

# Family Partnerships of Central Florida

## PROCEDURE

---

**Series:** Operating Procedures **COA: PQI 4.04**  
**CFOP: 175-61**

**Procedure Name:** Exit Interviews with Children in Foster Care  
**Procedure Number:** OP-1061  
**Reviewed Date:** 04/16/24  
**Revision #/Date:** (4)12/15/08, 02/22/12, 10/14/16, 04/10/19  
**Effective Date:** 04/15/05

**Applicable to:** All FPoCF Staff and Contract Providers

---

PURPOSE: To outline Family Partnerships of Central Florida's policy regarding interviews with children upon their exit from a level 2 or above foster home, group home or residential facility. The purpose of the interview is to gain the child's perspective concerning the safety and quality of care provided in the home.

### PROCEDURE:

#### References

Note: CFOP 175-61 repealed by DCG on 10/31/08

#### Definitions

- a. Child Exit Interview means the process of directing a specific set of questions to a child who has exited a level 2 or above family foster home, group home or residential facility.
- b. Child Exit Interview Form means the specific set of questions designed for use with children from age 5 through 8 and age 9 until 18. (See forms contained in this operating procedure.)

#### 1. General Requirements

- a. The child exit interview is to be considered anonymous but not confidential. This means the interviewer tells the child that the information shared by the child will eventually reach the level 2 or above foster parent; however, the child's name will not be attached to that information. Even though the level 2 or above foster parent may be able to determine the child's identity, it is important for level 2 or above foster parents to have the information so that they know how children are responding to the care they provide.
- b. Children ages 5 until 18 must be interviewed if they have resided in the home 30 days or more.
- c. The interview must be conducted within five days of the child's exit from the home.

# Family Partnerships of Central Florida

- d. The interview shall not be conducted in the home from which the child just exited. It must take place in a setting where the child feels comfortable and where the conversation can be considered private.
- e. The interviewer should ask the child questions and write the child's answers verbatim as much as possible. The child must not be given the form to complete.
- f. If the child is non-verbal or unresponsive, the interviewer may gently persist but should reschedule the interview if the child becomes upset or exhibits other behaviors of concern.
- g. Interviewers must be careful not to influence or lead the child in answering the questions through positive or negative facial expressions, body language or comments. Thanking the child for answering the question will encourage the child to answer, but not bias the responses.
- h. Interviewers must record any observations about the child's physical appearance or emotional state (positive or negative) that seem significant to the interview process.
- i. If the child alleges abuse, neglect, or any maltreatment during the exit interview, the interviewer is mandated to make an immediate report to the Florida Child Abuse Hotline.
- j. A child whose exit from the home/facility is due to running away will be temporarily exempt from the exit interview. Upon the child's return, efforts must be made to interview the child, regardless of the child's length of time in the home, to rule out unfavorable conditions in the home contributing to the child's runaway.

The Care Manager will forward the completed Exit Interview to the Clinical Services Specialist or designee within 5 days of the child exiting. The Exit Interview data is then entered for tracking on the Exit Interview spreadsheet within 2 business days. The Clinical Services Specialist or designee is responsible for ensuring that outstanding exit interviews are tracked. The Clinical Services Specialist notifies the assigned CMA staff, CMA Supervisor and CMA Program Manager via electronic notification at minimum 3 times per week until receipt of completed interview. Program compliance will be reported and Reviewed monthly at the FPoCF Risk Management Committee.

## **2. Response and Follow-Up Requirement**

The Clinical Services Specialist or designee will forward all Level 2 and Above Licensed Foster Home Exit Interview's to the assigned Family Partnerships of Central Florida Licensing Specialist. The FPoCF Licensing Specialist will coordinate appropriate response to both positive and negative feedback from the child exit interviews. All Group Home Exit Interviews will be forwarded to the appropriate DCF representative and FPoCF Compliance Specialist. Any concerns will be addressed by the Clinical Services Specialist or designee and will coordinate appropriate responses to both negative and positive feedback from the exit interview. Guidelines are as follows:

- a. If the child indicates the quality of care he/she received was above average or exceptional, this information should be purposefully shared with the level 2 and above foster parents as positive reinforcement for their efforts. This may be accomplished in a variety of ways:

# Family Partnerships of Central Florida

1. Positive responses may be shared with level 2 and above foster parents during home visit or by letter or phone call.
  2. Positive responses may be summarized in writing on a quarterly or annual basis and shared with the level 2 and above foster parent.
- b. If the child indicates the quality of care needs improvement, a careful assessment of the child's feedback should follow. An assessment involves consideration of the following:
1. Child's responses to the interview questions;
  2. Child's developmental level and special needs;
  3. The foster parent(s') response to the issue(s) raised;
  4. Observations obtained from all staff who have visited in the home within the previous 6 months;
  5. Feedback obtained from other foster children who may have exited the same foster home within the previous 6 months; and,
  6. Feedback obtained from any other relevant sources, e.g., teachers, therapists, guardians ad litem, if applicable.
- c. When a safety or quality of care issue raised by the child and is supported by other information, Family Partnerships of Central Florida must develop a corrective action plan. The type of corrective action can range from providing more intense supervision/support/training for the foster parent to a more formal corrective action plan or a recommendation for revocation of the license, if appropriate. Decisions about the type and manner of response must take into account:
1. The seriousness of the issue raised by the child.
  2. Protection of the child's anonymity.
  3. Any needs or concerns the foster parent may have expressed.
  4. The frequency and/or chronicity of the conduct or condition being addressed.
- d. When corrective action is necessary, written follow-up within a pre-determined time frame not to exceed 90 days must occur.

### 3. Documentation Requirements

The completed interview form, Family Partnerships of Central Florida response, if any, and follow-up tasks must be placed in the:

- a. Child's case record.

# Family Partnerships of Central Florida

- b. Licensing records. The interview form must be shared with licensing staff and placed in the foster parent licensing file with the child's name redacted.
- c. A copy of the exit interview must be sent to the FPoCF Licensing Specialist or designee.
- d. Youth exit interview summaries will be reviewed by the Family Partnerships of Central Florida Risk Management Committee on a quarterly basis. The summary will include but not limited to:
  - 1. The number of youth who should have been given an exit interview, by month.
  - 2. The number of youth who completed an exit interview, by month.
  - 3. The percent of youth interviewed who reported they were satisfied with the placement, by month.
  - 4. The percent of youth interviewed who reported they felt safe in the placement, by month.
  - 5. A ten percent sample of the completed exit interviews.

## **4. Response and Follow –Up**

- 1. If the child alleges abuse, neglect or any maltreatment during the exit interview, the interviewer will make an immediate report to the Florida Abuse Hotline.
- 2. During any interview in which the child's statements indicate possible safety risks or quality concerns, the Licensing Specialist for the Level 2 and above foster homes must complete a Request For Assistance Form within 1 business day and forward to the Risk Management Team and follow the policy and procedure outlined in the Risk Management Committee Review Process Level 1 Review and Compliance Committee Review Process Level 2 Review.
- 3. After the Licensing Specialist for the Level 2 and above foster homes completes sections I-III of the form, the Exit Interview summary form must be completed as follows:
  - a. The FPoCF Licensing Specialist for the Level 2 and Above Foster Homes and Clinical Services Specialist Group Home will complete sections IV-VI documenting summary of concerns, follow-up action.
  - b. The Licensing Specialist for the Level 2 and above foster homes will forward Exit Interview form to his/her Supervisor to complete section VII documenting supervisor comments, follow-up actions and recommendations or suggestions for preventing future incidents and/or follow-up interventions implemented.
  - c. The FPoCF Licensing Specialist/ Clinical Services Specialist will then forward the Exit Interview Summary Form to the Risk Management

# Family Partnerships of Central Florida

Committee to complete section VIII- IX documenting follow-up actions, findings, recommendations and plan for resolution.

- d. The FPoCF Risk Management Committee will forward all high probability risk to the Compliance Review Committee for their review and recommendations. If the Risk Management Committee does not deem concerns high risk the Exit Interview Summary form will be forwarded to the FPoCF Licensing Specialist for the Level 2 and above foster homes or Clinical Services Specialist to ensure follow up actions were completed.
- e. The FPoCF Relicensing Supervisor for the Level 2 and above foster homes will forward form to Licensing Specialist for final disposition and to DCM to ensure inclusion in the Direct Service File. The Licensing Specialist will retain original form in the licensing file/binder.
- f. A summary of exit interviews conducted shall be sent to the Department's Office of Family Safety as requested by that office.

BY DIRECTION OF THE PRESIDENT AND  
CHIEF EXECUTIVE OFFICER:



---

PHILIP J. SCARPELLI  
President and Chief Executive Officer  
Family Partnerships of Central Florida

APPROVAL DATE: 04/17/2024

# Family Partnerships of Central Florida

## DIRECTIONS FOR THE BREVARD FAMILY PARTNERSHIP REPRESENTATIVE CONDUCTING AN EXIT INTERVIEW FOR FOSTER CHILDREN: AGES 5 - 8

- ◆ This foster child exit interview does not need to be completed unless the child has resided in the home thirty (30) days or more.
- ◆ This is an interview that is to be conducted by a Family Partnerships of Central Florida representative with the foster child. Explain to the child the purpose of the interview is to make sure children are living in safe homes, to help foster parents do their best and to find a home they will feel good about.
- ◆ Prior to the interview, the Family Partnerships of Central Florida representative will select the time and location of the interview. The interview should be done in a location that provides the FPoCF representative and child an opportunity to talk privately without placing the FPoCF representative at risk for allegations.
- ◆ The interview **cannot** take place in the home the child has just exited.
- ◆ The FPoCF representative may want to use the attached smiley face chart with a young child to encourage the child to express feelings about the home.
- ◆ The FPoCF representative conducting the interview should read the questions to the child and write the responses on the interview form. An audio tape of the interview may be made with the child's consent in order to facilitate a complete transcription of the child's responses.
- ◆ If the child is non-verbal or unresponsive, the interviewer may gently persist but should reschedule the interview if the child becomes upset or exhibits other behaviors of concern.
- ◆ Interviewers must be careful not to influence or lead the child in answering the questions through positive or negative facial expressions, body language or comments. Thanking the child for answering the question will encourage the child to answer but not bias the responses.
- ◆ Interviewers should record enough detail regarding a child's comments to ensure it is in the context of the child's age and individual circumstances regarding things such as bedtimes, chores, privileges, etc
- ◆ Children who have medical or mental conditions that prevent them from being able to comprehend or answer all the questions will be exempted from this interview process. However, efforts should be made to determine the quality of their care in any home they leave through other means, such as unannounced visits to the home. This is also true for children under 5 years of age.
- ◆ Interviewers may record any additional observations about the child's physical appearance or emotional state (positive or negative) that seem important.
- ◆ If during the interview the child reports an event that would require a call to the Hotline, the interviewer, as a FPoCF representative, is mandated to report it to the Hotline.

# Family Partnerships of Central Florida

- ◆ The FPoCF representative should ensure that the original interview form is placed in the foster parent licensing file, with one (1) copy going to the child's case record and one (1) copy to the designated FPoCF Licensing Specialist.
- ◆ If a child who is three or four years of age is considered to be a good candidate for this interview, the interview may be conducted.

Thank you for your time, effort and cooperation in obtaining valuable feedback for foster parents and Family Partnerships of Central Florida.

**Partnership for Children in Out-of-Home Care  
EXIT INTERVIEW ABOUT FOSTER PARENTS; CHILD AGE: 5-8**

# Family Partnerships of Central Florida

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date Exit Interview Completed \_\_\_\_\_

Location of Interview \_\_\_\_\_

Foster Home Moved From \_\_\_\_\_ County Where Home Is Located \_\_\_\_\_

Date of Placement: Begin Date \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Staff Completing Form \_\_\_\_\_ Title \_\_\_\_\_

Circumstances surrounding move from this placement (please circle):

- a. Return home
- b. Move to kin or non kin home
- c. Move to permanent placement
- d. Reunification of siblings
- e. Request of foster family (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Concerns about Foster family (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Other (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the child provide information that requires a report to the hotline?  YES  NO

If YES, date report was made? \_\_\_\_\_ Was the report accepted?  YES  NO

Was the child's Inventory Checklist reviewed and updated at removal?  YES  NO

Issues of Concern Documented on the Interview Form:  None

1. \_\_\_\_\_

2. \_\_\_\_\_



# Family Partnerships of Central Florida

---

3.

---

Actions taken:

---

---

---

---

---

---

1. How were you informed of your move?

---

---

---

---

2. Do you understand why you are being moved?

1) Yes

2) No

Please explain:

---

---

---

---

---

3. What did you do for fun in this home?

---

---

---

---

---

---

4. Were you punished fairly when you did something you were not supposed to do?

1) Yes

2) No

Please explain:

---

---

---

---

---

5. Did this family have a way to recognize the good things that you did?

# Family Partnerships of Central Florida

1) Yes

2) No

Please explain:

---

---

---

---

---

6. Do you think your caregiver knew a lot about you (such as what you like to do, your favorite foods, who your friends are, or what your favorite and least favorite subjects in school are)?

1) Yes

2) No

Please explain

---

---

---

---

---

7. Did your caregiver help you to participate in community and school activities?

1) Yes

2) No

Please explain:

---

---

---

---

---

8. Did you ever ask to call your parents, siblings or anyone else?

1) Yes

2) No

Please explain:

---

---

---

---

---

9. Did your caregiver take care of you when you were sick or had an accident, including going with you to the doctor?

1) Yes

2) No

3) n/a

# Family Partnerships of Central Florida

Please explain:

---

---

---

---

---

10. Did you have enough clothing that fit you to wear in this home?

- 1) Yes
- 2) No
- 3) n/a

Please explain:

---

---

---

---

---

11. Did you have enough food to eat while with this caregiver? (In the explanation, include any information about what kinds of food you ate and where and when you ate.)

- 1) Yes
- 2) No

Please explain:

---

---

---

---

---

12. Were you allowed to contact your Care manager, Guardian Ad Litem or Others when you asked?

- 1) Yes
- 2) No

If 'No,' please explain:

---

---

13. Did you feel safe and comfortable in this home?

- 1) Yes
- 2) No

If 'No,' please explain:

---

# Family Partnerships of Central Florida

---

---

14. Who lived with you in this home?

---

---

---

---

15. What do you think was the best thing about this family?

---

---

---

---

---

16. Do you think this home/placement is a good place for children?

- 1) Yes
- 2) No

If 'No,' please explain:

---

---

---

---

---

17. Overall, how happy did you feel in the foster home/placement?

- 1) Very Happy
- 2) Happy
- 3) Neither Happy nor Unhappy
- 4) Very Unhappy

Please provide any additional comments below:

---

---

---

---

# Family Partnerships of Central Florida

---



---



---



---



---

Thank you for sharing your experience with us. You are helping make things work better for all children and youth.

## LICENSING AGENCY REVIEW

Specific Follow-up Action Needed:  None                      Responsible Party:    Date Completed:

1.			
2.			
3.			

Staff w/ FCRC                       Inactivate Home                       Request Placement

Hold

<b>Licensing Staff Signature</b>	<b>Date Reviewed</b>

## Partnership for Children in Out-of-Home Care EXIT INTERVIEW ABOUT FOSTER PARENTS; CHILD AGE: 9-18

Child's Name                                      DOB    DOB                      Date Exit Interview Completed

# Family Partnerships of Central Florida

---

**Location of Interview:**

---

**Foster Home Moved From** \_\_\_\_\_ **County Where Home Is Located** \_\_\_\_\_

**Date of Placement: Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

---

**Name of Staff Completing Form** \_\_\_\_\_ **Title** \_\_\_\_\_

Circumstances surrounding move from this placement (please circle):

- a. Return home
- b. Move to kin or non kin home
- c. Move to permanent placement
- d. Reunification of siblings
- e. Request of foster family (please explain)

---

---

f. Concerns about Foster family (please explain)

---

---

g. Other (please explain)

---

---

Did the child provide information that requires a report to the hotline?  YES  NO

If YES, date report was made? \_\_\_\_\_ Was the report accepted?  YES  NO

Was the child's Inventory Checklist reviewed and updated at removal?  YES  NO

Issues of Concern Documented on the Interview Form:  None

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Actions taken:

---

---

# Family Partnerships of Central Florida

---

---

---

18. How were you informed of your move?

---

---

---

---

19. Do you understand why you are being moved?

1) Yes

2) No

Please explain: \_\_\_\_\_

---

---

---

---

20. Who has talked to you about your move?

---

---

---

---

21. Did your caregiver answer any questions that you had about your family?

1) Yes

2) No

3) N/a

Please explain: \_\_\_\_\_

---

---

---

---

---

22. Were they positive about your family?

1) Yes

2) No

Please explain: \_\_\_\_\_

---

---

---

# Family Partnerships of Central Florida

23. Did the caregiver ask you how you would like to be introduced to new people and follow through with your wishes?

1) Yes

2) No

Please explain:

---

---

---

---

24. What did you do for fun in this home?

---

---

---

---

25. If you did something you were not supposed to do, what happened?

---

---

26. Were you ever threatened with having to leave the home?

1) Yes

2) No

If 'Yes,' please

explain:

---

---

---

---

27. Did this family have a way to recognize the good things that you did?

1) Yes

2) No

Please explain:

---

---

---

---

---

---



# Family Partnerships of Central Florida

28. Do you think your caregiver knew a lot about you (such as what you like to do, your favorite foods, who your friends are, or what your favorite and least favorite subjects in school are)?

- 1) Yes
- 2) No

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Did your caregiver help you to participate in community and school activities?

- 1) Yes
- 2) No

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Do you feel that your caregiver knew about and supported your religion and culture (for example, special foods, holidays and celebrations, hair, and clothing)?

- 1) Yes
- 2) No
- 3) n/a

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Did your caregiver help you to maintain your connections to your parents?

- 1) Yes
- 2) No

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Family Partnerships of Central Florida

---

---

32. Did your caregiver help you to maintain your connections to your siblings, other family members or friends?

- 1) Yes
- 2) No

Please explain:

---

---

---

33. Did your caregiver ever advocate for you (speak up for you or for your best interests) at school, in court, or to other people involved in your case?

- 1) Yes
- 2) No

Please explain: \_\_\_\_\_

---

---

---

---

34. Did your caregiver take care of you when you were sick or had an accident, including going with you to the doctor?

- 1) Yes
- 2) No
- 3) n/a

Please explain:

---

---

---

---

35. Did you have enough clothing that fit you to wear in this home?

- 1) Yes
- 2) No
- 3) n/a

Please explain:

---

---

---

# Family Partnerships of Central Florida

---

---

36. Did you have enough food to eat while with this caregiver? (In the explanation, include any information about what kinds of food you ate and where and when you ate.)

- 1) Yes
- 2) No

Please explain: \_\_\_\_\_

---

---

---

---

---

---

---

37. Were you allowed to contact your Care manager, Guardian Ad Litem or Others when you asked?

- 1) Yes
- 2) No

If 'No,' please explain: \_\_\_\_\_

---

---

---

---

---

38. Did you feel respected in this home?

- 1) Yes
- 2) No

If 'No,' please explain: \_\_\_\_\_

---

---

---

---

---

39. Did you feel safe and comfortable in this home?

- 1) Yes
- 2) No

If 'No,' please explain: \_\_\_\_\_

---

---

---

---

# Family Partnerships of Central Florida

40. Who lived with you in this home?

---

---

---

---

---

41. What do you think was the best thing about this family?

---

---

---

---

---

42. Do you wish they had done anything differently?

---

---

---

---

---

43. Overall, how satisfied were you living in this foster home/placement.

- 1) Very Satisfied
- 2) Satisfied
- 3) Neither Satisfied nor Not Satisfied
- 4) Unsatisfied
- 5) Very Unsatisfied

**Please provide any additional comments below:**

---

---

---

---

---

---

---

# Family Partnerships of Central Florida

---

---

---

Thank you for sharing your experience with us. You are helping make things work better for all children and youth.

## LICENSING AGENCY REVIEW

Specific Follow-up Action Needed:  None      Responsible Party:      Date Completed:

1.			
2.			
3.			

Staff w/ FCRC       Inactivate Home       Request Placement

Hold

Licensing Staff Signature	Date Reviewed