Module 1: Florida’s Child Protection System
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Time: 3 hours

Module Purpose: This module provides an overview of the key legal constructs driving Florida’s Child Welfare System, our guiding principles, the major roles and responsibilities of child welfare professionals, and the ethical standards for a Child Welfare Professional.

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Agenda:

Unit 1.1: Legal Foundations
Unit 1.2: Guiding Principles
Unit 1.3: Roles and Responsibilities
Unit 1.4: Ethical Requirements of the Child Welfare Professional
Unit 1.5: Tools and Resources

Review the agenda with the participants.
Materials:

- Trainer’s Guide (TG)
- Participant’s Guide (PG) (Participants should bring their own.)
- PowerPoint slide deck
- Markers
- Flip chart paper
- Blank index cards, no lines on either side
- Resource Guide:
  - Federal Statutes

Activities:

Unit 1.1:
- Ice Breaker – TG: 5
- Federal Statutes Impacting Your Work – TG: 21

Unit 1.3:
- Child Welfare Roles – TG: 33

Unit 1.4:
- Essence – TG: 46
- Identifying Ethical Violations – TG: 48
Unit 1.1: Legal Foundations

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Time: 15 minutes

Unit Overview: The purpose of this unit is to provide new child welfare professionals with an understanding of the core legal constructs that govern Florida’s Child Welfare System.

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Review the Learning Objectives with the participants.

Learning Objectives:
1. Explain the major legal constructs that undergird child welfare laws and policy.
Activity: Ice Breaker

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Trainer instructions for exercise to transition to Module 1, Unit 1.

- Have participants take out a piece of paper and write down some little piece of information about themselves that is very personal that they may, or may not, have shared even with their closest friend.
- Allow a minute for participants to write something down.
- After everyone has finished, have them fold up the piece of paper.
- Ask participants to hand the information to their neighbor.
- After a few seconds of participant protests, BE SURE THAT NO ONE GIVES THEIR “SECRET” TO A NEIGHBOR. Tell them they do not have to share the information.
- Debrief this exercise as follows:

How did you feel when you were told you must share a very confidential piece of information?

Endorse:
- Angry!
- Mortified!
- Embarrassed or ashamed!
- Anxious!
- Violating my right to privacy!
- Not trusting of instructor!

Activity STOP
Think about the families you will be working with. You are going into their homes to talk about topics that usually are very well-kept family secrets.

Not only are you going to be talking with them about information they have kept close; when their child is unsafe or possibly at risk of abuse in the future, you are going to have a conversation with them about changing the conditions that make their child unsafe or at risk.

Families have many rights, including the right to privacy and confidentiality, and it is important for you, as a child welfare professional, to understand and honor those rights.

However, in order for us to learn about family secrets and, in our best work, help a family develop a safety plan or become motivated to change dynamics or conditions that are hurting their children, we need to also have the skills to build trust.

Today, we are going to learn about the legal rights our families have. The communication skills labs will help you develop the professional behaviors that are key to effective communication with children and families.

So, let’s talk about when the “secret of child abuse” got out of the closet and really became a national concern and issue.
Until the mid-twentieth century, the federal government played a relatively minor role in child protection; private, charitable entities assumed a more visible role.

Child abuse became a highly prominent, national issue in the 1960s, inspired by the medical publication in 1962 of *The Battered Child Syndrome* by pediatrician Henry Kempe and his colleagues.

Dr. Kempe recognized that, many times, injuries to children could not possibly have been caused in the way that parents explained what happened. He determined that such injuries were, in fact, inflicted by parents, and he coined the term “battered child.” He also made the first effort through surveys of medical professionals to document the frequency of or prevalence of child abuse.

Dr. Kempe advocated for the medical profession to become more aware and able to diagnose instances of child abuse by using radiology technology (x-rays), and he made the argument that child abuse should be a “reportable disease.”
That same year (1962), the US Congress amended the Social Security Act to include “Child Protective Services” as a component of public welfare programs and required all states to have child welfare services available statewide by July 1, 1975. By 1967, all states had enacted child abuse reporting laws.

The Child Abuse Prevention and Treatment Act (CAPTA), passed in 1974, expanded federal involvement in child welfare. The passage of CAPTA transitioned the federal government into a leadership role in the protection of children.

A long lineage of federal legislation followed.

The first CAPTA provided assistance to states for child abuse and neglect identification and prevention programs, with particular attention on improved investigations and reporting.

**Source:** *A Short History of Child Protection in America*, John E.B. Myers, Professor and Scholar, University of the Pacific, McGeorge School of Law.
This early law required the systematic, national collection of data on child maltreatment in each state that began with the establishment of the National Clearinghouse on Child Abuse and Neglect Information.

**Generate thinking and discussion about some of the early challenges with child protection.**

In the early years of child abuse reporting and providing “child welfare services,” before there was much regulation and oversight, what do you think might have been some problems that surfaced?

**Endorse answers such as:**
- Personal values and bias influenced decisions.
- Minority populations became overrepresented.
- There was a lack of training and standards on what was expected.
- Too many children ended up in foster care.
- Children stayed in foster care a long time.
- Parents had no due process rights or protections.
- Treatment programs for substance abuse, mental illness were in their infancy.
- There was no understanding at that time of the dynamics of domestic violence.

As more was learned about the challenges involved with intervention in family life, Congress continued to pass significant legislation to ensure a nationwide system of child protection that balances fundamental civil rights of parents with the need to ensure children are safe.
Our U.S. legal system is structured hierarchically; legal authority begins with the Constitution and federal statutes and is passed down to the states and agencies. These multiple levels of legal guidance authorize (and, in some cases, mandate) the protective actions we take as child welfare system professionals.

You are not expected to work each day with the Constitution or Federal or State laws in your pocket! You will often refer to DCF and your agency’s operating procedures. These procedures are designed to operationalize core legal constructs that have their roots in the Constitution.

So, let’s go back to our fundamental rights as US citizens, including our right to privacy.

The US Constitution serves to affirm the inalienable rights of the people of the United States, including children and families. The Constitution takes precedence over all other laws and policies; meaning that you cannot have a law written at the state or federal level that contradicts the Constitution.

What are the basic rights that our Constitution and the amendments to it over the years provide us with?

Endorse:
- Life, liberty, pursuit of happiness
- Ended slavery
- Gave women the right to vote
• Right to free speech
• Right to religious beliefs
• Right to public education
• Right to be secure in your home against unreasonable searches and seizures
• Right to remain silent
• Accommodations for people with disabilities

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It is important to understand that the U.S. Constitution offers due process of law for parents and children in the child welfare system and helps us understand many of the legal constructs that will ultimately guide our day-to-day work.

This includes the parent’s Fourth Amendment rights, with the Fourth Amendment stating: “The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.”
‘Due Process’ is a guarantee that all legal proceedings will be fair, that one will be given notice of proceedings and an opportunity to be heard before one’s life, liberty or property is taken away.

Because of this amendment, only those cases that must go before the courts should actually go before the court.

The primary Florida law that governs the child welfare system, including due process protections for parents and children, is Chapter 39 of Florida Statutes, Proceedings Relating to Children.

When court supervision of a family is necessary to ensure for a child’s protection, Chapter 39 lays out the legal proceedings that must be followed. A child found to be “dependent” through these legal proceedings, and the child’s parent, will be supervised by the court until the safety concerns and the child’s best interests have been resolved.

You will learn more about key provisions in this law throughout
pre-service training.

Another term associated with a right to due process is the term “least intrusive.”

What does this term mean to you? Can you think of some examples?

Endorse:
- The least invasive medical procedure, such as taking an oral medication instead of a shot
- Fixing an arm vs. amputating it, etc.

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“Least intrusive” refers to the manner in which a child welfare professional works with a family. The goal is to intervene to protect a child in ways that produce the least interference with family unity and privacy, yet assure child safety. Even in the best of circumstances, child welfare is a governmental, non-voluntary intervention. It creates an interruption in a family’s life - to its autonomy and to caregiver empowerment.


The reasons child welfare intrudes into family life are:
1. To determine whether a child is in danger, and
2. To protect children who are in danger while attempting to restore their caregivers to their protective role and responsibility.
Anything beyond those interests can be considered to be intruding beyond what is legally and ethically acceptable and should only occur only with the consent of the caregivers.

**TRAINER NOTES:** Each of the legal constructs that follow can be presented using one of two options to make this material interactive and interesting.

1. Use a personal story from your experiences in child welfare to illustrate the legal concept being presented, and ask participants how the story given illustrates the concept.
2. Lead a discussion by asking participants the following questions and “endorsing” their answers. This might mean some reframing at times to ensure the right concept is endorsed.
3. After presenting and discussing each construct, ask if there are any questions.

What would be least intrusive? Working with a family who has agreed to get help on a voluntary basis, or taking a family to court and getting a court order to require participation in services?

**Endorse:**
- Working with family voluntarily

What would be least intrusive for a child who can’t be made safe at home with his/her mother? Releasing the child to her father or placing the child with relatives? (Trainer Note: Ensure discussion of appropriateness of these placements is introduced.)

**Endorse:**
- Father

What would be least intrusive? When a child can’t be made safe at home, placing the child with relatives or in a foster care home?

**Endorse:**
- Relatives
In 1980, Congress passed the Adoption Assistance and Child Welfare Act, in response to a growing number of children in foster care with poor hopes of achieving reunification or permanency.

This legislation established the concept of “reasonable efforts.”

“Reasonable efforts” require a child welfare professional, before a child is removed from the home, to exercise all reasonable actions to prevent that removal from occurring. It also means that once a child has been removed, the child welfare professional must then demonstrate that all reasonable efforts have been made to help the child be reunified with their family, making a safe return to home possible.

In Florida, when a child is removed, the judge who presides over that removal must review whether “reasonable efforts” to prevent the removal have been made and that language must be reflected in the judge’s final order for child removal.

You will be learning how and when to create an “in-home” safety plan so that reasonable efforts are made to keep a child safe at home with his/her family. Once a child has been removed, the child welfare professional must then demonstrate that all reasonable efforts have been made to help the child be reunified. During an out of placement, visitation with parents and others who are important to the child can be key to maintaining child stability.
The same federal legislation that created “reasonable efforts” also required that every child in foster care have a “permanency plan” within specific timeframes to ensure that children get resolution to their need for safety and a permanent family to raise them.

Permanency resolution for children builds on the concept of least intrusive from a child’s developmental needs perspective:

- For most children, successfully remediating the problems in their birth home is recognized as the best way to help them heal from their experiences.

- Permanency timeframes recognize that children have a different sense of time than adults. Given their developmental needs, achieving safety and permanency as quickly as possible gives them the best chance for overcoming early, adverse experiences.

When children must be placed in out-of-home care, it is imperative that they experience highly nurturing care and stability. When children are placed with caregivers unable to meet their needs, and are moved into a second, third or fourth setting, their ability to form trusting relationships is damaged.

A commitment to exercising reasonable efforts to achieve stability of children in out-of-home care while maintaining the continuity of relationships important to them must be a shared goal of all child welfare professionals.
Chapter 39 provides a specific schedule for hearings for children in out-of-home care to review progress in achieving the permanency goal for the child.

Let’s discuss one last legal construct that is foundational to child welfare.

**What does the right to “self-determination” mean to you?**

*Endorse:*
- Choices for how I live my life
- Choice for career
- Choice of who I marry
- Freedom of religion

Let’s think about “self-determination” in the context of the child welfare system.

**What does this statement mean to you, “Parents have a right to determine the course of their lives”?**

*Endorse:*
- Where their children go to school
- Which values/religion they will practice
- Which traditions they practice
- What form of medical care they will receive
- Sexual orientation

*Display Slide 1.1.16*
One of the most important professional standards that you will adhere to as a child welfare professional is that: “A certified professional shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.”

As a Florida child welfare professional, you will have the opportunity to meet families reflecting a broad diversity of race, cultures and ethnicities. You will be learning how to explore with each family the beliefs and values that have a bearing on how their family functions, including parenting practices.

Because parents have a right to self-determination, you will be able to inform parents of their rights and responsibilities, and their choices. To the fullest extent possible, you will work with parents to develop safety plans and case plans. The right to self-determination does NOT mean parents can decide they will not protect their children or will refuse to participate in services to achieve family changes without resulting consequences.

For children, the right to self-determination means they have a right to be present at court hearings, to identify who they want to visit with when they are in out-of-home care, and to voice their wishes about reunification or achieving other permanency goals. When a child in foster care turns 18, that young adult has the right to continue his/her status in foster care, under legally defined circumstances and provisions, and receive certain benefits up to the age of 21 years.

There are many other examples of a child’s right to self-determination that you will encounter in your work with children and families involved in the child welfare system. One important consideration for children in out of home care is who they wish to visit, and ensuring the frequency and quality of visits.
To wrap up this unit, all of these fundamental legal constructs were created in federal law and further codified in state law, administrative code and operating procedures.

Florida laws meet, and sometimes exceed, the requirements established by the federal government. As more than 50% of DCF’s budget comes from federal funding sources, compliance with federal requirements is mandatory, and non-compliance could result in a loss of federal funding.

Similarly, Florida law dictates what is in the Florida Administrative Codes (F.A.C.). These codes must be consistent with Florida’s state laws.

These administrative codes – often called ‘Rules’ – are typically designed to provide more detail than state laws. They serve to supplement or implement statutes. Florida Administrative Code is the policy that dictates how the law will be enacted.

**Trainer Notes:** As you discuss Florida Chapter 39, refer participants to **PG: 12-13, Florida Dependency Case Flowchart.** Do not dive into great detail. Just highlight the fact that this provides participants with a detailed process map of dependency. In addition, explain that, where relevant, they will walk through this process in detail in their specialization curricula.
The Rules of Juvenile Procedure govern how attorneys within DCF’s Children’s Legal Services operate and include:

- An explanation of how the laws can be translated into court practice.
- Guidance for attorneys on courtroom procedures in dependency cases.
- An explanation of the purposes of and the requirements for court hearings.
- Instruction regarding content required within petition/court documents.

For example, Rules of Juvenile Procedure 1.655 (a-c) provide specific guidance on shelter petitions, shelter hearings and shelter orders.

To “shelter” a child is a term used in Florida child welfare to denote a child has been legally removed from his or her parent or legal guardian’s care, and a Court has sanctioned such action with an “order” maintaining that temporary removal of legal custody is justified.

Lastly, as with other laws and rules, the Operating Procedures or Practice Guidelines of the Florida Department of Children and Families must be consistent with Florida Administrative Code, state, federal and constitutional laws. DCF’s Practice Guidelines provide agency-specific guidance. They clarify the day-to-day activities required by each job within the child protection system.
**Trainer Notes:** Ask if anyone has any questions so far, and respond appropriately. Show the next slide that shows the Children’s Bureau website, the Laws & Policy drop down, and the federal laws tab as a way to access all of the specific federal legislation related to child welfare.

http://www.acf.hhs.gov/programs/cb

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**Activity: Federal Statutes Impacting Your Work**

*Display Slide 1.1.20*

**Purpose:** In this activity, participants will use their handout: Federal Statutes Impacting Your Work (Summaries).

**Materials:**
- *PG 5-11: Federal Statutes Impacting Your Work*
- Blank index cards, no lines on either side.
Trainer Instructions:

- Divide the participants into small groups, each assigned a different law (CAPTA, ASFA, ICPC, ICWA, MEPA)
- Each group works together to generate what they believe to be the five most important key points, with the most important first and the least significant last. These should be written on their flip charts. The groups’ participants must be prepared to defend their determination with more information. This should take no more than 30 minutes.
- The groups should identify the legal constructs discussed earlier that are associated with the law they are studying.
- Each group must identify a spokesperson.
- Ask the spokesperson from each group to share their key points and provide justification on why they believe these are the five most important key points. If the spokesperson needs to get clarification from his/her group on any details, each group can have a total of two, half minute huddles.

After each group has presented, point out the similarities among all five of them and where they diverge. Compliment the participants for a good job of working through what might be seen as very dry material.

Activity STOP

Respond Appropriately.

We will now discuss the major purpose of Florida’s child welfare system and the principles that guide our work. You will see how these guiding principles are rooted in the legal constructs we just reviewed.
Unit 1.2: Guiding Principles

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Time: 15 minutes

Unit Overview: This unit provides new child welfare professionals with an understanding of the purpose of the child welfare system and the principles that guide our work.

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Learning Objectives:
1. Explain the purpose of Florida’s Child Welfare System.
2. Discuss the Department’s guiding principles.
Our purpose as a child welfare system focuses on the following concerns:

1. Identify whether a child is in danger and also at risk of future harm.

2. When the child is in danger determine what must be done to:
   - protect the child
   - provide reasonable efforts to strengthen the caregiver protective capacities that led to the child safety threat, and
   - provide reasonable efforts to safety reunify families by strengthening the caregiver protective capacities that led to the child safety threats.

3. When reasonable efforts to strengthen caregiver protective capacities have occurred and do not result in sufficient change to safely reunify the child, work to achieve another permanency goal for the child.

These purposes are accomplished through the dedicated work of a variety of child welfare professional roles throughout Florida’s child welfare system and beyond, particularly in local communities throughout Florida.
Often, an unsafe child can remain in the home with an in-home safety plan while the parents address the changes that need to occur; at times, though, the child may need an out-of-home safety plan and temporary placement.

When children need temporary out-of-home placement, it is the Department’s responsibility to ensure they are being cared for by appropriate adults. There is an approval process for any adult who is not the child’s biological parent who cares for a child. The approval process varies depending on the relationship the temporary care provider has with the child.

When the child welfare system has provided reasonable efforts and the parent/caregiver is unable to make the essential changes – and sustain those changes – to protect the child, it is the responsibility of the system to terminate the parent’s rights and actively work to identify a safe, nurturing, loving and supportive family who is willing to provide the child with a “forever” home.

Refer participants to PG: 14, The Child Welfare Core Principles.

The Child Welfare System operates from four core principles mandated by Florida Statute 39.001. These principles are:
1. The health and safety of the children served shall be of paramount concern.
2. The prevention and intervention by the child protection system should engage families in constructive, supportive and non-adversarial relationships.
3. The prevention and intervention should intrude as little as
possible into the life of the family and be focused on clearly defined objectives.

4. The prevention and intervention should be based upon outcome evaluation results that demonstrate success in protecting children and supporting families.

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The first principle says that health and child safety are our paramount concern.

**What does paramount mean?**

*Endorse:*
- Superior to all others
- Most important

So, during the course of an investigation, if the conditions of the home or family dynamics do not rise to the level of compromising the child’s safety or health, the child welfare professional does not have the right to MANDATE or REQUIRE that the family receive any type of prevention, remedial or ongoing services.

Once we have determined that a child is unsafe, and we have established a safety plan and ongoing services to address the family conditions that made the child unsafe, what does the principle (“the health and safety of the children served shall be of paramount concern”) mean?

*Note: Trainer may have to ask additional questions to prompt thinking about the following aspects of safety and health.*
Endorse:

- We pay attention to child’s safety throughout the life of the case, including their safety all settings (in school, child care, during visits with family).
- When a child is with other caregivers, we make sure that other caregivers are able to keep children safe and healthy. (Don’t assume a relative, even a non-custodial parent, will provide responsible care.)
- We don’t close a case until safety for the child has been achieved.

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Trainer Notes: After you read the second principle, ask the following question

What is prevention as compared with intervention?

After participants have responded, make sure they understand the following:

Prevention is working with families who are at risk of their children becoming unsafe due to conditions or family dynamics in the home.

Prevention is focused on stopping the problem before it escalates to become require state agency intrusion and intervention.

After making a safety determination, the investigator will complete
a "Risk Assessment," which is based on actuarial data of which families are most likely to experience future maltreatment.

If an investigation reveals a child is safe, but the family displays risk factors for the possibility of future maltreatment, the family may be referred to prevention services. The family MAY choose to follow up, but is not required.

**Intervention** is working with families after a child has been determined to be unsafe. When a child is unsafe, there must be a safety plan and a case plan.

While the family may agree to participate in a safety plan and a case plan, both will be non-negotiable.

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**This principle highlights the words ‘constructive, supportive and non-adversarial.’** Why are these important in your work as child welfare professionals? Why does this matter?

**Trainer Notes:** Positive engagement with family members happens when the child welfare professional demonstrates behaviors that are conducive to building a trusting relationship and partnership with family members. When we engage with families, we will learn much more information from families about whether their child is safe and, if not safe, what needs to change. Our work is to help families achieve improvements in family conditions or dynamics. Engagement in a positive manner will build a collaborative working relationship between family members and you as a child welfare professional. A strong working relationship is more likely to result in the family having hope, energy and meaningful input into the actions and steps necessary to achieve change. Child welfare professionals learn about a family’s unique culture and other factors, and they embrace that understanding and apply it as they work with family members.

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**What would it look like for you to work in a ‘constructive, supportive and non-adversarial’ manner? What behaviors demonstrate to you that you are being respected?**

*Have participants talk in their groups for 10 minutes and record on newsprint*
the behaviors that demonstrate respect. Have each group share their list, adding only behaviors that have not yet been mentioned.

Emphasize to participants that they have the power to make or break their relationships with families – it is all about their ability to manage their own feelings, learn interviewing skills that will empower and motivate families to find solutions, defuse resistance and hostility when needed, and work in a manner that affords family members dignity and respect. Ultimately, families have the right to self-determination. You will need to learn how to help families understand the choices and options they have, including the path forward to achieving change.

This will also be an opportune time to reinforce the importance of self-awareness and self-care. If child welfare professionals do not take care of themselves, they may become jaded, angry, frustrated and not able to provide families their best professional demeanor.

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**Trainer Notes:** We discussed the concept of “least intrusive” earlier. “Intruding as little as possible” means that you, as child welfare professionals, are not requiring the family to do anything that is unnecessary (for example, a psychological evaluation when there is no evidence of mental illness). It also means that any protective interventions are the “least intrusive” to achieve child safety. If a family can demonstrate they are willing to actively work to achieve change and they meet the conditions for an in-home safety plan, you would not need to seek the supervision of dependency court. If the child is unsafe, do what is necessary to keep the child safe over the short and long term.
In thinking about children and what they need, what would “least intrusive” look like from their perspective?

Key points to help trainees identify include:

- **Children** are typically most attached to the family and benefit greatly if the family can remain safely intact. That would require the parent/caregiver(s) to achieve change in specified manners in order for the child to become and remain safe while in their custody. If that can be achieved, it is than removing the child from the family.

- **When children need to be removed,**
  - The first consideration should be that they should be placed with appropriate persons they know and with whom they have a relationship
  - they should be placed with siblings
  - they should not have to change schools if possible
  - they should have ample visitation with the family members they have attachments to

Ask for questions and respond appropriately to help them understand this concept.

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The Florida Department of Children and Families has a variety of reporting systems and measures to give us and the public information on how we are doing.

At a very brief high level, discuss the information that is gathered and displayed on the DCF website. Refer participants to **PG: 15, Performance Measures**.

The Tab for:

- contracts shows the measures that are in all CBC Lead
Agency contracts;
• the federal measures are required and tracked by the federal government as a condition of the federal funds we receive AND are electronically gathered directly from our electronic case records in FSFN
• the General Appropriations Act shows the measures that the Florida Legislature tracks and monitors

Posted monthly under the Performance and Planning section of DCF are the Child Investigation and Community-Based Care “Scorecards,” which also display performance on federal measures.

Florida’s child welfare system also has quality review methods that systematically and consistently review cases to determine how well the system achieved results and where improvements could be made.

**Trainer Notes:** Ask if anyone has any questions and respond appropriately.

Segue into the next topic.

We are now going to introduce you to the roles of different people within the Department, Lead Agencies or other organizations. In order to achieve the best outcomes for children and families, all of the people in these roles need to work as professional colleagues, functioning as one team to achieve child safety, permanency and well-being.
Unit 1.3: Roles and Responsibilities

Display Slide 1.3.1 (PG 27)

Time: 1 hour

Unit Overview: The purpose of this unit is to begin to inform participants of the various child welfare roles within DCF’s Child Welfare System, what they each do, and how they work together, as well as with community partners to achieve child safety, permanency and resilient families.

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Learning Objectives:

1. Explain the role of the Abuse Hotline for intake information retrieval and distribution for field investigations by CPI.
2. Identify the role of the CPI and CPI Supervisor for initial contact, family engagement and assessment practices with children and families.
3. Discuss the role of the case manager and case manager’s supervisor in ongoing safety and case management services for children and families.
4. Describe how foster parents partnership with the agencies provides safe, stable and nurturing homes for children in need of out-of-home placement.
5. Recognize the role of foster care licensing.
6. State the role of adoptions in the child welfare system.
7. Define the roles of Children’s Legal Services and Guardian Ad Litem.
8. Identify the role of the Independent Living specialist.

One of the intentional aspects of this curriculum is to make sure you are exposed to various roles within Florida’s child protection system during your field time. The work of field time also supports your learning about the formal Safety Methodology that embodies the process of keeping children safe and additionally requires your growing understanding of all that it means to be a child welfare professional.

**Activity: Child Welfare Roles**

*Display Slide 1.3.3*

**Purpose:** It helps to build a mental model of the child welfare system in Florida by having participants see a story and by sculpting, using training participants, as an introduction to the roles in the child welfare protection system.

Trainers can use any other creative activity to introduce trainees to the many different roles in the child welfare system. This material should not be delivered as a lecture.

**Materials:**

*Signs that can be printed ahead of class, held by trainees enlisted for the following roles:*
- Mom
- Dad
- Child
Trainer is encouraged to bring along any other props that support the following sculpt.

Trainer Instructions for a Sculpting of Child Welfare System Roles:

1. Call up volunteers for Child, Aunt and Hotline Counselor.

Trainer Narration:
Aunt calls hotline counselor very concerned that her sister and sister’s boyfriend, who is the baby’s father, have abandoned her 18-month-old niece. They dropped the child off with her two days ago at noon and were supposed to be home at 3:00 that same afternoon. She has not heard from them since. Aunt has had concerns lately that the parents have relapsed (they met at a drug treatment program and were in recovery, but lately the aunt has seen a lot of worrisome signs). They miss family functions or show up late without any explanation; they have shown up high a few times, and the aunt has not allowed them to drive home. The aunt has called the cell phones of both parents for the past two days and, apparently, they have turned their phones off. She can only care for her niece for another six hours, as she works a night shift; there are no other relatives in town who would be able to care for an 18-month-old.

The hotline counselor does a search for past abuse history on the family member and finds no history. The hotline counselor opens a new case in FSFN and completes the hotline intake write-up because there is an immediate need for the child to have someone provide care and
supervision, the counselor codes the intake as an “immediate,” meaning that an investigator will need to respond within four hours.

The intake is immediately sent to the circuit and unit responsible.

2. **Call up volunteer CPI.**

   **Trainer Narration:**
   The CPI receiving the intake report goes to Aunt’s home immediately. The CPI talks with the aunt about the current situation, the child, the child’s overall functioning and whether she has any special care needs (including any medical conditions), the parents and their overall functioning, their history of parenting the child, who else knows the parents and may know their whereabouts, signs of their drug use and the effects on the parenting of their child. The child is initially shy, staying close the aunt for the first part of the interview.

   After a while, the child gets down to play, and the CPI observes the child playing with different toys and interacting frequently with her aunt.

   The CPI asks the aunt if she would like the child to be legally placed in her care through the courts and whether there are other relatives or persons who could help with child care, babysitting or temporary placement in their homes.

   The aunt, who is a nurse, is unable to take care of the child in the evenings due to her work schedule, which includes many nighttime shifts. She is not interested in providing longer term care at this time given other obligations, but wants to visit the child frequently and be as involved as she can.

   The CPI gets contact information for other family members and she explains the next steps she must go through. She asks the aunt is she would be able to maintain the child her care for another hour while she attempts a home visit to locate the parents; the aunt agrees.

3. **After leaving the aunt’s home, the CPI goes to the address provided for the parents to confirm that the parents are not at their home, and that no one else is available to take the child.**

   **Sculpt:** Position CPI off to side to “parents’ residence”.

   The CPI knocks on the apartment door, and there is no answer. The CPI goes to the neighboring apartment on either side to see if anyone is home.
One neighbor is home and knows the parents and child a little bit. She has noticed how quiet the apartment has been for the last few days. She does not know where the family is and does not have any information about their parenting. CPI leaves her business card and a note on the door to the parents’ apartment.

As there is no parent or responsible adult available to care for the child, the CPI determines that the child is in present danger and she will need to legally remove the child from her parents and place them with relatives or in foster care.

The CPI calls her supervisor to update her on her present danger assessment and the need to shelter and place the child with a foster family. The supervisor agrees and the CPI returns to the aunt’s home to retrieve the child.

The CPI attempts to contact various relatives provided by the aunt, but is not successful with finding a relative willing or able to provide for the child’s long term care.

4. **Call up volunteers for foster parents and foster care licensing specialist.**

   **Sculpt:** Position the licensing specialist behind the foster parents with one hand on each foster parent’s shoulder.

   **Trainer Narration:** The foster care licensing specialist completed the licensing process for these foster parents several years ago. He/she completed the Unified Home Study and stayed in touch with the foster parents as they completed the required foster parent training. The licensing specialist knows the foster parents have one 3-year-old child placed with them, and they are in the final stages of adopting the 3-year-old. In this circuit, the foster care licensing specialist is also responsible for placement matching. She takes the call from the CPI needing an emergency foster care placement.

   The CPI provides the information about the child, and the Licensing Specialist believes this home would be a great match for an 18-month-old. The Foster Care Placement Specialist calls the CPI back in 10 minutes with the address of the foster family. The CPI contacts the foster family to provide additional information about the child and to ask the foster parents’ permission to have the aunt transport the child to their home. The foster parents give permission for the aunt to bring the child to their home.

   The CPI asks the aunt if she will assist with transitioning the child by transporting the child, following the CPI to the home of foster family, and...
talking with the foster parents about the child and her care needs. The CPI prepares the aunt for the potential emotionality of transition the child to the foster family, for both the child and the aunt. She explains that it is in the child’s best interest if she can assist with the transporting as well as meeting and discussing the child’s temperament, wants, dislikes, etc. with the new foster family. The aunt collects all of the child’s belongings and agrees to help with the transition.

**Sculpt:** Position aunt, child and CPI in close proximity to foster parents. Continue to show aunt in protective stance with child.

**Trainer Narration:** The CPI, aunt and child arrive at the foster home. They spend time talking to the foster parents about the child and giving the child an opportunity to be around and interact with the foster parents.

**Sculpt:** Have aunt take child’s hand and place it in the hand of one of the foster parents. Have child hold both arms out toward the aunt and try to move towards her as you move aunt and CPI away from foster parent home.

5. **Call up volunteer for CPI Supervisor .**

**Sculpt:** Position next to CPI.

**Trainer Narration:** CPI updates Supervisor on the progress of the investigation, including the placement of the child and the next step of meeting with the Children’s Legal Services attorney to develop a shelter petition. The supervisor asks what else the CPI plans to do in an effort to locate the parents and offers some additional ideas. As there is contact information for the relatives, the supervisor advises the CPI to continue to attempt to locate and contact family in an effort the place the child with relatives if possible.

The CPI enters all of his/her contact notes into FSFN for the persons he/she has interviewed.

6. **Call up volunteer for Children’s Legal Services attorney.**

**Sculpt:** Position the CLS attorney facing the CPI.

**Trainer Narration:** The CPI briefs the CLS attorney who needs to represent the case in court the following day as CLS must determine if there is legal sufficiency to remove the child from her parents. The CPI explains the present danger
and the ongoing efforts to locate family members. The attorney encourages the CPI to call the family members he/she has contact information for to advise them of the hearing and to re-explore their willingness to take the child on a temporary basis. Based on the information gathered by the investigator, the attorney believes there is sufficient legal evidence to remove the child and will develop and file the shelter petition. They agree that the CPI will also notify the parents and the aunt about the time and place for the shelter hearing.

7. **Call up volunteer for Judge and GAL.**

**Sculpt:** Position Judge front and center. Have CLS attorney facing judge. Position the CPI, Aunt behind the CLS attorney; position GAL to the right of and facing the judge.

**Trainer Narration:** Shelter hearing is held, and judge upholds the sheltering of the child. The aunt is present, and no family members are able to care for the child at this time. The judge appoints a Guardian Ad Litem for the child. The GAL, a volunteer who has gone through 20 hours of training and has served as a GAL for five years, will visit the child at least monthly and provide monthly reports to the court on how the child is doing.

**Sculpt:** Position GAL next to child.

8. **Call up volunteers for Mom and Dad.**

**Sculpt:** Position Mom and Dad at location of their apartment. Have one parent fold his/her arms and other parent place hands on hips.

**Sculpt:** Put Mom and Dad in center, bring CPI over

**Trainer Narration:** CPI continues efforts to locate Mom and Dad. Mom and Dad call CPI three days after child is removed and sheltered. They returned home, found the CPI’s business cared and notice of court hearing in an envelope taped to their apartment door.

**Sculpt:** Position CPI facing Mom and Dad

**Trainer Narration:** The CPI meets the parents at their apartment and gathers extensive information about their family during the conversation and interview. The parents state they had a major misunderstanding with the aunt, who they say agreed to take care of their child for a week. They are very angry, and they want their child returned to them immediately.
The CPI remains calm and acknowledges this is a difficult situation for the parents. The CPI explains the child has been removed from their care, sheltered, and placed in a foster home. The CPI further explains that a thorough assessment of the family’s functioning and an investigation will need to be fully completed in order to recommend to the judge that it is safe for their child to come home. The CPI explains the conditions of the court order and seeks to develop a schedule for an initial visitation and family time. The CPI tells the parents he/she will arrange for a supervised visit that day, if possible. The CPI engages the parents and helps them understand that it will be best for their family to share any problems that might be occurring, as the Department wants to keep families together and might be able to help them remediate problems if they need help.

With her genuine engagement and strong interviewing skills, the CPI gathers the full accounting of what happened over the last year, as well as the past week, and learns that both parents actually have had a drug relapse which seems to be negatively impacting their decisions and judgment. It is agreed that they proactively sought appropriate, responsible care for their child, strengths in parenting and protection. They also acknowledged that they did not check in on her and assumed that the aunt would not mind keeping the child a few more days. They recognized their irresponsibility and poor judgment caused by drug impairment. Both parents have a history of addiction to crack cocaine, neither are employed, and both are on the precipice of eviction. They want to go back into drug treatment and get back to the basics. The CPI gathers further information from the parents such as influences associated with their childhoods (drugs, discipline, parenting, support, violence, etc), their relationship, their adult functioning, their child and their parenting. The CPI believes she has a solid understanding of their strengths and motivation.

**Sculpt:** Position parents with hands off hips, arms uncrossed.

**Trainer Narration:** The parents agree that their home environment is not yet calm or consistent enough to have their baby returned to their care. They want to get a substance abuse evaluation in the morning, which will include recommendations for any treatment and what intensity is needed. The CPI explains to the parents the conditions necessary for their child to return home with an in-home safety plan. The CPI explains that their case will be transferred to a case manager for oversight of safety planning and development of a case plan, focusing on improved caregiver protective capacity.
After returning to the office, the CPI completes a number of investigation contacts and collateral relative contacts to learn about and further understand the family and dynamics of the household. She enters all of her case notes in FSFN and she has sufficient information to complete the Family Functioning Assessment-Investigation. She schedules a case transfer conference with the parents and CBC case management agency. She also updates the CLS attorney as to the status of the parents, the Impending Danger threat, the safety determination, the diminished CPCs and the in-home safety analysis.

9. **Call up volunteer for Case Manager and Case Manager Supervisor**

**Sculpt:** Put Case Manager next to CPI. Bring both supervisors in for the case transfer meeting.

**Trainer Narration:** The CPI and Case Manager have an opportunity to discuss the case in depth at a case transfer staffing. The CPI discusses all of the information that has been learned about the parents, the child and the maltreatment and the actions that have been taken. The results of the substance abuse evaluation recommend inpatient detox for both parents with step-down outpatient treatment 4 times a week, plus random drug testing throughout. At the conclusion of the conference, the case manager now has lead responsibility for the safety plan management and the case.

After the conference, the CPI and case manager make a joint home visit so that the CPI can introduce the parents to the case manager. The Aunt also came to the home for this visit.

**Sculpt:** Position CPI, Case Manager, sister with arms locked representing one, united team.

**Trainer Narration:** During this visit, the results of the substance abuse evaluation are shared. The case manager affirms with the parents that they are still willing to enter treatment, and commits to working on treatment arrangements as soon as she gets back to her office. The case manager tells the parents what a positive step they are taking by getting back into treatment. At that point, all agree to discuss the conditions for in home safety plan and options to stabilize the environment. Further discussion yielded that the aunt may be able to provide child care and supervision at certain times each day.

The case manager follows up with a treatment program referral after the visit and succeeds with getting both parents voluntarily admitted to a treatment program the next day.
Sculpt: Have case manager take parents to a different area, “the treatment program.” Place substance abuse professional with parents at the “treatment program.” CPI can go off to the sidelines.

Trainer Narration: The case manager visits the child and each parent weekly through visitation with the child. After 28 days of inpatient treatment, mother’s substance abuse counselor says that she is doing very well and will be stepped down to an inpatient unit the following week where she is allowed to have her 18-month-old child with her. The program is designed for moms and children.

The Case Manager asks the mother if she would be willing to have a family team meeting at the facility to plan a transition for her child, as well as to develop a safety plan that would need to be in place once the child is with the mother in the treatment program. The case manager asks if the mother would be agreeable for the foster parents, the Guardian ad Litem, and her substance counselor to attend, and mother agrees. The case manager says she will be attending also, and her agency has a family team meeting facilitator who will facilitate the meeting. The case manager asks mother who else she would like to have at the meeting, and the mother says she would like the child’s father and aunt to come.

The Case Manager is not able to visit father as he left the treatment program after one week, and it is not known where he went. Mother has not heard from him. She believes he may have returned to his home state of Texas. The case manager explains that the agency has a legal obligation to search for dad, continue to try to engage with him and have him be a part of his child’s life. The case manager explores with the mom her ideas as to the case manager might contact him.

Sculpt: Move Dad a short distance, his back facing the treatment program but his face looking towards the foster parents and daughter.

10. Call up volunteer for Family Team Meeting Facilitation.

Sculpt: With mom in center and aunt next to her, place facilitator, case manager, case manager supervisor, substance abuse counselor, foster parents around mom with all persons holding hands.

Trainer Narration: The family team meeting is held to discuss mother’s progress in treatment and to develop a transition plan and a detailed safety plan that must be in place for the child to be moved to the program with mom. Mom will continue in the residential unit for moms and...
children for up to six months, at which point she would be eligible for a transitional housing unit in the community, along with continued outpatient services.

Activity STOP

There are many other stakeholders who support the work we do with families in the child welfare system, both as professionals and members of local communities. You will encounter many Florida citizens as you go about your daily work. As you know, our work also captures media attention and public interest. The professional behavior of any one of us reflects on our system as a whole. Let’s turn now to a discussion of the ethical requirements for child welfare professionals.
Unit 1.4: Ethical Requirements of the Child Welfare Professional

Display Slide 1.4.1

Time: 2 hours, 15 minutes

Unit Overview: The purpose of this module is to provide participants with a continued discussion on ethical behavior and to highlight the importance of vigilance in behaving ethically.

Display Slide 1.4.2

Learning Objectives:
1. Define ethics.
2. List and describe ethical standards.
3. Discuss the role of professional boundaries when working with children, their families and other professional service providers.
The work you want to accomplish as a Child Welfare Professional could easily be undermined or undone if you behave in an unethical way.

Most of the children and adults we work with have experienced significant trauma in their lives. At the heart of experiencing trauma is being hurt by other people who had more power: physically, emotionally and/or legally. As a victim of trauma, a person experiences the loss of control and is often overwhelmed.

As a child welfare professional, you will be in a position that comes with a tremendous amount of power. The way you walk, talk and behave with the children and families we work with has the power to help and heal, or hurt and re-victimize.

Your pre-service training is all about the knowledge and the skills you need to help and heal.

In this unit, we will walk you through the main aspects of ethical behavior, and then you will engage in scenario-based activities to determine how things could go really wrong from an ethical perspective.

As an employee or agent of the Department, you are obligated to follow the Florida Code of Ethics, Operating Procedure No. 60-05, Chapter 5, published October 9, 2013. (PG: 16-25)

In addition, once you become a certified child welfare professional,
you are obligated to follow the Code of Ethical and Professional Conduct published by the Florida Certification Board.

If an ethics complaint is filed with the Florida Certification Board, your certification may be revoked. In situations involving fraud or sexual misconduct, criminal charges may be filed.

What is ethical behavior? Can anyone give me some examples of what ethical behavior for a child welfare professional might be?

As participants provide you with a few examples, try to point out how these align with one of the areas within the Codes of Ethical and Professional Conduct and Disciplinary Procedures as stated through the non-profit Florida Certification Board. This will help link their work with these concepts and set the stage for their working with Florida’s Code of Ethics.

Endorse:

- Make sure families know their rights.
- Be respectful and professional.
- Provide accommodations when needed.
  - Translator when client speaks a different language
  - Supports for the hearing impaired
- Help families figure out how to access services that might be inaccessible due to finances, distance from their home, child care needs, etc.

Make sure you understand the responsibilities of your job; ask for help when you are not sure what to do or are having difficulty finding the time to get tasks done.

Let’s now take a look at PG: 16-25, Florida Code of Ethics.

Review material in PG briefly to point out:

- Page 16 is a summary of topics covered by one or both codes
- Page 17 begins the Code of Ethics promulgated by the Department of Children and Families
- Page 26 begins the Florida Certification Board’s Code of Ethical and Professional Conduct
There are several other items within Florida’s codes that are important ethical considerations. These include:

- Confidentiality Laws
- Conflict of Interest
- Derogatory Language
- Dishonesty, Fraud or Deception
- Falsification of Records
- Exploitation of Clients/Sexual Relationships
- Impairment
- Misrepresentation/Misuse of Position
- Unethical Conduct of Colleagues

In this next activity, you will work to learn these different ethical principles.

**Activity: Essence**

*Display Slide 1.4.5*

**Purpose:** Both the Code of Ethics promulgated by the Department of Children and Families and the Florida Certification Board’s Code of Ethical and Professional Conduct is information that participants must process sufficiently to be able to understand. Through this activity, they will work with each code and the summary of concepts in a worksheet provided in a way that enables them to apply these concepts to scenarios in the subsequent activity.

**Materials:**

- *PG: 17-25, Code of Ethics promulgated by the Department of Children and Families*
- *PG: 26-29, Florida Certification Board Code of Ethical and*
**Professional Conduct**

- **PG: 30, The Essence of Florida’s Code of Ethics Worksheet**

**Trainer Instructions:**

- Break class into groups. Assign a different ethical principle to each group.
- Refer participants to **PG 30: The Essence of Florida’s Code of Ethics Worksheet**.
- For each principle, in one sentence, have each group write down the ‘essence’ or importance of the principle in their job as a child welfare professional.
- Give them about 10 minutes to do this part of the activity.
- Have each group present to the class each of their statements and then discuss as a class.

**The Essence of Florida’s Code of Ethics Worksheet**

Write a description (15 words maximum) of the “essence” of each principle. Be prepared to present this statement to the group.

<table>
<thead>
<tr>
<th>Ethical Principle</th>
<th>The Essence of the Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know &amp; Adhere to Florida Confidentiality Laws (39.202 F.S. 119)</td>
<td></td>
</tr>
<tr>
<td>Dishonesty Fraud or Deception</td>
<td></td>
</tr>
<tr>
<td>Falsification of Records</td>
<td></td>
</tr>
<tr>
<td>Exploitation of Clients/Sexual Relationships</td>
<td></td>
</tr>
</tbody>
</table>

**Activity STOP**
Now that you have an understanding of these ethical principles, it is time to apply them. Let’s move to your next activity.

**Activity: Identifying Ethical Violations**

Display Slide 1.4.6

**Purpose:** The point of this activity is to help participants understand the kinds of ethical challenges they may face.

**Materials:**
- *PG: 17-25, Code of Ethics promulgated by the Department of Children and Families*
- *PG: 26-29, Florida Certification Board Code of Ethical and Professional Conduct*
- *PG: 31-34, Ethics Scenarios*

**Trainer Instructions:**

**Part 1:**
- As an example, and using scenarios 1 and 8 from the *PG 31-34: Ethics Scenarios*
  - Identify which ethical principles have been violated (there may be more than one), and
  - Explain the rationale.

*The correct responses are listed below.*

**Part 2:**
- Assign each group one or two ethics scenarios (from numbers 2-7) and have them evaluate them based on their understanding of the 10
ethical principles. Have them be prepared to explain their rationales. Make sure they know that each scenario may have more than one ethical violation.

- Next, have each group:
  - Read their scenario(s).
  - Share what they believe to be the ethical breaches.
  - Explain their rationale.

- Provide them with corrective feedback if necessary.

The correct responses are listed below.

**Trainer Answers:**

**Scenario 1:** Violates Commitment to Clients; Dishonesty, Fraud or Deception; Falsification of Records

**Scenario 2:** Violates Commitment to Clients and Impairment. If co-workers were aware of her alcoholism, Unethical Conduct of Colleagues

**Scenario 3:** Violates Misrepresentation/Misuse of Position

**Scenario 4:** Violates Commitment to Clients, Conflict of Interest, Exploitation/Sexual Relationships

**Scenario 5:** Violates Commitment to Clients; Dishonesty, Fraud or Deception

**Scenario 6:** Violates Dishonesty, Fraud or Deception; Misrepresentation/Misuse of Position; Unethical Conduct of Colleagues

**Scenario 7:** Violates Commitment to Clients, Confidentiality Laws, Conflict of Interest, Misrepresentation/Misuse of Position, Unethical Conduct of Colleagues

**Scenario 8:** Violates Commitment to Clients, Confidentiality Laws, Conflict of Interest, Misrepresentation/Misuse of Position, Unethical Conduct of Colleagues

**Activity: Ethics Scenarios**

**SCENARIO 1:** A child protective investigator commenced an investigation. The child victim’s father told the PI that another investigator had been there 4 months ago and referred the family for non-judicial in-home services, but no one had ever contacted him again. This contradicted the information in FSFN; a case manager had documented that he had provided services to the family and conducted three home visits. The investigator notified his supervisor about these discrepancies. A review by the Inspector General of the Department uncovered that the case manager had not met with the family,
had falsified FSFN case notes, and had forged the names of supervisors and caregivers on child services records and parents’ names on home visit records.

**SCENARIO 2:** A Case Manager picked up a 7 ½-month-old girl from a foster home to take her for a short visit with her mother. When the case manager did not return when expected and the foster parent was unable to reach her, the foster parent called the police. The baby was found hours later, when police responded to a report of a driver asleep behind the wheel. Police found the case manager in a drunken stupor in her car, with a half-consumed bottle of rum beside her. The baby was hungry, upset and crying in a car seat.

**SCENARIO 3:** A protective investigator responded to an abuse intake on a mother who had just given birth. Two of the parents’ other children had previously been removed. After interviewing the parents, the PI and a co-worker went to visit the children who were in relative care with an aunt and uncle. The children’s uncle said that the PI conducted a search of personal items and clothing in dresser drawers. The uncle said he saw the PI put drug paraphernalia and three knives into a garbage bag and remove them from the home. The PI interviewed in this case and his co-worker believed they had the power to search through homes the same way that law enforcement would.

**SCENARIO 4:** A protective investigator received an intake and contacted a case manager who had previously provided services to the family. The case manager confirmed she had worked with the child who, at that time, had been sheltered with the father. The PI sheltered the child with his paternal grandmother. The grandmother told the PI that the case manager was dating her son, the child’s father. She said her son had told her all about his relationship with this case manager, including details about their sexual encounters. The case manager denied having an intimate relationship with the father, but said that she did meet him a couple of times for drinks and took him to a concert. She said the last time she spoke with him she explained they could only be friends and nothing else. She said she thought that it was all right for her to see the father because he was the non-offending parent and the case was closed by a magistrate.

**SCENARIO 5:** A case manager took two teenaged girls, ages 14 and 15, to a Youth Center. They arrived an hour earlier than the girls’ classes began, and they begged the case manager to let them stay in her car and listen to music. She left the girls in the car with the keys in the ignition while she went to the Courthouse. After she left, the girls decided to go get some breakfast while they waited. The 15-year-old drove the car first and hit a parked car while driving down a narrow street. So, the 14-year-old took the wheel. When the
case manager returned to her car, she noticed that it was in a different parking space. She confronted the girls about driving her car and told them that since neither of them had a license, the legal and personal consequences could have been severe. Then, she took them back to the Youth Center. Later in the afternoon, the girls’ foster parent telephoned and told the case manager that someone from the Youth Center had seen the girls driving her car. After the call, the case manager reported the incident to her supervisor.

**SCENARIO 6:** A protective investigator completed a Child Care Authorization form for three children who did not meet eligibility requirements, using the name of a former investigator. Then, she convinced a specialist to process the form because she was a friend of the family, and they needed child care services. A total of $1,800 worth of day care services were provided to the children over a six-month period.

**SCENARIO 7:** A case manager was having difficulty gaining access to a home. Her co-workers said that another case manager in the unit knew the child victim’s father and socialized with him and his extended family. She was also friends with the child’s grandparents. The case manager asked the colleague in her unit who knew the family to accompany her when she next went to visit the child’s home. The colleague entered the home with the assigned case manager, then waited outside for him while he completed his visit.

**SCENARIO 8:** A case manager contacted a protective investigator and asked for information about a case involving two of her relatives. The PI refused to disclose any information, and the case manager became very upset and stated that she would access the information in FSFN herself. The PI reported this conversation to her supervisor. The investigation found that the case manager had looked up the case in FSFN and had spoken to at least one other colleague to complain about the nature of the information contained in the investigator’s FSFN notes.

**Activity STOP**

There are many resources on the internet that will support your work as a child welfare professional, including further professional development. In the last unit for today, we will look at some of the web sites you will be using frequently.
Unit 1.5: Tools and Resources

Display Slide 1.5.1

Time: 30 minutes

Unit Overview: The purpose of this module is to provide participants with the tools and resources they will need to be successful child welfare professionals.

Display Slide 1.5.2

Learning Objective:
1. Identify the tools and resources available for child welfare professionals.

Display Slide 1.5.3
Refer participants to **PG: 35-36, Tools and Resources.**

**Florida Department of Children and Families Intranet Website**

*Rather than teaching this section from the PowerPoint, provide a tour of the Florida Department of Children and Families, Office of Child Welfare website.*

http://www.dcf.state.fl.us/fsp/newpages/fsmain.shtml

*Display Slide 1.5.4*

**Center for Child Welfare Website**

“The Center,” which operates within the University of South Florida’s College of Behavioral and Community Sciences, Department of Child and Family Studies, is funded by the Florida Department of Children and Families. This site is your main source of information and training resources, including:

- A Comprehensive Resource Library by Subject Area
- A Comprehensive Video Training Library
- Frequently Asked Questions (FAQs)
  The Center processes and responds to requests from customers for policy clarification. Answers are posted in the FAQ section for all customers to browse, search and view.
- Web Events
  The Center sponsors and hosts live web events and other web conferencing services on various subjects. Interactive web events such as training, meetings, workgroup events, etc. are among the many ways this service is used. The Center provides technical assistance and support in using
these services upon request.

- **Online Training**
  The Center is credentialed by the Florida Certification Board to provide in-service training for re-certification of child welfare professionals and foster parents. The Center has hundreds of training videos available and is accessible 24 hours a day, seven days a week.

- **The Center is also home to "Just in Time Training"** (part of the Quality Parenting Initiative). This service responds to requests from foster parents for training topics and provides live and recorded training for foster parents, related caregivers and child welfare professionals. For more information visit [www.jitfl.org](http://www.jitfl.org)

http://centerforchildwelfare.fmhi.usf.edu/index.shtml

Display Slide 1.5.5

**Florida Certification Board**

The Florida Certification Board established, administers, and monitors certification for child welfare professionals.

[http://flcertificationboard.org/](http://flcertificationboard.org/)
Congratulate participants on completing the first Module of Core Curriculum.

Module Two will provide you with an overview of the practice model which in combination with legal foundations, will guide your day-to-day work with families. You will begin to learn about the skills that are required for child welfare work and why these skills matter. These skills will be the focus of the communication skills labs.