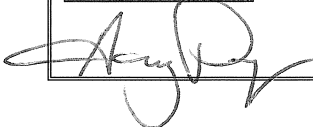


## Policy and Procedures

<b><u>Department Name</u></b> Quality management		
<b><u>CHAPTER:</u></b>	<b><u>SUBJECT:</u></b> At Risk Day Care Referrals	<b><u>POLICY NUMBER:</u></b> QM-012
<b><u>APPROVAL:</u></b> 	<b><u>EFFECTIVE DATE:</u></b> 8/16/05	<b><u>REPLACES (policy # and date):</u></b> New policy

- 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:** New policy.
- 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 (either Early Learning Coalition of Charlotte and DeSoto (ELCCD) or Childcare of Southwest Florida, Inc. (CCSWFL), for services. A copy of the custody letter, or an equivalent, must accompany referrals for children placed with caregivers other than their biological or adoptive parents. Verification of the child's age will follow.
3. Only completed referral forms (Exhibit I and II) will be accepted by Child Care of Southwest Florida, Inc. or the identified school readiness provider for processing. Childcare of Southwest Florida, Inc. or the identified school readiness provider will attempt contact with the client within 24 hours to

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arrange an appointment. Each referral for this category is valid for up to six (6) months.

4. The Child Welfare Case Manager is responsible for notifying Child Care of Southwest Florida, Inc. or 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.
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 Child Care of Southwest Florida, Inc. or the identified school readiness provider by faxing a "pink" change form (Exhibit III).
7. Within 3 days of the Judicial Review Hearing, the Child Welfare Case Manager must submit an updated referral to Child Care of Southwest Florida, Inc. or the identified school readiness provider if they determine child care services should be continued.
8. When the child welfare case is closed, the Child Welfare Case Manager must promptly notify Child Care of Southwest Florida, Inc. and the school readiness provider. The families of the children will be re-assessed by either Child Care of Southwest Florida, Inc. or the identified school readiness provider for continued services under other funding categories.

**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 List)

**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 \_\_\_\_\_

**C) 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 \_\_\_\_\_

**D) 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)

**CHILD CARE CHANGE FORM**

**FAX TO:**

**Child Care of Southwest Florida:** \_\_\_\_\_  
 (For Lee, Hendry/ Glades 239-278-3031 / Naples 239-643-4906 / Immokalee 239-658-3353)

**Early Learning Coalitions of Heartland Inc, (Charlotte) :** 941-255-5856

<u>SSN/CLIENT ID</u>	<u>CHANGE ID TO</u>	<u>DATE OF BIRTH</u>
<u>LAST NAME</u>	<u>FIRST</u>	<u>SEX</u>
<b>CHANGE OF ADDRESS / PLACEMENT / MOVEMENT</b>		
Date of Change: _____		
Previous Location: _____	Current Location: _____	
Address: _____	Address: _____	
<b>LIVING ARRANGEMENT</b>		
<input type="checkbox"/> Living with 1 parent	<input type="checkbox"/> Emergency Shelter home	<input type="checkbox"/> Respite
<input type="checkbox"/> Living with 2 parents	<input type="checkbox"/> Licensed foster family home	<input type="checkbox"/> Adoptive Home
<input type="checkbox"/> Hospital	<input type="checkbox"/> Therapeutic foster home	<input type="checkbox"/> Adoptive home- Foster
<input type="checkbox"/> Relative	<input type="checkbox"/> Residential Group Home Facility	<input type="checkbox"/> Adoptive home - Other
<input type="checkbox"/> Non-relative	<input type="checkbox"/> Developmental Services home	<input type="checkbox"/> C&F approved family
<b>CASE MANAGER / UNIT CHANGE</b>		
Date Effective: _____		
Counselor _____	New Counselor _____	
Telephone# _____	Telephone# _____	
<b>LEGAL STATUS CHANGE:</b>		
Date Effective: _____		
<input type="checkbox"/> In Home Supervision	<input type="checkbox"/> Foster Care Placement	<input type="checkbox"/> Returned Home
<input type="checkbox"/> Custody to relative	<input type="checkbox"/> Permanent custody to Agency	<input type="checkbox"/> Custody to non-relative
<input type="checkbox"/> Adoptive placement	<input type="checkbox"/> Adoption finalization	
<b>STATUS CHANGE</b>		
Date Effective: _____		
<input type="checkbox"/> Child moved out of area	<input type="checkbox"/> Family no longer receiving services – Case Closed	
<input type="checkbox"/> Child Care no longer needed	<input type="checkbox"/> Adoption Finalized	
<input type="checkbox"/> Reunification with Parent(s) or Primary Caretakers	<input type="checkbox"/> Transferred to another agency	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Child Welfare Case Manager	Date	Phone
CWCM Supervisor	Date	Phone

## DAYCARE REFERRAL TO DO LIST

1. Referral Forms must be filled out completely and signed by a supervisor. Attach copy of custody letter and copy of the child's birth certificate to the referral form. Referrals should be submitted within 3 days of the ITR staffing, if child care is identified as a service need.

2. Referrals and custody letters must be faxed to Child Care of SW Florida (CCSWF) for Lee, Hendry/Glades, and Collier Counties. Referrals and custody letters must be faxed to Early Learning Coalitions of Heartland Inc. for Charlotte County.

FAX TO: **Child Care SW Florida:** (239) 278-3031 (Lee, Hendry/Glades Counties)  
(239) 643-4906 (Naples)  
(239) 658-3353 (Immokalee)  
(941) 255-5856 (Charlotte County)

3. When status of case changes (ie: case closed, child reunified with parent) the above agencies must be notified via the **Change Form** within 3 days of change, or of receiving the termination order from the courts that the case has been officially closed.

4. The child's status for continued child care needs to be re-determined every six months. The CWCM needs to fax a new referral form for a re-determination after each JSSR Review to include the new authorization dates. The referral form must be filled out completely to be accepted.

5. CWCM needs to notify Child Care of SW Florida or Early Learning Coalition of Heartland Inc. and the daycare provider, via a change form, of the number of days a child needs to attend daycare after the Case Plan acceptance hearing as well as any additional requirements made by the court (ie: restrictions of visitors).

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](mailto:gailp@ccswfl.org)).