating operating procedures for Behavior Management Plans are waived or modified based on information received from a Qualified Assessor. CCKids has included the following circumstances for waivers of plans:

- A. When a child is placed in a facility licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse,



child sexual abuse victims, or children mental health treatment (i.e. psychiatric residential treatment facilities/statewide in-patient psychiatric (PRTC/SIPP) facilities, qualified residential treatment programs and behavioral qualified residential treatment programs (QRTP/BQRTP) and therapeutic group care (TGC) facilities).

- B. When a child is placed in physical custody of the Department of Juvenile Justice (DJJ) and placed in a juvenile detention center (JDC) or commitment program.
- C. When a child has severe self-harm behaviors that are addressed through on-going treatment with a mental health professional and the child's treatment provider does not recommend the need for Care Precautions or a Behavior Management Plan in the child's placement setting.
- D. If a child discloses sexual abuse from their past, is known to their 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 an Agreement as the reason for creating an Agreement for known victims is to ensure other children in the home are protected until more is known about potentially reactive behaviors.
- E. If a child is placed in group care, being the youngest in the home does not apply as this requirement applies to home settings.
- F. If an Agreement has been terminated in accordance with CFOP170-11, 4-11, a new plan is not needed if a child moves to a different placement setting.

Developing and Reviewing Initial Agreements:

When a child is placed in licensed-out-of-home care during a child protection investigation and the CCKids Placement Specialist has been made aware the CPI established an Agreement with the caregiver(s) or if an Agreement has not been established and the CCKids Placement Specialist completing the Placement Screening Tool assessment identifies there may be a need to consider establishing an Agreement, the Placement Specialist, Lead Placement Specialist and/or Placement Supervisor will notify the CCKids Clinical Services Department via email upon child's placement.

When a child is placed in relative or non-relative care during a child protection investigation and the CPI establishes an Agreement with the caregiver(s), the Dependency Case Manager assigned as secondary on the case and/or the Intake and Operations Coordinator (IOC) will notify the CCKids Clinical Services Department via email upon child's placement.

For children in established out-of-home placement who come to attention of the DCM and/or caregiver that the child displays problematic sexual behavior, is a victim of sexual abuse, human trafficking, juvenile sexual abuse, or displays behavior(s) that are a significant threat to themselves or others and an Agreement will need to be established, the party recognizing the need will notify the CCKids Clinical Services Department via email.



Upon receipt of notification of child being placed with an Agreement, the CCKids Behavioral Health Specialist (BHS) will review the Agreement within one business day to ensure appropriate safeguards in place while maintaining them in the least restrictive setting. The BHS may attend the MDT meeting to gather information and discussion about the child's behaviors, supervision, and safeguards needed. If the BHS is unable to attend the MDT for any reason, the BHS may facilitate a child specific staffing to review the Agreement with the caregiver(s), DCM, and child, if appropriate. If it is determined that it is not appropriate for the child to participate in the meeting, it will be the responsibility of the DCM to discuss safeguards in place with the child and caregiver in trauma-responsive, age-appropriate language.

The assigned DCM is responsible for collecting signatures on the Agreement and ensuring a copy of the CPA is in the Child Resource Record (AKA Greenbook) and uploaded into FSFN.

The BHS serving as the QA, will conduct another assessment for all Behavior Management Plans within 45 days of initial development to ensure safeguards are appropriate and will modify the Agreement as necessary to include the caregiver(s), DCM and child.

Monitoring, modifying and terminating Agreements during ongoing services:

The clinical department will schedule Agreement Reviews every 6 months after the initial 45-day review with DCM, DCM Supervisor, Caregiver(s) and the child, if appropriate. CCKids placement department may be included if there is potential that any children may need modifications to their licensed placement setting. The DCM may invite the parties /participants to the case, which may include, but are not limited to parents, Guardian ad Litem, Attorney ad Litem, Targeted Case Manager, and therapist working with the child. The goal of the reviews is to ensure children are in the least restrictive setting which includes remaining safely with siblings and/or relative/non-relative caregivers, preventing placement disruptions unless it is clearly necessary, determining if the requirements often Agreements in place are met, granting exceptions, and determining if an agreement can or should be ended.

The DCM will monitor implementation of the safeguards as outlined in the Agreements during routine contacts and visits as outlined in CFOP 170-11, 4-10.

The DCMS responsible for the Agreement is responsible for reviewing all Agreements with DCM as part of their oversight per CFOP 170-11, 4-12. DCMS will communicate any modifications to the Clinical Services Department via email, and if needed, the BHS will schedule an Agreement Review.

The clinical services department will schedule an Agreement Review upon receiving notification that a child on an existing agreement has moved placements. Whenever possible, the BHS will attend MDT meetings for planned placement transitions for children with Agreements to facilitate discussion on safeguard needs and/or consider any if exemptions apply--in this case the MDT meeting will serve as the Agreement Review.



Protocols for Children being placed with Respite Care Providers:

When a Child Placing Agency is facilitating respite care for a child with an Agreement, the Child Placing Agency's Licensing/Agency Specialist Designee is responsible for communicating the Agreement to the Respite Caregiver(s) and ensuring safeguards are in place prior to the respite occurring. The respite care provider will be added to the existing Agreement by the DCM and any care requirements specific only to the new providers may be added to the current Agreement.

Approved:

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