

PLACEMENT EXCEPTION FORM, CD-201 , INSTRUCTIONS

Purpose: This form provides staff with a mechanism to document exceptions to placement capacity and to ensure each child's needs are being met. There are times when it may be necessary for resource homes to be over capacity to meet the needs of the child.

This form will be required for:

- Homes with more than five (5) children
- Level B homes with more than four (4) children
- Homes with more than two (2) children with elevated needs
- Homes with more than two (2) children under the age of two
- Homes with more than four (4) children under the age of five

The maximum number of children placed in a resource home shall not exceed the licensing rules unless placement is necessary:

- To accommodate a sibling group
- To accommodate a minor mother and child family group
- To accommodate a temporary placement
- To ensure continuity of care if the child(ren) was previously placed with the resource provider

Number of Copies and Distribution: The form should be completed by the case manager and licensing worker, and approved by the circuit manager or program manager.

Instructions for Completion:

1. Enter the date of the request, child's initials, and age.
2. Enter the name of the case manager and supervisor.
3. Enter the name of the resource provider(s).
4. Explain special needs or circumstances of the child.
5. Explain how this placement will move the child towards permanency.
6. Enter the number of other children in the home and note the age, sex, and any emotional or behavioral considerations.
7. Describe the skill set of the family which enables them to best care for this child and other children in the home.
8. Document any other considerations or concerns.
9. Check the box to indicate whether the FST was notified.

10. The case manager, licensing worker, and resource provider should sign and date the form.
11. The circuit manager or program manager should sign and date the form.
12. The circuit manager or program manager should check the box indicating approval or denial of the request.

Instructions for Retention: This form should be kept in the forms section of the resource provider record.

Memoranda History: CD13-50