



Foster Home Waivers

<u>DEPARTMENT NAME:</u> Quality Management		
<u>CHAPTER:</u> Foster Care	<u>SUBJECT:</u> Foster Home Waivers	<u>POLICY NUMBER:</u> QM-002
<u>APPROVAL:</u>	<u>EFFECTIVE DATE:</u> Original: 9/23/04 Revised: 12/07/07 Revised: 8/1/08 Revised: 3/3/09	<u>REPLACES:</u> Original: CFOP 175-64 Revised 12/07: CNSWFL policy approved on September 23, 2004 Revised 8/08: CNSWFL policy approved on December 12, 2007

I. **PURPOSE:** This policy has been developed to address chapter 409.175 section 3, subsections (a), (b), and (c) and 65C-13.032 of the administrative code in regard to procedures for foster home capacity waivers. This operating procedure establishes the total number of children who can reside in a family foster home. Its intent is to establish a system of limitations on the number of children to be cared for in one home, and a waiver system to address exceptions as they arise.

II. **REVIEW HISTORY:** Supersedes Department of Children and Families Policy CFOP-175-64 which had been adopted by the Children’s Network of Southwest Florida and the revised Children’s Network of Southwest Florida’s policy revision that was approved on August 1, 2008.

III. **CONTACT:** Children’s Network Quality Management Department.

IV. **PERSONS AFFECTED:** Children’s Network staff and contracted providers

V. **POLICY:** It is the policy of the Children’s Network of Southwest Florida to allow for foster home capacity waiver requests completed by the Child Welfare Case Manager to be approved by a Child Welfare Case Manager Supervisor and his/her Program Administrator when it has been determined by the parties named that all necessary requirements outlined in the statute have been met. The Children’s Network CEO or their approved back-up must also approve all waiver requests for over 5 children in the home or for over 2 children in the home under the age of 2.

VI. **RATIONALE:** Case Management Organizations have a working knowledge of the children in care, the foster homes’ capacity, strengths and needs. Individual Case Management Organizations may determine whether the waiver request meets the criteria

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outlined in the statute. This procedure will allow the waiver process to be more efficient when addressing the immediate placement needs of the children in care.

VII. CROSS REFERENCES:

- A.** Florida Statute 409.175
- B.** Foster Care Rule 65C-13.032

VIII. DEFINITIONS:

- A.** *Child* means any unmarried person under the age of 18 years
- B.** *Family Foster Home* is defined in s. 409-175, F.S. as a private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care and includes emergency shelter family homes.
- C.** *Waiver* means a document personally signed by the Case Management Organization's Child Welfare Case Management Supervisor, Program Administrator, and Children's Network CEO (when required) authorizing exceptions to the total number of children or infants to be cared for in a family foster home.

IX. PROCEDURES:

- A.** The total number of children in the home should not exceed five (5) children, including the out of home caregiver's own biological or adoptive children. There must be no more than two (2) infants under twenty-four (24) months of age in a foster home, including the family's own birth children. The only children who may be excluded from paragraphs a and b above are the grandchildren of the foster parents, when the parent of the grandchildren also reside in the home and foster parents do not assume supervision of the grandchildren.
- B.** Waivers are required when the agency wants to exceed a total of five (5) children in the home, waivers to place more than two (2) children under the age of twenty-four (24) months old in a family foster home, or waivers to request over the recommended license capacity.
- C.** Waiver requests to allow more than a total of five (5) children or to place more than two (2) children under the age of twenty-four (24) months old in a family foster home must be approved prior to placement. Before a waiver for placing over the recommended license capacity is initiated, the Supervisor must explore the appropriateness of requesting an increase in the license capacity of the home. If a capacity increase is deemed appropriate then the Supervisor must make a formal request the Children's Networks licensing unit. The Children's Network licensing unit will then review the request and forward it onto the Department's licensing unit for approval, if appropriate. If the capacity increase is granted, a waiver is not necessary.

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D. Waivers to allow more than five (5) children and to place more than two (2) children under the age of twenty-four (24) months old in a family foster home must be approved personally and in writing by the Placement Resource Unit Supervisor, the Program Administrator of the Case Management Organization, and the Chief Executive Office of the lead agency or their designated back-up.

E. Waivers to exceed a total of two (2) children under the age of twenty-four (24) months old may be granted only to accommodate a sibling group in which there are more than two (2) children under the age of twenty-four (24) months in one family. The family foster home in which the siblings are placed must not have any infants already placed, unless the infant is part of the sibling group being accommodated.

F. If there are foster children currently placed in the home that are not siblings to the child(ren) proposed for the waiver, either the Supervisor or Child Welfare Case Manager of those child(ren) must be advised of, and agree to, the waiver prior to the placement being made. The Case Management Organization Program Administrator shall determine the final approval or denial of the waiver.

G. An assessment of each foster child in the home must be completed by the Child Welfare Case Manager prior to the child (ren) being placed in the home. The assessment must be completed within 72 hours after placement. The Child Assessment must include documentation of the following:

1. The medical, mental health, physical and behavioral needs of each child.
2. A clear, concise explanation of why the exception should be approved. List the other homes considered and the reason it has been determined that this home is the most appropriate.
3. A description of any special services or support systems which may be necessary. In addition to the services and supports, a specific staff person must be designated to oversee and document that the added services and supports in the home are provided and are effective in maintaining an adequate level of care. Describe the daycare or school arrangements proposed for the additional child (ren) placed in the home.
4. A description of how the home can physically accommodate the additional child or children. Accommodations must include a bed, adequate closet space and room for personal possessions, adequate privacy, availability of transportation and appropriate child restraints, and seating capacity for dining as a family. In addition, if the home is on a septic system, capacity may be limited by the Environmental Health Department regulations.
5. Information concerning how the needs of any particularly vulnerable child currently in the home can be adequately protected. Describe the supervision provided when the children are in the home and any help, relief, or other support available to the family. Provide information on how the family is managing with the children already in the home.

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6. Placement needs and risk factors for children who have been sexually victimized or who are sexually aggressive.

7. Verification that there are no active complaints, violations, foster care referrals or abuse reports on the home.

8. The licensing counselor must conduct a home visit with the out-of-home caregiver within seven (7) calendar days of a child's placement to ensure that all appropriate services identified by the child welfare case manager are in place to support the out-of-home caregiver. If the child welfare case manager does not identify any additional services that are needed then documentation must be provided in FSFN.

H. A waiver shall not exceed thirty calendar days, except to accommodate a sibling group larger than five (5) if the children of that sibling group are the only children in the home. Subsequent waivers may be approved for a ninety (90) day extension in writing by the Case Management Organization's Program Manager. Each ninety (90) day waiver extension given to a family foster home must include written rationale regarding the appropriateness of the continued placement.

I. A waiver must be reviewed and revised if there is any change in the child population of the home. A waiver will automatically expire when the total number of the children in the home returns to the licensed capacity.

J. A waiver may be issued for 180 calendar days if it is issued to accommodate a sibling group larger than five (5) if the children of that sibling group are the only children placed in the home. Subsequent waivers may be approved personally and in writing for a 180 day extension by the Case Management Organization Program Manager. Each 180 day waiver extension must include a written rationale regarding the appropriateness of the continued placement.

K. Automated Tracking of Homes with More than Five (5) Children:

1. All child placements must be recorded in Florida Safe Families Network, (FSFN) ICWSIS or current payment system within forty-eight (48) hours. When such a placement causes a home to exceed a total of five (5) children, the waiver approval must be recorded on the provider licensing screen.

2. It is the responsibility of the Case Management Organization to develop a comprehensive system to track all waivers and renewal dates.

3. The Community Based Care Agency Quality Management Department will generate a monthly report from ICWSIS to track the number of homes with more than a total of five (5) children to ensure the requirements of this policy are being met.

EXHIBITS:

Exhibit A: Child Assessment for Over Five Waivers

Exhibit B: Waiver Request

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Exhibit C: Waiver Approval Form

Exhibit D: Periodic 2

Exhibit E: Increase Capacity Request

EXHIBIT A
CHILD ASSESSMENT
For Foster Home Over Five Capacity Waiver

Child's Name: _____ **DOB:** _____

This assessment is to be completed by the foster child's case manager.

Case Manager: _____ CMO: _____

Foster Parent: _____ CMO: _____

Assessment of child's mental, physical and psychosocial needs:

Maximum number of children in the prospective foster home that will allow the child's needs to be met _____ .

Comments:

Approved by case manager Supervisor: _____
(signature **REQUIRED** unless email message is received directly from the supervisor indicating approval)

This assessment must accompany the waiver request and be sent directly to the supervisor of the Placement Resource Unit responsible for supporting the foster parent.

Florida Statute 409.175 (3)(b) now requires that an assessment of the child must be completed by the family services counselor and approved in writing by the counselor's supervisor prior to a placement which results in over five children in the home (including the family's own children). However, if a placement involves a child whose sibling is already in the home or a child who has been in placement in the home previously, the assessment must be completed within 72 hours after placement. "The assessment must assess and document the mental, physical, and psychosocial needs of the child, and recommend the maximum number of children in a family foster home that will allow the child's needs to be met." (Includes changes from Senate Bill 1454, passed by Legislature 2003)

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**EXHIBIT B
WAIVER REQUEST TO CMO**

Date the placement is needed: ___/___/___

Person submitting request: _____ Phone: _____

Foster Home in need of waiver: _____ County _____

Child in need of placement: _____ CMO _____

TYPE OF WAIVER: *Exceeds Capacity* () *Exceeds 5*() *More than 2 children under 24 months* () () *Other:-Explain:*

Is a license capacity increase appropriate? Why or why not? _____

IF EXCEEDING 5: Name of Supervisor Contacted for Assessment _____

Does child have sibling already in the home? Y or N (*circle one*)

Has child been placed in the home previously? Y or N (*circle one*)

Will this waiver allow a dependent mother and baby to be placed together? Y or N (*circle one*)

If exceeding the rule of 5, how have all other placement options been exhausted? Please explain:

CHILD OR CHILDREN NEEDING PLACEMENT

Name:	M/F (Circle One)	DOB:	Sexual Abuse victim:	Are they known Sexual Aggressor:
Name:	M/F (Circle One)	DOB:	Sexual Abuse victim:	Are they known Sexual Aggressor:
Name:	M/F (Circle One)	DOB:	Sexual Abuse victim:	Are they known Sexual Aggressor:

Is a safety plan attached if the child is a sexual aggressor? _____

OTHER CHILDREN IN HOME (include ALL: bio, adoptive, foster and any other children):

Child Name	Age	Gender	Relationship	Case Manager	CMO

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CONCISE / CLEAR EXPLANATION WHY WAIVER SHOULD BE GRANTED:

What support systems or special services will be put in place to assure safety and quality of care?

Who will be responsible for overseeing this placement and documenting this service? (Need specific name and telephone number) _____ phone: _____

If the waiver is for over 5 children in the home, this individual must submit periodic reports to the Placement Resource Unit of the CMO responsible for the home. The periodic reports must document the stability of the placement, what additional services may be needed, any problems and an evaluation of the continued appropriateness of placement. These reports must be submitted a minimum of monthly, or more often if requested by the PRU Supervisor or Program Director of the CMO responsible for the foster home.

Are there concerns regarding this mix of children? ____ Please Explain: _____

Can children already in placement accept this new child? _____

What are the sleeping arrangements in the proposed foster home? _____

Does each foster child in the home have the following: PLEASE CIRCLE ONE

Bed	YES	or	NO
Closet space	YES	or	NO
Adequate privacy	YES	or	NO
Seat belt/car seat	YES	or	NO

Why do you believe these foster parents are capable of handling this number and mix of children if placement is approved? _____

What efforts have been made to minimize further waiver requests in this case? _____

Signature of Case Manager

Supervisor Signature

EXHIBIT C

Initial Waiver Approval

Child Placing Agency: _____ LSF _____ FPS _____ FBCH _____ CMS

Name of Foster Parents: _____ Capacity: _____ County: _____

Child placed with waiver: _____

Approval of this waiver will allow total # _____ children, including # _____ foster children and # _____ biological or adoptive children, to continue in the home.

Type of Waiver:

- () exceeds 5 and includes a child assessment, () over license capacity,
() more than 2 children under 24 months

Is a capacity increase appropriate? _____ if yes, please attach copy of request

Justification and Stipulations:

Periodic reports due: _____ monthly _____ weekly _____ (other specify) _____

Waiver Request Approved: ____/____/____

Date the Child was placed: ____/____/____

Waiver Expiration Date: ____/____/____ (no more than 30 days from placement)

CMO PRU Supervisor Date

CMO Program Director Date

Children's Network of SWFL, CEO Date

This waiver automatically expires when the total number of children in the home returns to the license capacity.

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**Exhibit D.
Update for Children in Foster Homes on a Waiver**

Purpose of update: ___ **Periodic Report** (or) ___ **Request for Waiver Extension**
Foster Home: _____

Name of Case Manager Completing Report: _____ CMO _____

Name of Child on Waiver: _____

Date(s) of home visit(s): _____

1. List any changes in the foster home population since the last report:

2. Describe your observations of the child and how they are progressing in the home:

3. Describe how the foster parents are handling the placement, including quality of care:

4. Describe how the other foster children in the home are doing:

5. List any other support services that the family received during the week prior to your visit.
Examples include, among others, childcare services or mental health counseling:

6. Describe concerns you have about the placement, and how they are being addressed:

7. Explain why it is in the child's best interest to continue the child in this placement instead of placement in a less populated home?

8. What is the long-term plan for this child, and how does this placement contribute to that goal?

9. What services will continue to be in place to support a successful placement?

For Waiver Extension Requests:

Current Waiver Expiration: ___/___/___ Approval for 90 day Extension: ___/___/___
Extension Expiration: ___/___/___

CMO Supervisor Signature

CMO Program Director Signature

EXHIBIT E
INCREASE CAPACITY REQUEST

A capacity increase must be approved PRIOR to placement of children.

FOSTER HOME CAPACITY INCREASE REQUEST

Date: ___/___/___

Foster Home Name: _____ CMO _____ License # _____

Current Demographics in the home:

adults _____ # bio or/adopted children _____ # current foster children _____

Current License Capacity # _____ Request to increase capacity to # _____

Please describe the appropriateness of a capacity increase. Include:

1. Describe current sleeping arrangements and space available for additional children: _____
2. Describe additional personal space available for _____ children: _____
3. Describe transportation: vehicles available: _____ #
seatbelts: _____ # licensed drivers in the household: _____
4. Describe dining seating availability: _____
5. Sewer requirements noted on Env. Health inspection if applicable: _____
6. Foster parent work schedule:
 - a. mother: days ___ to ___ hours: ___ (am/pm) to ___ (am/pm)
 - b. father: days ___ to ___ hours: ___ (am/pm) to ___ (am/pm)

7. Please explain any complaint or abuse history and the outcome:

8. Please list special skills of the foster parent to meet the increased responsibility. _____

9. What ages and genders are appropriate for the family? _____

_____/_____/_____
Requesting case manager Date Case manager supervisor Date

_____/_____/_____
DCF licensing Date