



State of Florida  
Department of Children and Families

Charlie Crist  
Governor

George H. Sheldon  
Secretary

**DATE:** October 24, 2008

**TO:** Regional Directors

**THROUGH:** John Cooper, Acting Assistant Secretary of Operations  
David Fairbanks, Assistant Secretary for Programs

*(Patricia Badland)*  
**FROM:** Patricia Badland, Director of Office of Family Safety

**SUBJECT:** Child Welfare Leadership Program

**PURPOSE:** The Department of Children and Families and Family Safety Program Office is pleased to announce the opportunity to participate in the 2008-2009 Child Welfare Leadership Program (CWLP) "Class V." This is an exciting endeavor and we are looking forward to having a diverse group of participants for this year's class. The CWLP will cover a wide range of topics related to managing and administering more effective child welfare systems. This is a great opportunity to continue the professional development of the next set of leaders within the child welfare community.

Attached is a brief overview of this year's CWLP program modules. Application is a competitive process, and we are hoping for a wide range of background and experience levels for this year's class members. We are scheduled to "kick off" this year's CWLP in January 2009.

**BACKGROUND:** The CWLP is intended to develop the skills of current and emerging leaders within the child welfare community. Participation is open to Department staff, Community-Based Care Lead Agencies and sub-contracted providers, Sherriff's Offices and other stakeholders within the child welfare community.

Participating in the program requires commitment from the class members and supervisory support, as the program is eight months in length with either web-based or in-person meetings occurring one day per month. Alumni of the Child Welfare Leadership Program will have enhanced leadership skills as well as a deeper understanding of the many aspects of effectively managing child welfare programs. Please note that the Family Safety Program Office will not be able to cover the travel costs related to participating in the three overnight events planned during the 2008-2009 CWLP.

**ACTION REQUIRED:** Please share this information with circuit administrators, community based care lead agencies, Sheriffs providing child protective investigations and other appropriate staff. CWLP applications must be received by November 19<sup>th</sup>, 2008.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Child Welfare Leadership Program  
October 24, 2008  
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**CONTACT INFORMATION:** If you have any questions regarding the CWLP application process, please contact Annette Kariko at (850) 922-6656 or via e-mail at [Annette\\_Kariko@dcf.state.fl.us](mailto:Annette_Kariko@dcf.state.fl.us).

**Attachments:** Attachment 1 Child Welfare Leadership Program Application  
Attachment 2 Child Welfare Leadership Program Schedule

**Child Welfare Leadership Program  
Class V – 2008-2009 Schedule**

<b>Dates and Details</b>	<b>Location</b>	<b>Topic</b>
October 2008	None	<b>Application Submittal – APPLICATIONS ARE DUE APPROXIMATELY ONE MONTH FROM THE DAY OF CIRCULATION (November 19<sup>h</sup>)</b>
November 2008	None	<b>Selection and Notification Process</b>
December 2008	None	<b>Pre-planning coordination activities</b>
January 2009	<b>Orlando, FL</b>	<b>Child Welfare Leadership Program: Orientation and Kickoff</b>
February 2009	Webinar Event and Self-Directed Study	<b>The Department of Children and Families Quality Assurance System: Quality Counts</b>
March 2009	Webinar Event and Self-Directed Study	<b>Learning about Learning: The Department of Children and Families Statewide Training System</b>
April 2009	Tallahassee, FL Winewood Office Complex	<b>State and Federal Legislation: A Broader Perspective on Child Welfare Policy</b>  - and -  <b>Florida's Legislative Process</b>
May 2009	Webinar Event and Self-Directed Study	<b>Systems of Care: Integrated Case Management Approaches</b>  - and -  <b>Overview of current pilot programs: Alternative Response, Diversion and Mediation</b>
June 2009	Webinar Event and Self-Directed Study	<b>Child Welfare Funding: The Mix of State and Federal Sources (and 2009 – 2010 Budget Overview)</b>  - and -  <b>2009 Legislative Changes</b>
July 2009	Webinar Event and Self-Directed Study	<b>Program Concentrations (participants will engage in self-directed and group study in selected concentration area)</b>
August 2009	Dependency Summit	<b>Wrap-Up and Graduation</b>

# CHILD WELFARE LEADERSHIP PROGRAM 2008-2009 APPLICATION

## DIRECTIONS

Please follow these instructions carefully. Your application is the primary consideration of the Selection Committee.

- ❖ Complete each section. Incomplete applications will be ineligible.
  - Part I must be completed by the employee applicant.
  - Part II must be completed by the applicant's immediate supervisor.
  - Part III must be signed by applicant, applicant's supervisor and applicant's CEO or Circuit Administrator.
- ❖ Please attach your resume to the application
- ❖ **Submit all typed documents in the same envelope, which must be received no later than 5:00 p.m., November 19, 2008.**
- ❖ Application should be returned to Department of Children and Families, ATTN: Annette Kariko, 1317 Winewood Blvd., Building 6, Room 133, Tallahassee, FL 32399-0700.
- ❖ All applicants will be notified by November 26, 2008

## SELECTION CRITERIA

The Child Welfare Leadership Program seeks those individuals who:

- ❖ Demonstrate their leadership qualities through their current position and are motivated to advance in the Child Welfare field.
- ❖ Possess a personal and occupational commitment to remain in the Child Welfare field for the immediate future and maintain a continued commitment to Florida.
- ❖ Have full support from their sponsoring organization/management and a willingness to commit the time and energy necessary to complete the program.

## GENERAL INFORMATION

- ❖ Since the number of participants in each Child Welfare Leadership class is limited, applicants who are not selected are encouraged to reapply in subsequent years.
- ❖ Attendance at all events is required.

# CHILD WELFARE LEADERSHIP PROGRAM 2008-2009 APPLICATION

## PART I: EMPLOYEE APPLICATION

### PERSONAL DATA

Date: \_\_\_\_\_

Name (First, Middle Initial, Last): \_\_\_\_\_

Name Preferred: \_\_\_\_\_

Employer: \_\_\_\_\_

Title or position: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Street, city, state, zip) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Supervisor Contact Number: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

(Street, city, state, zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_

### PERSONAL ESSAY

Please describe to the selection committee: your personal leadership capabilities in a child welfare/human services program including your strengths and areas needing improvement, the specific skills/knowledge you hope to gain from your participation in the Child Welfare Leadership Program and why you should be selected. Please limit your answer to 2 pages, typed in Arial font, size 12.

# CHILD WELFARE LEADERSHIP PROGRAM 2008-2009 APPLICATION

## KEY ACCOMPLISHMENTS IN PAST 12 TO 18 MONTHS

Please briefly describe your specific major contributions to your organization.

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## CAREER ASPIRATIONS

Briefly describe your career aspirations.

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## KEY AREAS FOR DEVELOPMENT

Briefly describe the types of developmental opportunities including work experience that could be of benefit to the you.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Supervisor Signature

# CHILD WELFARE LEADERSHIP PROGRAM 2008-2009 APPLICATION

## PART II: SUPERVISORY ASSESSMENT OF LEADERSHIP NOMINEE

### SKILL ASSESSMENT

Please rate the individual's skills' levels using a scale of 1 - 3.

1 = Weak, 2 = Standard, 3 = Exceptional.

#### Leadership

- \_\_\_\_\_ Influences others
- \_\_\_\_\_ Fosters teamwork

#### Planning & Evaluating

- \_\_\_\_\_ Focuses on community needs
- \_\_\_\_\_ Establishes/manages plans & budget
- \_\_\_\_\_ Negotiation skills

#### Interpersonal Skills

- \_\_\_\_\_ Builds extensive networks of relationships

#### Technical Capability

\_\_\_\_\_

#### Program Area Knowledge

- \_\_\_\_\_ Out of Home Care
- \_\_\_\_\_ Investigations
- \_\_\_\_\_ Family Preservations
- \_\_\_\_\_ Licensing
- \_\_\_\_\_ The Interstate Compact on the Placement of Children
- \_\_\_\_\_ Independent Living

#### Communication Skills

- \_\_\_\_\_ Communicates ideas
- \_\_\_\_\_ Fosters open communication
- \_\_\_\_\_ Public Speaking

#### Problem Solving

- \_\_\_\_\_ Analyzes issues
- \_\_\_\_\_ Uses sound judgment
- \_\_\_\_\_ Conflict resolution

#### Supervisory

- \_\_\_\_\_ Coaching and mentoring others.
- \_\_\_\_\_ Empowers others in decision-making.

#### Managing Diversity

- \_\_\_\_\_ Creates an inclusive environment

## CHILD WELFARE LEADERSHIP PROGRAM 2008-2009 APPLICATION

A. To graduate from the **Child Welfare Leadership Program**, a participant is expected to attend **ALL** sessions.

- ❖ *Program Orientation* –January 2009. Attendance is **mandatory**, 1 night travel required.
- ❖ *Monthly Program Days* – One **full** day each month – January 2009 to August 2009.
- ❖ *Tallahassee Program Office Visit*- April 2009, 2 nights travel required.
- ❖ *Outside Class Activities* – Statewide project in child welfare and Community Alliance meetings attendance.
- ❖ *Graduation* – August 2009 - Attendance is **mandatory**, travel required.  
*\*Specific travel dates to be announced.*

B. I understand the requirements of the Child Welfare Leadership Program and if I am selected I will devote the time and resources necessary to complete the program. I also understand that I will be required to complete alternative assignments for any missed program days. Additionally, I acknowledge that if I miss two sessions, I may be asked to withdraw from the program. I understand the above commitments and agree to be bound by them in signing this application.

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Applicant Signature

Date

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Applicant Name

Title

C. I acknowledge the commitment necessary for the Child Welfare Leadership Program and hereby grant my full support by recommending this applicant.

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Supervisor Signature

Date

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Supervisor Name

Title

### EMPLOYER ENDORSEMENT

As DA/CEO I acknowledge that this application has the approval of this organization and the applicant has our full support, which includes the time and financial support required to participate in the program. My agency will be responsible for the applicant's travel costs.

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Circuit Administrator/CEO Signature

Date

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Circuit Administrator/CEO Name

Contact Number