|  |  |
| --- | --- |
|  | **Tennessee Department of Children’s Services**  **Placement Exception Request** |

Using the information in PART III, please write the letter and number of all exceptions that are being accounted for on this form in the Child Information Section. **For a adjudicated dependent neglect or unruly child in detention, complete Child Name, TFACTs Person ID, DOB, County of Commitment, FSW, Name of Placement, and Date Placed in Detention/Jail/Correctional facility.**

All information contained in this form (and any associated case recordings) may be used as part of federal reviews in order to help accruately track data regarding child movements.

**\* Note: Children who are not in the same family case shall not be listed on the same form.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **PART I: CHILD INFORMATION** | | | | | | | |
|  | CHILD NAME | | TFACTS Person ID | TFACTS Case ID | DATE OF BIRTH | COUNTY OF COMMITMENT | GUARDIAN-SHIP STATUS | FSW | EXCEPTIONS FOR EACH CHILD (ex. a.2, b.2, c) |
| 1 | Michael Collins | |  |  | 6/27 | Davidson | Partial | FSW | D. 2 |
| 2 | Travis Collins | |  |  | 5/4 | Davidson | Partial | FSW | D. 2 |
| 3 |  | |  |  |  |  |  |  |  |
| 4 |  | |  |  |  |  |  |  |  |
| 5 |  | |  |  |  |  |  |  |  |
| 6 |  | |  |  |  |  |  |  |  |
| 7 |  | |  |  |  |  |  |  |  |
| 8 |  | |  |  |  |  |  |  |  |
| 9 |  | |  |  |  |  |  |  |  |
| 10 |  | |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PART II: PLACEMENT INFORMATION – List this information for each child using the same order as above | | | | | | | |
|  | PROVIDER NAME OR “DCS” | NAME OF PLACEMEMT | PLACE-MENT LEVEL | DATE PER INCUR-RED | DATE Placed in Detention/Jail/Correctional facility | # Foster Children (Foster Homes Only) | # Birth/Adopted Children (Foster Homes Only) |
| 1 | DCS | Evelyn and Phillip Wilson | 1 |  |  | 1 |  |
| 2 | Residential | Cedar Grove Residential Center | 3 |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

**PART III: TYPES OF EXCEPTIONS**

(a) More than 6 total children (including birth and adopted children) in a foster home

1. Such placement is in the best interests of all the foster children in the home

2. This is a sibling group and there are no other foster children in the home

3. A foster home cannot be located that will accept this child(ren) that would be less

than 6 total child(ren) despite a diligent search

4. This child was already placed in the home and another child being placed in this

same home is resulting in the PER

X. None of the above. Explain:

(b) More than 2 children under the age of 2 in the home

1. Such placement is in the best interests of all the foster children in the home

2. This is a sibling goup and there are no other foster children in the home

3. A foster home cannot be located that will accept this child(ren) that would be less

than 2 children under age 2 despite a diligent search

4. This child was already placed in the home and another child being placed in this

same home is resulting in the PER

X. None of the above. Explain:

(c) More than 2 therapeutic (medically fragile or Level 2 or 3) children in the home

1. Such placement is in the best interests of all the foster children in the home

2. This is a sibling group and there are no other foster children in the home

3. A foster home cannot be located that will accept this child(ren) that would be less

than 2 therapeutic children despite a diligent search

4. This child was already placed in the home and another child being placed in this

same home is resulting in the PER

X. None of the above. Explain:

(d) Separation of Siblings – USE FOR SIBLING GROUPS PLACED INTO CUSTODY WITHIN 30

DAYS OF EACH OTHER AND/OR BABIES BORN INTO THE SIBLING GROUP

1. Placing together is harmful to one or more of the siblings

2. One of the siblings has such exceptional needs that can only be met in a specialized

program or facility

3. The size of the sibling group makes such placement impractical notwithstanding diligent efforts to place the group together– ONLY TO BE USED FOR SIBLINGS GROUPS CONTAINING 6 OR MORE SIBLINGS

4. One or more of the siblings is being placed with kin

5. Unable to locate a home that would take all of the siblings in this sibling group

together

6. One or more of the siblings is being placed for adopton

X. None of the above. Explain:

(e) Separation of children of minor parents in foster care

1. Placing together is harmful to the minor child or infant

2. The child or minor parent have such exceptional needs that they can only be met in a

specialized program or facility; or

X. None of the above. Explain:

(f) Placement of a youth in a DCS office – THIS INCLUDES ANY CHILD WHO IS REMOVED PRIOR TO MIDNIGHT AND REMAINS IN THE OFFICE AFTER 4 A.M. THE FOLLOWING DAY.

1. There are no placements currently available to accept this child(ren) despite a diligent search.
2. The child’s needs require a higher level of care and provider request a clincial assessment prior to placement

X. None of the above. Explain:

(g) **Adjudicated** **Dependent/Neglect/Unruly youth in a jail, correctional or detention facility**

1. Youth has been ordered into a detention by the court

2. Youth has been charged with a delinquency charge by the court

X. Other. Explain:       \*

Was youth placed overnight?  Yes  No

\* **If other is selected, adjudicated dependent/negelct or unruly youth needs to be placed immediately in the most appropriate placement setting.** Indicate date and name of the placement:

**PART IV: DETAILED JUSTIFICATION OF PLACEMENT**

Please describe why this placement is being made and why this is or is not the optimal placement for these child(ren).           

For seperation of siblings or continued separation of siblings please provide therapeutic reasons why it is not in the children’s best interest to be placed together: Travis was sexually abused in the past. He has a history of cutting himself and recently began cutting himself again. He was taken to the Emergency Room and placed in a psychiatric hosptial for treatment. Travis will continue to need residential treatment. A kinship home has been located for Michael.

Is any further action required regarding this placement?  Yes  No

If yes, indicate required follow-up:

**PART V:**

Please list all available resources (DCS Foster Homes) contacted, the outcome of those contacts, and any notes/reasons given.

     Evelyn and Phillip Wilson, Michael's maternal grandparents, have been located and have agreed to be a placement for him.

In addition to the list above, please mark an X as appropriate for any provider agency contacted regarding placement:

|  |  |  |
| --- | --- | --- |
| Agape | Was contacted but did  not place child | Was contacted but did not  respond |
| Alternative Youth Services | Was contacted but did  not place child | Was contacted but did not  respond |
| Camelot Care Centers | Was contacted but did  not place child | Was contacted but did not  respond |
| Centerstone of Indiana Inc. | Was contacted but did  not place child | Was contacted but did not  respond |
| ChildHelp | Was contacted but did  not place child | Was contacted but did not  respond |
| Chambliss Center for Children | Was contacted but did  not place child | Was contacted but did not  respond |
| Florence Crittenton Agency | Was contacted but did  not place child | Was contacted but did not  respond |
| FreeWill Baptist Home for Children | Was contacted but did  not place child | Was contacted but did not  respond |
| Frontier Health | Was contacted but did  not place child | Was contacted but did not  respond |
| Goodwill Homes | Was contacted but did  not place child | Was contacted but did not  respond |
| Helen Ross McNabb | Was contacted but did  not place child | Was contacted but did not  respond |
| Holston | Was contacted but did  not place child | Was contacted but did not  respond |
| Keys | Was contacted but did  not place child | Was contacted but did not  respond |
| Kings Daughters | Was contacted but did  not place child | Was contacted but did not  respond |
| Memphis Recovery Centers | Was contacted but did  not place child | Was contacted but did not  respond |
| Meritan | Was contacted but did  not place child | Was contacted but did not  respond |
| Monroe Harding | Was contacted but did  not place child | Was contacted but did not  respond |
| Omni Visions | Was contacted but did  not place child | Was contacted but did not  respond |
| Parkridge Valley | Was contacted but did  not place child | Was contacted but did not  respond |
| Porter Leath | Was contacted but did  not place child | Was contacted but did not  respond |
| Sequel Schools | Was contacted but did  not place child | Was contacted but did not  respond |
| Smoky Mountain Children’s Home | Was contacted but did  not place child | Was contacted but did not  respond |
| Special Needs Contracts | Was contacted but did  not place child | Was contacted but did not  respond |
| Tennessee Children’s Home | Was contacted but did  not place child | Was contacted but did not  respond |
| UHSINC | Was contacted but did  not place child | Was contacted but did not  respond |
| Upper Cumberland HRA | Was contacted but did  not place child | Was contacted but did not  respond |
| Wayne Halfway House | Was contacted but did  not place child | Was contacted but did not  respond |
| Youth Opportunity Investments | Was contacted but did  not place child | Was contacted but did not  respond |
| Youth Villages | Was contacted but did  not place child | Was contacted but did not  respond |
|  |  |  |
|  |  |  |

Submitted by: FSW Contact Info:

**PART VI: Regional Administrator/Designee Approval**

Prior to Placement---Please check the appropriate box if necessary

Verbal/Email Approval Granted

Date:       Time:

Explanation for placements made prior to RA approval:

**If RA to RA Approval was needed, please mark below:**

Verbal/Email Approval Granted

Date:       Time:

|  |  |  |  |
| --- | --- | --- | --- |
| *RA Signature* |  |  | *Date* |