

Policy and Procedures

<u>Department Name</u> Quality management		
<u>CHAPTER:</u>	<u>SUBJECT:</u> At Risk Day Care Referrals	<u>POLICY NUMBER:</u> QM-012
<u>APPROVAL:</u>	<u>EFFECTIVE DATE:</u> 8/16/2005 <u>Revised 7/17/2007</u>	<u>REPLACES (policy # and date):</u> New <u>policy</u> .

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- I. **PURPOSE:** This operating procedure establishes the steps to be followed when a child has an open services case, is between the ages of 0 to school entry, has been identified to be at risk of abuse, neglect abandonment or exploitation or daycare services are needed to maintain an out of home placement.

- II. **REVIEW HISTORY:** Revision to policy dated 8/16/2005.

- III. **CONTACT:** 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 comply with the working agreement established between the Early Learning Coalition and the Network.

- VI. **RATIONALE:** The Children’s Network of Southwest Florida will ensure the safety and well-being of children who are under the supervision of the Department of Children and Families and its community-based care providers by evaluating the need for child care for children who meet the criteria established by the Early Learning Coalition.

- VII. **CROSS REFERENCES:** Policies and Procedures established by the Early Learning Coalition.

- VIII. **DEFINITIONS:**
 - A. Age 0 to school entry - a child from the date of his or her birthday to the date that the child enters a public, private or charter school for the first time.
 - B. Case management organization - the contracted agency that provides case management services to dependent children and their families.

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- C. Child At Risk - any child that is the subject of a child protective investigation warranting a “safety plan” or being referred for ongoing services, OR the subjects in an active child welfare case, AND at risk of abuse, neglect, abandonment or exploitation OR in “out of home” care where child care services are needed to maintain the placement.
- D. Child’s residence- the location where the child is currently residing with a caregiver who is responsible for the day to day care of the child. This may be the child’s own home, a residential group care facility, or any setting where the child is currently residing.
- E. Child Care of Southwest Florida, Inc. - the contracted provider for Early Learning Coalition.
- F. Community based lead agency - the Children’s Network of Southwest Florida.
- G. Department - means the Department of Children and Family Services, Child Welfare/CBC program office.
- H. Early Learning Coalition - the agency that provides the funding to the identified contract provider for services.
- I. Licensed early education or child care program -a program licensed by the state or local county licensing agency to provide early education or child care services to children during a portion of a 24 hour day
- J. Under court ordered protective supervision or in the custody of the department or a community based care lead agency -a child who has been ordered by the court to receive protective supervision services whether in his or her own home or in the home of a relative or non-relative, or a child who has been ordered by the court into the custody of the department or of a community based lead agency.

IX. PROCEDURES:

1. In case situations in which children and their families are being referred for ongoing services to a Case Management Organization (CMO), an Intake, Triage and Referral (ITR) staffing is held to determine appropriate services.
2. If the need for child care is identified at the ITR staffing, then within 3 working days, the assigned Child Welfare Case Manager will refer the child or children to the appropriate school readiness provider for services. A copy of the custody letter must accompany referrals for children placed in out of home care. A copy of the ITR staffing form and/or a court order must accompany referrals for children who reside in home with their biological parents.
3. Only completed referral forms (Exhibit I and II) will be accepted. The provider will attempt contact with the client within 24 hours to arrange an appointment. If the caregiver fails to respond within 10 calendar days the designated provider will contact the Child Welfare Case Manager and an new

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**Children's Network of Southwest Florida
At Risk Child Care Referrals**

referral will need to be submitted if the services are still needed. Each referral for this category is valid for up to six (6) months.

4. The Child Welfare Case Manager is responsible for notifying the identified school readiness provider of any special circumstances, court directives or other mandated requirements, including the Rilya Wilson Act, connected to the provision of child care services for any particular child.

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5. The Child Welfare Case Manager is responsible for notifying the child care provider of the provider's legal responsibilities and contact information, for any child subject to the Rilya Wilson Act, as described in the Children's Network Operating Procedure #QM-005.

6. When the child's legal status and/or placement changes, the Child Welfare Case Manager will promptly notify the identified school readiness provider by faxing a change form (Exhibit III).

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7. Within 3 days of the Judicial Review Hearing, the Child Welfare Case Manager must submit an updated referral to the identified school readiness provider if they determine child care services should be continued.

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8. When the child welfare case is closed, the Child Welfare Case Manager must promptly notify the identified school readiness provider. The families of the children will be re-assessed by the identified school readiness provider for continued services under other funding categories.

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X. EXHIBITS:

Exhibit I (Child Care Referral Form for Lee/Hendry-Glades/Collier Counties)

Exhibit II (Child Care Referral Form for Charlotte County)

Exhibit III (Change Form)

Exhibit IV (Day Care Referral To Do L

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Policy and Procedures

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(Lee, Hendry/ Glades 239-278-3031 / Naples 239-643-4906 / Immokalee 239-658-3353)

Date: _____ From:
 DCF (CPI) CMO Agency: LSF
 RCC FPS

Worker's Name
 (print) _____
 Worker's Signature _____

Phone
 _____ Fax

Email Address

Supervisor's approval
 signature _____
 Phone _____

TYPE OF REFERRAL:
 INITIAL
 REDETERMINATION
 UPDATE

Worker must complete sections A, B, & C. Custody letter(s) must accompany all referrals. Incomplete referrals will be denied. Verification of the child's age will follow.

A) INFORMATION ON CURRENT CAREGIVER(S) OF THE CHILD(REN)

1) Last Name _____ First
 Name _____ Middle
 Initial _____

SS#: _____
 DOB: _____ RACE:
 _____ SEX: _____

2) Last Name _____ First
 Name _____ Middle
 Initial _____

SS#: _____
 DOB: _____ RA [1]

FAX TO: Child Care of Southwest Florida: _____
(Lee, Hendry/ Glades 239-278-3031 / Naples 239-643-4906 / Immokalee 239-658-3353)

Date: _____ From: DCF (CPI) CMO Agency: LSF RCC FPS

Worker's Name (print) _____ Worker's Signature _____
Phone _____ Fax _____
Email Address _____

Supervisor's approval signature _____ Phone _____
TYPE OF REFERRAL: INITIAL REDETERMINATION UPDATE

**Worker must complete sections A, B, & C . Custody letter(s) must accompany all referrals.
Incomplete referrals will be denied. Verification of the child's age will follow.**

A) INFORMATION ON CURRENT CAREGIVER(S) OF THE CHILD(REN)

1) Last Name _____ First Name _____ Middle Initial ____
SS#: _____ DOB: _____ RACE: _____ SEX: _____

2) Last Name _____ First Name _____ Middle Initial ____
SS#: _____ DOB: _____ RACE: _____ SEX: _____

If there is NO spouse please note the marital status: Single Divorced Widowed Separated

Address _____

City _____ Zip _____ Phone # Day _____ Evening _____

B) INFORMATION ON CHILDREN BEING REFERRED*

ABUSE REPORT NUMBER: _____ (*For CPI -Is family being referred to services? Yes or No)

Name _____ DOB _____ SS# _____ Race/Sex _____
Name _____ DOB _____ SS# _____ Race/Sex _____
Name _____ DOB _____ SS# _____ Race/Sex _____
Name _____ DOB _____ SS# _____ Race/Sex _____

STATUS / PURPOSE OF CARE/AUTHORIZATION

At Risk Status: In Home with Parent Out of Home: Relative/Non-Relative Foster Care

Purpose of Child Care (Check all that apply): Safety Plan Employment Court Ordered
 Rilya Wilson Act Therapeutic Plan/Socialization Stabilization of Placement

Child care authorized from: _____ / _____ / _____ Through: _____ / _____ / _____
(Time period dates expected for case supervision, but not to exceed six (6) months)

FAX TO: Early Learning Coalition of Charlotte and DeSoto : 941-255-5856

Date: _____ From: DCF (CPI) CMO Agency: LSF RCC FPS

Worker's Name (print) _____ Worker's Signature _____
Phone _____ Fax _____
Email address _____

Supervisor's approval signature _____ Phone _____
TYPE OF REFERRAL: INITIAL REDETERMINATION UPDATE

Worker must complete sections A, B, & C. Custody letter(s) must accompany all referrals. Incomplete referrals will be denied. Verification of children's dates of birth must follow.

A) INFORMATION ON CURRENT CAREGIVER(S) OF THE CHILD(REN)

1) Last Name _____ First Name _____ Middle Initial ____
SS#: _____ DOB: _____ RACE: _____ SEX: _____

2) Last Name _____ First Name _____ Middle Initial ____
SS#: _____ DOB: _____ RACE: _____ SEX: _____

If there is NO spouse please note the marital status: Single Divorced Widowed Separated

Address _____

City _____ Zip _____ Phone # Day _____ Evening _____

B) INFORMATION ON CHILDREN BEING REFERRED*

ABUSE REPORT NUMBER: _____ (*For CPI -Is family being referred to services? Yes or No)

Name _____ DOB _____ SS# _____ Race/Sex _____

Name _____ DOB _____ SS# _____ Race/Sex _____

Name _____ DOB _____ SS# _____ Race/Sex _____

Name _____ DOB _____ SS# _____ Race/Sex _____

STATUS / PURPOSE OF CARE/AUTHORIZATION

At Risk Status: In Home with Parent Out of Home: Relative/Non-Relative Foster Care

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 Rilya Wilson Act Therapeutic Plan/Socialization Stabilization of Placement

Child care authorized from: ____ / ____ / ____ Through: ____ / ____ / ____

(Time period dates expected for case supervision, but not to exceed six (6) months)

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CHANGE FORM

PS FC ADOPTION
 UPDATE

ADD

SSN/CLIENT ID
BIRTH

CHANGE ID TO

DATE OF

LAST NAME
MIDDLE

SFX

FIRST

CHANGE OF ADDRESS / PLACEMENT / MOVEMENT

DATE OF CHANGE: _____

PREVIOUS LOCATION: _____

CURRENT

LOCATION: _____

ADDRESS: _____

ADDRESS: _____

LIVING ARRANGEMENT

Living with 1 parent
Abuse or

Shelter home

Alcohol/Drug

Living with 2 parents
program

C&F foster family home

Mental Health

Hospital
home- Foster

C&F foster family group home

Adoptive

Relative
home - Other

Agency-operated group home

Adoptive

Non-relative
family

Private agency foster family home

C&F approved

Independent living arrangement
home - Private

Residential child caring facility

Adoptive

Runaway status

Developmental Services program

Respite

Delinquency residential program

Therapeutic foster home

CASE MANAGER / UNIT CHANGE

DATE EFFECTIVE: _____

Counselor _____

New Counselor

Worker # _____

Worker

Unit # _____

Unit

LEGAL STATUS CHANGE

DATE EFFECTIVE: _____

- Voluntary supervision FC
- Court-Order supervision Placement Supervision
- Voluntary placement Supervision
- Courtesy Supervision
- Temporary custody DCF
- Permanent commitment
- Custody of other state
- Adoption Finalization
- Disposed into
- Post-
- Protective
- Shelter Care

STATUS CHANGE

DATE EFFECTIVE: _____

- Shelter
- Foster Care
- Protection Supervision
- Relative Placement
- Courtesy Supervision
- Active
- Active, Client, Other County Jurisdiction
- Inactive Client
- Child Care Not Needed
- Termination of supervision, Explain Why

Out of State Placement

Placement in Adoptive Home

GOAL CHANGE

DATE EFFECTIVE: _____

- Temporary placement foster care
- Reunification Adoptive Home
- Independent Living
- Courtesy on permanent basis to Foster Parent
- Long-term
- Placement in

RELATIVE CAREGIVER

DATE EFFECTIVE: _____

REPLY FROM ELCCD

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____

Date: _____

Comments: _____

Name of ELCCD staff processing referral: _____

Telephone # _____

Signature Date: _____

Reunification with Parent(s) or Primary Caretakers

Living with Other Relative(s)

Case closed

Transfer to another Agency

CHILD IN CARE

DATE EFFECTIVE: _____

Change of Board Rate

New Amount \$ _____

Placed in Non-Medicaid Facility

Name Changed

To: _____

COMMENTS: _____

_____	_____	_____
CHILD WELFARE CASE MANAGER	DATE	PHONE

_____	_____	_____
CWCM SUPERVISOR	DATE	PHONE

REVENUE MAXIMIZATION USE ONLY

DATE STAMP (IN UNIT) DATE
COMPLETED: _____

REPLY FROM ELCCD

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Comments: _____

Name of ELCCD staff processing referral: _____

Telephone # _____ Signature Date: _____

COMPLETED

BY: _____

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REPLY FROM ELCCD

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Comments: _____

Name of ELCCD staff processing referral: _____

Telephone # _____ Signature Date: _____

6. If you need to communicate with a Child Care of SW Florida representative, you may contact them at 239-278-1002 (Lee & Hendry/Glades), 239-643-3908 (Naples) and 239-658-3326 (Immokalee) or via e-mail address which is “worker’s first name initial and last name at ccswfl.org (ie: gailp@ccswfl.org).

REPLY FROM ELCCD

Child: _____ Center/FCCH _____

Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Child: _____ Center/FCCH _____
Date: _____

Comments: _____

Name of ELCCD staff processing referral: _____

Telephone # _____ Signature Date: _____