



PLACEMENT TRANSITION PLAN

Transition Plan Goal: As outlined in section [39.4023](#), F.S., an individualized transition plan shall be created and implemented before each placement change experienced by a child. Each transition plan shall consider important factors affecting how a child's placement transition should proceed in an effort to mitigate trauma and encourage the child's healthy development and the stability of the placement.

ALL FIELDS REQUIRED	
Child's Name:	Child's D.O.B:
Child's ID:	FSFN Case ID:
Date Child Entered Care:	Number of Placements:
Permanency Plan for Child:	
Case Manager Name:	
Case Management Agency/Organization:	
Community Based Care Lead Agency:	
Type of Placement: <input type="checkbox"/> Emergency <input type="checkbox"/> Planned If an emergency placement, were supportive services provided to stabilize placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list services provided and date initiated: If "No," provide explanation:	
Current Placement: Contact Information: Email: Phone #: Begin Date:	
New Placement: Contact Information: Email: Phone #: Anticipated Begin Date:	
Does the child have a current Child Placement Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, CPA should be attached.	
Reason for Placement Change: <input type="checkbox"/> Reunification with Mother <input type="checkbox"/> Reunification with Father <input type="checkbox"/> Siblings Reunited <input type="checkbox"/> Foster Home Closure <input type="checkbox"/> Foster Parent Request Move/Disruption <input type="checkbox"/> Parent Requested Change <input type="checkbox"/> Moved to Kinship Placement <input type="checkbox"/> Change in Level of Care (increased or decreased need) <input type="checkbox"/> Adoptive Placement (New Home) <input type="checkbox"/> Safety Concerns Due to Child <input type="checkbox"/> Safety Concerns Due to Caregiver/Placement <input type="checkbox"/> Other: Explain:	

A. Child's Information

Child's Medical Insurance Information	Insurance Provider: Policy Number: Provider Contact Number:
Primary Care Physician	Name/Address of Provider: Date of Most Recent Medical Appointment (if applicable): Date of Upcoming Appointment:
Dental	Name/Address of Dental Provider: Date of Most Recent Dental Appointment (if applicable): Date of Upcoming Appointment:

Orthodontics	Name/Address of Orthodontics Provider: Date of Most Recent Orthodontics Appointment (if applicable): Date of Upcoming Appointment:																																		
Vision	Name/Address of Vision Provider: Date of Most Recent Vision Appointment (if applicable): Date of Upcoming Appointment:																																		
Mental/ Behavioral Health	Current Mental/Behavioral Diagnosis: Contact Information of Mental/Behavioral Provider: Frequency of Appointments: Date of Most Recent Appointment: Date of Upcoming Appointment: Transportation Arrangement for Appointments: Treatment Plan:																																		
Other Therapeutic Treatment (OT/PT/ Speech Therapy, etc.)	Current Diagnosis: Contact Information Provider: Frequency of Appointments: Date of Most Recent Appointment: Date of Upcoming Appointment: Transportation Arrangement for Appointments: Treatment Plan:																																		
Medications	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1eef6;"> <th style="width: 35%;">Name of Medication</th> <th style="width: 15%;">Frequency</th> <th style="width: 15%;">Dosage</th> <th style="width: 15%;">Next Refill</th> <th style="width: 20%;">Pharmacy Contact</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Name of Medication	Frequency	Dosage	Next Refill	Pharmacy Contact																									
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For Psychotropic Medications: Is there an expressed and informed consent for child as authorized by the parent or legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an expressed and informed consent for the child as authorized by order of the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Does child have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the known allergies: If yes, please list the known allergic reactions: Does child have EPI-PEN? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
Child's Current Educational Setting	<input type="checkbox"/> Public School (Name of School and Child's Grade): <input type="checkbox"/> Private School (Name of School and Child's Grade): <input type="checkbox"/> Home School (Name of Home School Cooperative and Child's Grade): <input type="checkbox"/> Child Care Facility: Does child have an IEP or special education accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information: Has the EESA MDT meeting occurred or occurring with this meeting? <input type="checkbox"/> Yes; form should be attached <input type="checkbox"/> No Does the educational transition align with section 39.4023(4)(c), F.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		

Additional information to provide for best transition and to support excellent parenting of child. Current caregivers, and youth should share about the following with perspective caregivers:

- Child's routine (bedtime, mealtime, bath time, homework, etc.):
- Child's likes and dislikes:
- Child's favorite foods:
- Child's comfort items:
- Child's hobbies, extracurricular activities, etc.:
- Effective discipline techniques:
- Things that cause stress and fear for child:
- Important things going on in the child's life:
- Important, supportive persons to the child:
- Any development factors for the child:

B. Special Considerations for Infants and Children 5 and Younger in Developing Transition Plan

<p>Child's Developmental Stage Must Be Considered</p>	<p>Is the child 6 months or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the child between 7 months and 35 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If answered yes to either question, have the attachment considerations been taken into account as required in section 39.4023(3)(e), F.S.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Caregivers' Commitment to Maintain Ongoing Connections with Child Must be Considered</p>	<p>Has the relationship, if any, the child has with the new caregiver been considered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has whether a reciprocal agreement exists between the current caregiver and the prospective caregiver to maintain the child's relationship with both caregivers been considered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ability to Modify Transition Plan Must be Considered</p>	<p>Has the pace of the transition and whether flexibility exists to accelerate or slow down the transition based on the child's needs and reactions been considered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

C. Summary of Recommendations from the Placement Transition MDT

Determine Agreed Upon Transition Plan	
<p>Initial Contact Plan with New Caregiver, if needed</p>	<p>Describe Plan:</p> <p>When:</p> <p>Where/Location:</p> <p>Who should be Present:</p> <p>Length of Visitation:</p> <p>Transportation Arrangements:</p> <p>Who is Responsible for Visitation Assessment:</p>
<p>Ongoing Contact with New Caregiver to Support Development of Relationship</p>	<p>Describe Plan:</p> <p>Type of Contact:</p> <p>Frequency of Contact:</p> <p>Other:</p>
<p>Ongoing Contact with New Caregiver: Day Time Visitation</p>	<p>Describe Plan:</p> <p>When:</p> <p>Where/Location:</p> <p>Who should be Present:</p> <p>Length of Visitation:</p> <p>Transportation Arrangements:</p> <p>Who is Responsible for Visitation Assessment:</p>

<p>Ongoing Contact with New Caregiver: Overnight Visitation</p>	<p>Describe Plan: When: Where/Location: Who should be Present: Length of Visitation: Transportation Arrangements: Who is Responsible for Visitation Assessment:</p>
<p>Has the Child had an opportunity to say goodbye to those important to him/her?</p>	<p>Describe Plan to Provide for Goodbyes:</p>
<p>Are there significant events in the life of the child that need to be considered when determining move? If so, transition plan should not disrupt event.</p>	<p>Discuss any Significant Event and Provide Efforts to Not Disrupt:</p>
<p>Are all the child's belongings packed?</p>	<p>Determine how child's belongings will be packed and transported:</p>
<p>Is there an agreed upon plan to maintain ongoing connections between the child and important persons to the child (i.e., prior caregiver, teachers, mentors, friends, etc.) after child transitions to new placement?</p>	<p>Describe plan for ongoing contact: Type of Contact: Frequency of Contact: Other:</p>
<p>Will placement change result in sibling separation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, describe how sibling contact will be maintained: Type of Contact: Frequency of Contact: Type of Visitation: Frequency of Visitation: Persons Responsible to Arrange Contact:</p>
<p>Will placement change result in an education transition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has an Education Transition MDT be held? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Any Additional Steps to Support Educational Transition:</p>	
<p>Final Transition to New Placement</p>	<p>Describe Plan for Final Transition: When: Where: Who will Transport Child: Any Restrictions: Other:</p>
<p>Was the "Partnership Plan Working Agreement" reviewed and discussed with the new caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Any Additional Steps Necessary to Support Partnership Plan Working Agreement:</p>	
<p>If the placement was an emergency, was an initial comfort call completed with the new caregiver and biological parent(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Who Completed the Initial Comfort Call? When was the Initial Comfort Call completed?</p>	
<p>If the placement is a planned moved, an initial comfort call should be completed between the new caregiver and biological parent. Who Completed the Initial Comfort Call? When was the Initial Comfort Call completed?</p>	

D. Current Visitations – describe the child’s visitation below

Parent Visitation	Type of Visitation: Who is included in visitation: Date of Next Scheduled Visitation:
Sibling Visitation	Type of Visitation: Who is included in visitation: Date of Next Scheduled Visitation:
Any Known Restrictions to Visitation	
Other	

E. Other Important Dates

Upcoming Court Dates:	Upcoming MDT Meeting:	Other:
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F. Follow-up Tasks

Task:	Person Responsible:	By When:

G. Participants and Signatures

MDT Facilitator	Mother: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Preparer Signature:	Date:
Current Placement: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Father: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Case Manager Signature:	Date:
Proposed Placement: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Guardian Ad Litem: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Case Manager Supervisor Signature:	Date:
Attorney for Department: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Attorney Ad Litem: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature:	Date:
Youth: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature:	Date:
Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature:	Date: