

Child Welfare Pre-Service Training

Adoptions FSFN Computer Instruction

Participant Guide

July 2012



PLEASE NOTE

Access to FSFN person or case information must only occur when there is a legitimate business purpose. FSFN must not be used to access any of the following:

- Persons or cases in the news, or
- Persons or cases about which you are “curious”, or
- Persons or information about your own personal case, or
- Persons or cases of family members, or
- Persons or cases of friends, neighbors or acquaintances, or
- Any other persons or cases for which there is no legitimate business reason for you to access the information.

Please use common sense when accessing FSFN; if you have any questions about the appropriate use of FSFN, please contact your supervisor and/or your agency’s IT Support personnel.

The materials for the **Child Welfare Pre-Service Training** curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

© 2006 State of Florida, Department of Children and Families

The materials for the **Child Welfare Pre-Service Training** curriculum were formatted and edited by the Child Welfare Training Consortium at the University of South Florida.

© 2012 Child Welfare Training Consortium at the University of South Florida

Table of Contents

Adoption Information.....	1
Adoption Scenario	1
Create Adoption Information.....	6
Create the Adoption Placement Matching Team Meeting	9
Updating the Unified Home Study for an Adoption	10
Buddy Updated Home Study for Adoption.....	11
PowerPoint Slides.....	1

Adoption Information

Adoption Scenario

FN1, Buddy

04/02/2009 7:03 pm: Intake received alleging that a 6-year-old child named Buddy had been brought to the emergency room by his grandmother, Mrs. Perline FN1. Her 23-year-old son had left Buddy at her home two days earlier and said he would be back in a few hours. She hasn't seen her son since. Mrs. FN1 said Buddy had been crying continuously since his father left him. She noticed bruises on his upper back when she bathed him. His arm and hand were swollen and beginning to look bruised as well. Buddy keeps pulling at his arm, crying, "It hurts, it hurts," and was not using it. X-rays taken at the hospital indicated a spiral fracture of the arm, and previous fractures of the upper arm and ribs.

04/02/2009: A Prior investigation when Buddy was a newborn was reviewed. The mother was referred to numerous services for mental health issues, and placed under Non-Judicial In-Home Services. The mother complied with the case plan for 6 months; however, moved without notice shortly after.

04/02/2009 8:15 pm: Field visit to the hospital to interview the hospital social worker, Anita Williams, who advises you that the grandmother appears to be very caring towards the child and is concerned for the child's safety. She advises you that she received a telephone call from CPT case coordinator, Marge Stewart, who has requested the medical records and stated that the CPT medical director would be contacting the ER physician for a medical consult. Ms. Williams also advised the PI that the child appears to be malnourished and presents with some developmental delays. She advised that he was fretful, withdrawn and cautious when first brought to the ER; however, when his arm was casted he showed no distress or fight and almost appeared "depressed and apathetic." You are also able to interview the attending physician, Dr. Earl Brody who advises that injuries were strongly suggestive of abuse and that the child is low weight for his age, appears malnourished, and shows evidence of generalized developmental delay.

04/02/2009 8:30 pm: Interview with Mrs. Perline FN1, who is 48 years old and reports many health issues, and also cares for her disabled husband. Perline states Buddy visits her often, but feels that due to her and her husband's health problems, she is incapable of providing Buddy with long-term care. Her son, Gerry, has provided a home for Buddy since his wife left him a year earlier. His wife, Siesha FN2, is reportedly a paranoid schizophrenic and emotionally unstable when she does not take her medication. According to Perline, the mother's whereabouts are unknown. Ms. FN1 is unaware if there are any other family members who could assist with the care of Buddy, or who could help with locating the mother. Mrs. FN1 tells you that she thinks her son is pushing drugs; he disappears for long periods, often with Buddy. She worries that Buddy is being exposed to "bad elements" and is not getting the care he needs.

04/04/2009 8:30 pm: Buddy is observed following his arm being casted. Child is sleepy and does not respond to your attempts to interview. You decide that you will follow the grandmother to her residence to complete a home study and continue the investigation.

04/02/2009 09:00 pm: Field visit completed to the home of paternal grandparents, Perline and Henry FN1. Criminal background checks and a unified home study are completed on the grandparents. Neither of the grandparents have a criminal history and a home inspection is positive. The decision is made to temporarily place Buddy with his grandparents. Mrs. FN1 also advises you that Buddy's father brought over some medicine and told the grandparents that the child was recently tested at his school and was put on this medicine, to be taken on a daily basis. She stated that her son advised her that Buddy had been diagnosed with ADHD, but they were both concerned that he may have the "same problems as his mother." This is considered a temporary placement as contact with the parents must be completed in order to assess their ability to care for Buddy and the grandparents have health issues which preclude them from being able to commit to raising Buddy on a permanent basis.

04/02/2009 9:30 pm: Field visit to the residence of the father, Gerry FN1, which is located in a "high crime" and "high drug" area. There is no response at the door when you knock.

04/03/2009 10:00 am: Telephone call received from the father, Gerry FN1, who is very angry. He states that when he came to get his child from his parents, they refused and told him that he needed to speak to an Investigator before they would let him take Buddy. He demanded to know what was going on. He denied harming the child and said that he has taken care of the child since his wife walked out. He said that he did not have to tell the PI or his parents where he has been and that he left the child with in the care of his parents to assure his safety. The father is advised of the need of further investigation, including an interview with him before allowing him to take Buddy home. He is in agreement with allowing the child to remain in the care of the grandparents pending further investigation. He also agrees to meet you at your office this afternoon.

04/03/2009 1:00 pm: Office visit with the father, Gerry FN1, who is angry and upset. He denies abusing the child and states that he has no idea how Buddy got injured. Gerry stated that if you want to harass anyone for abusing his child, you should find his wife. Gerry expressed anger and frustration at the fact that he had to raise his son by himself. He stated that he does the best he can and that it is "an inconvenience" caring for a 6 year old. He stated that he lost his job and is having a hard time paying his bills, etc. He admitted to leaving the child in the home by himself for short periods of time because he "had no choice." He also stated that some of his friends have cared for the child in the past. Gerry admitted to leaving the child at various friends' homes and has had friends care for him in his home as well. He refused to provide this PI with any names and any details, stating that it was "none of your business." The allegations and the extent of the injuries are discussed with the father. He is advised that all of the child's injuries are indicative of abuse and that the child is also malnourished and appears to be developmentally delayed. The father states that the child does not like his cooking and that he is "just quiet." Gerry advises you that the school had him tested and placed him on a medication. He stated that he filled the prescription and made sure that his mother and father had the medicine when he dropped the child off at their home. Gerry refuses to provide any additional information and refuses to complete a voluntary drug evaluation.

The father is advised that the child must temporarily remain in the care of the grandparents due to the seriousness of Buddy's injuries, lack of information regarding who and what caused the injuries, his refusal to provide the names of the friends that cared for Buddy and to take part in a voluntary drug evaluation. All of these factors cause the child to be at risk and in order to control the risk to Buddy; he must be placed in a safe environment. The father agrees to allow Buddy to remain in the home of the paternal grandparents. You ask if there are any other relatives that could care for Buddy as his parents have said they cannot care for the child on a permanent basis. He provides you with the following information pertaining to Buddy's maternal aunt: Veronica FN2, Florida.

04/03/2009 2:30 pm: Following a brief search the maternal aunt, Veronica FN2, is located. Contact is initiated via telephone. Per Veronica, Buddy's mother Siesha was killed in a car accident approximately 6 months ago. Veronica stated that she has been trying to locate the father and the child to inform them of the accident and death since the incident. She is very interested in obtaining custody of the child and provides you with the following information.

Veronica (Alpha Designator) FN2

32 F. Pickens Road

Pensacola Beach, Florida 32562

(805)-544-7012

DOB: 04/04/1981

SSN: 975-88-1597

04/03/2009: An OTI is requested from Escambia County for the completion of the Unified Home Study on the aunt, Veronica FN2. The aunt's information is also submitted for completion of the required background checks.

04/03/2009: Case is staffed with your supervisor and CLS attorney. It's agreed that Buddy can stay at his grandparents home until the OTI for the maternal aunt is completed. If the home study or background check is unfavorable then Buddy will be placed in shelter care. A Shelter hearing will be held following the results of the OTI. PI supervisor will contact an Escambia County supervisor to inquire about whether the OTI process can be expedited.

04/06/2009 10:00 am: CPT staffing held in conjunction with law enforcement. Recommendations of the staffing are for the child to remain with the grandparents until an OTI is completed on the maternal aunt. Once the child is placed, whether in relative care or shelter care, the father will be given a case plan to include: substance abuse evaluation, anger management, a psychosocial evaluation, and parenting classes.

04/06/2009 11:30 am: Field visit to the residence of the father, Gerry FN1. There is no answer to the knock on the door and you are able to see inside the residence through a window that has the blinds open. There is no furniture or any type of personal belongings present in the apartment. A neighbor advises you that "Gerry left" and provides you with the name and phone number of the person who owns the apartment building. Contact with Mr. Graham reveals that

the father was months behind in his rent and that he “just up and left,” owing him a lot of money.

04/06/2009 11:45 am: Telephone call from your supervisor, advising that Escambia County just called and the home study was positive and Ms. FN2 does not have any criminal history. Another investigator is starting the shelter paperwork and the hearing will be set for 1:30 p.m. tomorrow. Your supervisor states they have contacted the maternal aunt and she will come to the hearing tomorrow and will take the child back with her.

04/06/2009 12:45 pm: Contact with the grandparents reveals that Gerry has not returned to their residence and has not seen the child in three days. Attempts to reach him by cell phone are futile as the number has been disconnected. The grandparents advise that the child is doing well, but taking care of the child full-time is affecting their health. The grandparents are advised that the father provided the name of a maternal aunt and that a home study and background check have been completed with positive results. The grandparents are informed of the date, time and location of the shelter hearing and that the aunt will be present for the hearing as well. They are further advised that if the judge agrees, the child will be placed in the temporary custody of the aunt.

04/06/2009 01:00 pm: Field visit to FN1 home to interview Buddy. Buddy is interviewed in his room at his grandparents' house. He is feeling better; however, still will not tell you what happened to his arm or ribs. He would not talk about his father and stated that he “misses his mother,” but he knows that “she is sick and cannot take care of me.” Buddy is asked if he remembers his aunt, Veronica and his face lights up and he is smiling from ear to ear. He is asked if he would like to live with his aunt and he starts jumping up and down and screams “Yes.” Buddy is informed that his aunt will be here tomorrow to pick him up if the judge agrees.

04/06/2009 2:00 pm: Continued diligent search on the father reveals his recent arrest on 04/05/09 for drug trafficking. He was arrested by the Monroe County Sheriff's office and is currently incarcerated. He is being charged with several felonies involving drug and weapons charges. Subsequently he will remain incarcerated for an extended period of time.

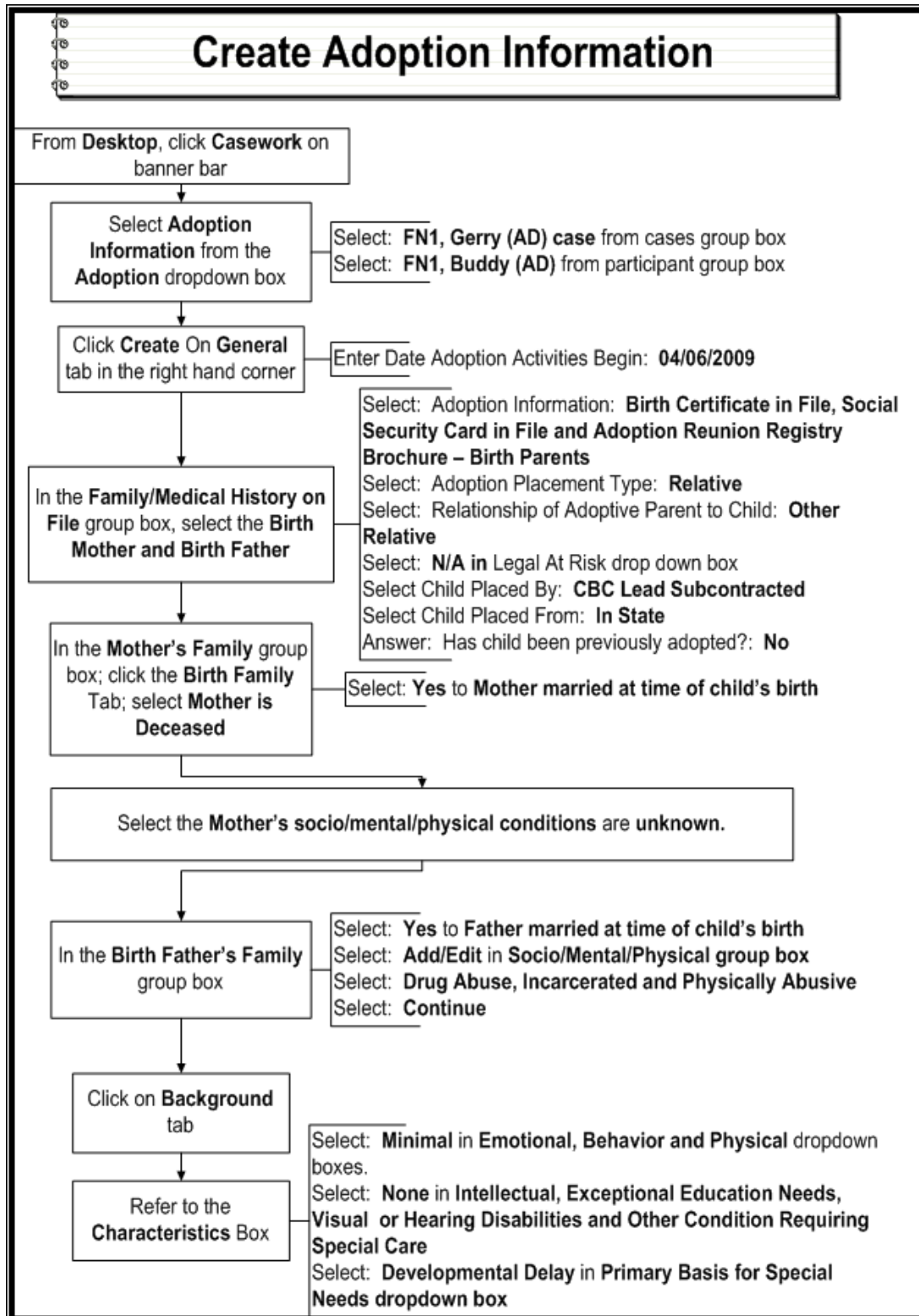
04/06/2009 3:00 pm: Case staffed with the supervisor and CLS to discuss expedited TPR, based on the father's arrest and the mother's death. CLS agrees that the case is appropriate for expedited TPR based on the father's pending incarceration, the deceased mother and the egregious nature of the child's injuries. CLS agrees to draft the TPR petition.

04/06/2009 4:00 pm: A brief staffing is held prior to recommending TPR to the court. Case is approved for TPR.

04/07/2009 1:30 pm: A shelter hearing is held. The maternal aunt, paternal grandparents and Buddy are present. The Judge approves the Unified Home Study and places the child with the maternal aunt. The court is informed of the father's recent arrest and pending charges, that the mother is deceased, and the plan to proceed with expedited TPR. The court approves the plan and schedules a TPR advisory hearing for 04/28/2009 at 1:30 p.m. The aunt has indicated that she is willing to adopt the child in the event that parental rights are terminated.

04/28/2009 1:30 pm: TPR Advisory Hearing is held and the father, Gerry FN1 agrees to the termination of parental rights. He acknowledges that he may end up incarcerated for a long period of time and that the child "is better off with Veronica." Father signs the voluntary surrender paperwork.

Create Adoption Information



Create Adoption Information (cont.)

In the **Description of the Child's Condition**, enter the following narrative:

Buddy is a 6-year old boy recently treated at the emergency room for a broken arm and other healed fractures. At the emergency room Buddy appeared fretful, withdrawn and cautious. The emergency room physician stated that Buddy is under weight for his age and appeared malnourished and shows evidence of generalized developmental delay.

In the **Physical Appearance Description** enter the following narrative:

Buddy is a 6-year old, African American boy with a cast on his broken right arm. Buddy was recently diagnosed as ADHD and placed on medication. The emergency room physician who diagnosed his broken arm and other healed fractures (on 04/02/2009) stated that Buddy appeared malnourished and was under weight for his age range.

Click on the **Removal/ Placement** tab

Removal Placement History group box displays

In the **Reason for Removal** enter the following narrative:

The mother is deceased and the father abandoned the child at the grandparents' house. The grandmother stated that they cannot care for Buddy long term due to the grandfather's health issues. Buddy was removed from the grandparents' home and placed with the maternal aunt. Buddy's father signed Voluntary Surrender paperwork to have his son adopted by the maternal aunt.

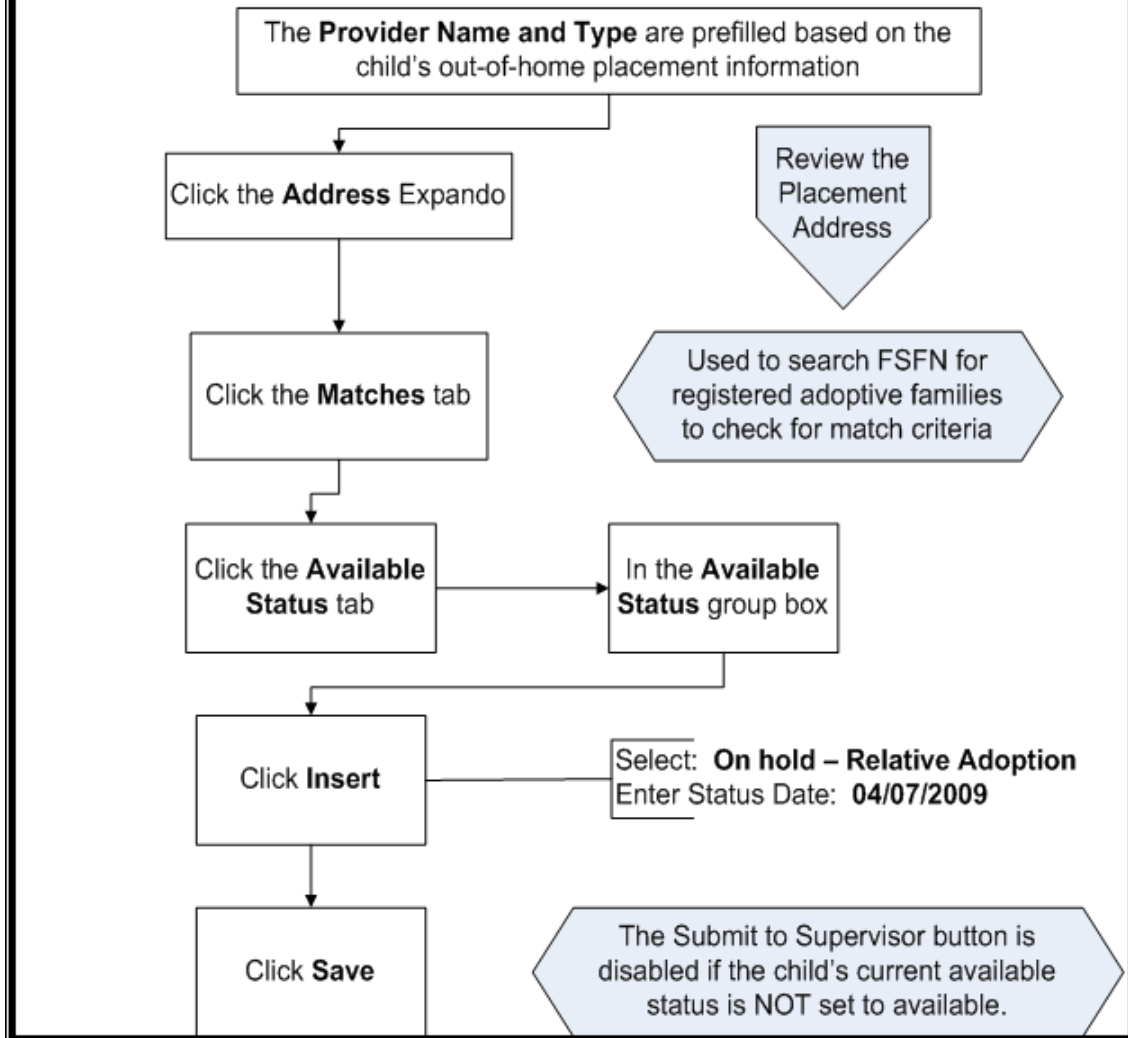
The following is pre-filled by the system

First Removal Date
Most Recent Removal Date
Total Number of Placements

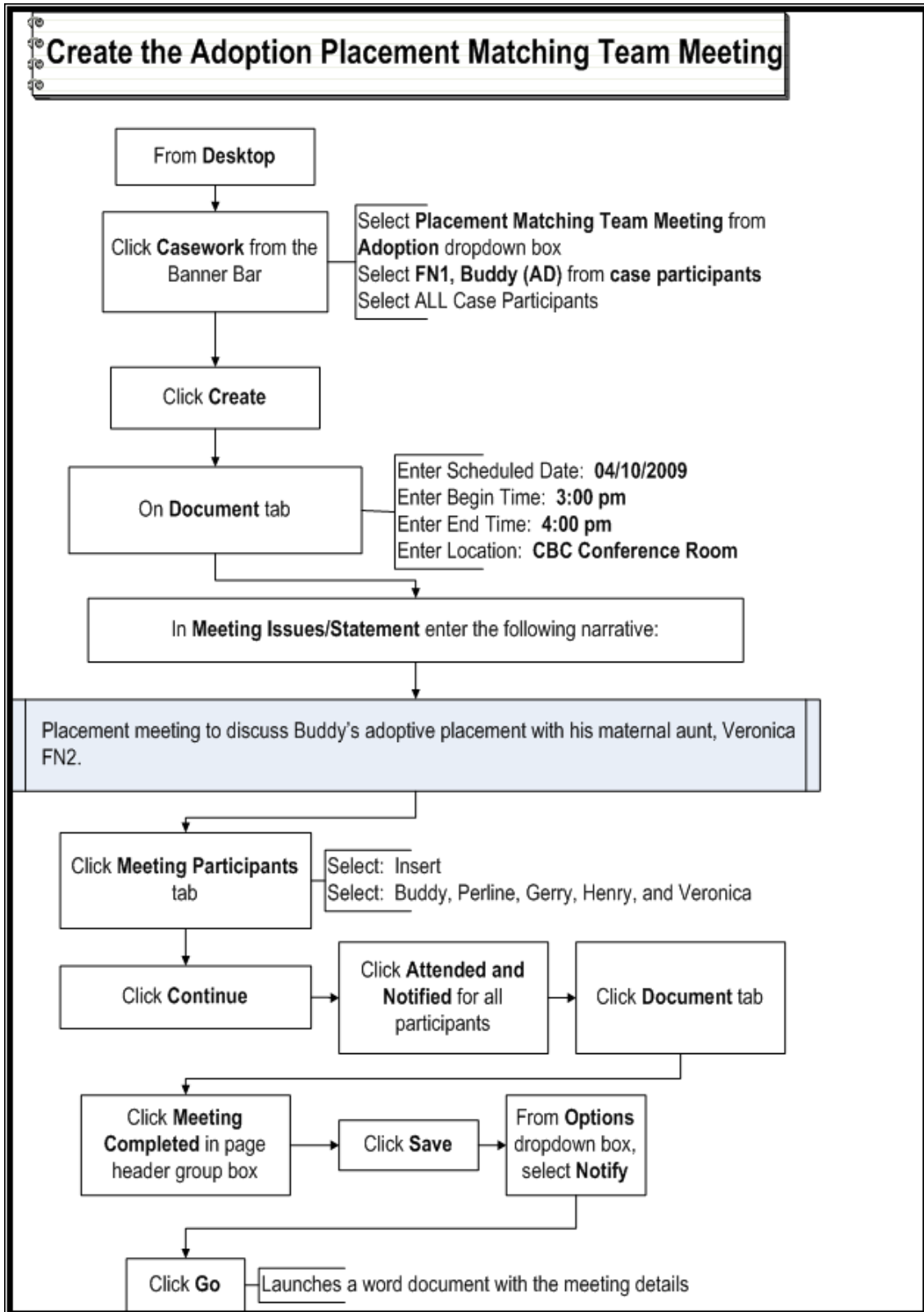
In the **Type of Current Placement** group box

Click the **Current Caregiver plans on Adopting Child** checkbox

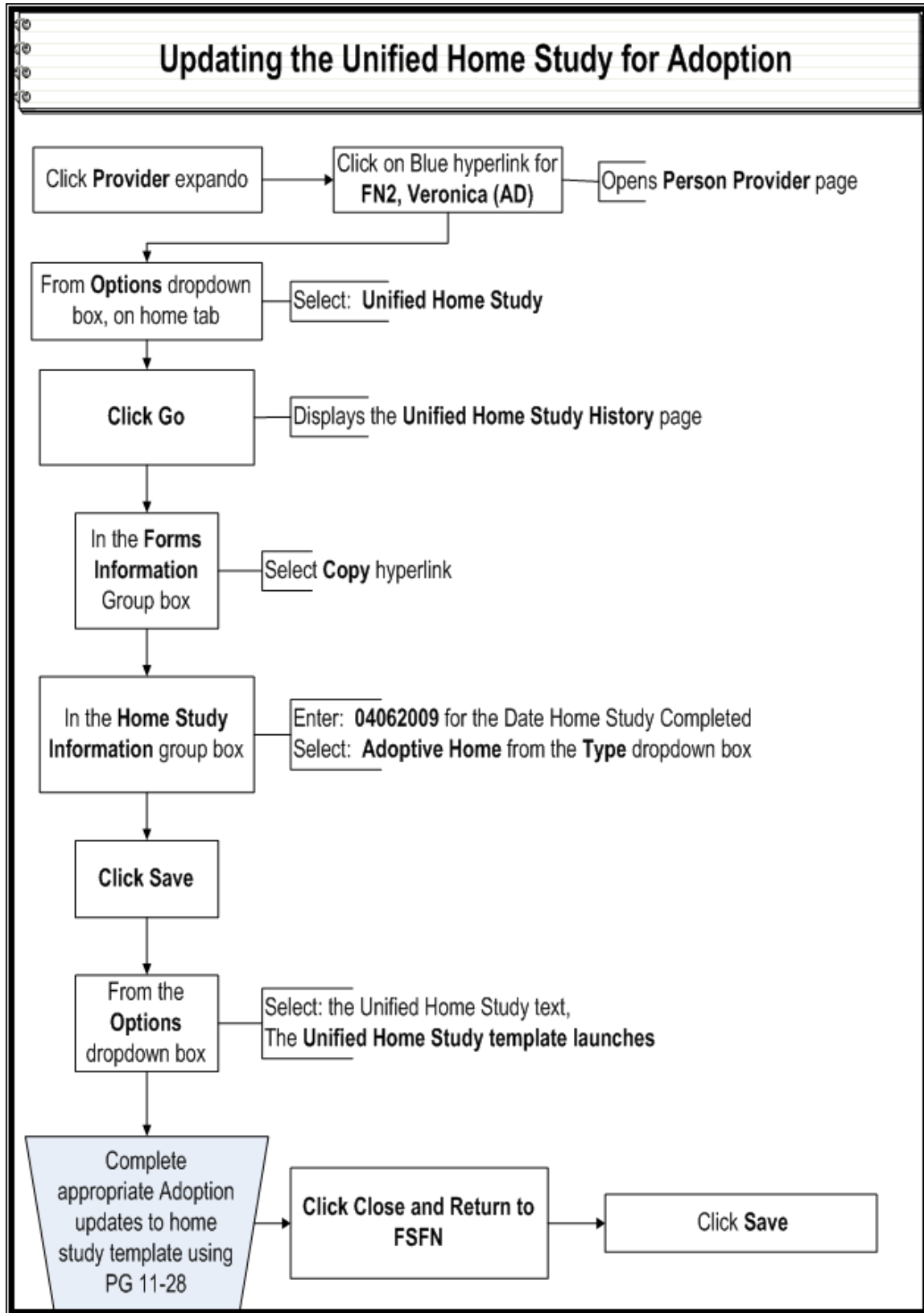
Create Adoption Information (cont.)



Create the Adoption Placement Matching Team Meeting



Updating the Unified Home Study for an Adoption



Buddy Updated Home Study for Adoption

Adoptive Home Study-Pre-fills		
Counselor Name: Pre-fills	Children to be placed: Buddy FN1	Investigation Number:
Date Home Study Completed: Pre-fills	Child's relationship to caregiver (if any): Nephew	Court Case No.
Relative/Non-Relative (Please note: If any of above fields are not applicable, please leave blank)		
<input type="checkbox"/> Initial Home Study		<input checked="" type="checkbox"/> Addendum to Home Study
<input type="checkbox"/> Relicensing Home Study		
Section I:		
Identifying Information		
Caregiver 1: Veronica FN2	Caregiver 2:	
DOB: 04/04/1981	DOB:	
Viewed Social Security Verification: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Viewed Social Security Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: 32 Ft. Pickens Road	Address:	
City: Pensacola Beach	City:	
State & Zip Code: FL 32562	State & Zip Code	
County: Escambia	County:	
Home Phone: (850)544-7012	Home Phone: ()	
Cell: (850)223-4365	Cell: () -	
Home E-mail Address: verfl@hotmail.com	Home E-mail Address:	
Fax: () -	Fax: () -	
Alternate Contact (Name and number):	Alternate Contact (Name and number):	
Employer: Washington Mutual Bank	Employer:	
Work Phone (850)545-6800 Ext. 4479	Work Phone () -	
Work Schedule Leave home: 8:30AM Return home: 5:00 PM	Work Schedule Leave home: Return home:	
Marital Status: Single	Marital Status:	
Language Spoken: English	Language Spoken:	
Race: Black	Race:	
Ethnicity/Culture: Black/African American	Ethnicity/Culture:	
FL Residence Length: 28 years	FL Residence Length:	
All other states of residence and length: N/A	All other states of residence and length:	

B.

Contact Information	Date
Date Application Received by Agency	08/15/2009
Date of Initial Contact With Family	04/03/2009
Initial Home Interview	04/04/2009
Date MAPP completed (if Applicable)	
Additional Home Interview (if Applicable)	08/01/2009
Additional Home Interview (if Applicable)	
Additional Home Interview (if Applicable)	

C. Documents and information to be provided to applicants as applicable to type of placement, and date provided.

Information Shared With Applicants	Date
Affidavit of Good Moral Character	08/15/2009
Consent to Release Information	04/04/2009
Florida Adoption Reunion Registry	
Florida Adoption Assistance Program	
Information Packet Sent – Adoptive Home	08/15/2009
Information Packet Sent – Foster Home	
Information regarding services available from the local agency (referrals)	04/04/2009
Medicaid Eligible Relative/Non-Relative	
Receipt of Rights and Responsibilities (Dependency Process)	04/04/2009
Receipt of Grievance Brochure	
Relative Caregiver Program information	04/04/2009
Sudden Infant Death Syndrome (Recommendations on safe infant sleeping practices; attached)	
Support System Available in Community	04/04/2009
Tax Information for Adoptive Parents	08/15/2009
Temporary Assistance to Needy Families (TANF) Information	
Tuition Waiver	08/15/2009
Water Addendum (attached)	04/04/2009

D.

Other Household Members – Do NOT document Social Security Numbers on this home study; record elsewhere in FSN						
Name of Member						
Relationship to Caregiver						
Date of Birth/Age						
Social Security # Verification						
Race						
Ethnicity/Culture						
Primary Language Spoken						
Marital Status						
Employer						
Place of Birth						
FL. Residence Length						

E.

Children Currently in the Home Who Were Placed by the Department or Other Agency						
First Name/Last Initial Only						
Date of Birth/Age						
Type of Placement						
Date Placed in Home						
Race						
Ethnicity/Culture						
Primary Language Spoken						
Special Needs or Concerns						
Placement Considerations						

F.

All Minor and Adult children of Primary Caregiver(s) Who Do Not Currently Reside in Home

Name													
Date of Birth													
Relationship to Caregiver													
Address													
Telephone													
Frequent Visitor? Check appropriate box; if yes, must be background screened.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

G. Persons approved to provide back-up and respite for the family. This should included at a minimum names and contact information for those persons. Molly Brown has been a close friend all of Veronica's adult life. She would be willing to provide back-up care for Buddy. Molly Brown - 4519 Beach Blvd. Pensacola Beach FL 32562 (850) 724-5890.

Results of Background Checks for (#) Zero other persons live in this household. "Other Persons" in this household are located immediately following the Signature page.

Section II. A. Background check for: (name of individual being screened): CAREGIVER #1 (Name):

Checklist Items	Date Requested	Date Received	N/A
Abuse/Neglect Check – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed.	04/03/2009	04/03/2009	<input type="checkbox"/>
Abuse/Neglect Check - Other States - This checklist item records that the Abuse/Neglect Check Other States has been completed. <i>(Include checks for all other states in which the individual has previously resided)</i>			<input checked="" type="checkbox"/>
Clerk of Courts – This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/ or Orders of Protection).	04/05/2009	04/06/2009	<input type="checkbox"/>
Criminal Background Check - Dept. of Motor Vehicles - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement.	04/05/2009	04/06/2009	<input type="checkbox"/>
Criminal Background Check - Dept. of Corrections - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement.	04/05/09	04/06/2009	<input type="checkbox"/>
Criminal Background Check - Federal - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement.	04/05/2009	04/06/2009	<input type="checkbox"/>
Criminal Background Check - State - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement.	04/05/2009	04/06/2009	<input type="checkbox"/>
Criminal Background Check – Local (County) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).	04/05/2009	04/06/2009	<input type="checkbox"/>

Background check for: (name of individual being screened): CAREGIVER #2 (Name):

Checklist Items	Date Requested	Date Received	N/A
Criminal Background Check – Local (City) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).	04/05/2009	04/06/2009	<input type="checkbox"/>
Fingerprints Submitted - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement.	04/05/2009	04/25/2009	<input type="checkbox"/>
Juvenile Justice Check - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed.			<input checked="" type="checkbox"/>
Sexual Offender Registry – This checklist item records the date that the Sexual Offender Registry check was completed.	04/05/2009	04/06/2009	<input type="checkbox"/>
Checklist Items	Date Requested	Date Received	N/A
Abuse/Neglect Check – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed.			<input type="checkbox"/>
Abuse/Neglect Check - Other States - This checklist item records that the Abuse/Neglect Check Other States has been completed. <i>(Include checks for all other states in which the individual has previously resided)</i>			<input type="checkbox"/>
Clerk of Courts – This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/or Orders of Protection).			<input type="checkbox"/>
Criminal Background Check - Dept. of Motor Vehicles - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Dept. of Corrections - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Federal - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - State - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check – Local (County) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).			<input type="checkbox"/>

Background check for: (name of individual being screened): **OTHER PERSON (Name):**

Checklist Items	Date Requested	Date Received	N/A
Criminal Background Check – Local (City) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).			<input type="checkbox"/>
Fingerprints Submitted - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement.			<input type="checkbox"/>
Juvenile Justice Check - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed.			<input type="checkbox"/>
Sexual Offender Registry – This checklist item records the date that the Sexual Offender Registry check was completed.			<input type="checkbox"/>

Checklist Items	Date Requested	Date Received	N/A
Abuse/Neglect Check – This checklist item records that the Abuse/Neglect Check in Florida Safe Families Network (FSFN) has been completed.			<input type="checkbox"/>
Abuse/Neglect Check - Other States - This checklist item records that the Abuse/Neglect Check Other States has been completed. <i>(Include checks for <u>all</u> other states in which the individual has previously resided)</i>			<input type="checkbox"/>
Clerk of Courts – This checklist item records the date that the Preliminary Criminal Background check was conducted with the Clerk of Courts regarding the potential placement (check for any Injunctions and/or Orders of Protection).			<input type="checkbox"/>
Criminal Background Check - Dept. of Motor Vehicles - This checklist item records the date that the Criminal Background check was conducted with Dept. of Motor Vehicles regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Dept. of Corrections - This checklist item records the date that the Criminal Background check was conducted with Dept. of Corrections regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - Federal - This checklist item records the date that the Criminal Background check was conducted with federal authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check - State - This checklist item records the date that the Preliminary Criminal Background check was conducted with state authorities regarding the potential placement.			<input type="checkbox"/>
Criminal Background Check – Local (County) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (county) authorities regarding the potential placement. Be sure to check with the county authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).			<input type="checkbox"/>

Checklist Items	Date Requested	Date Received	N/A
Criminal Background Check – Local (City) - This checklist item records the date that the Preliminary Criminal Background check was conducted with local (city) authorities regarding the potential placement. Be sure to check with the city authorities for any Injunctions, Orders of Protection, 911 calls, or police calls to service/call-outs to the home, even if no police report was filed (address any patterns of calls, regardless of outcome).			<input type="checkbox"/>
Fingerprints Submitted - This checklist item records the date that the Fingerprints have been submitted to the Background Screening Unit regarding the potential placement.			<input type="checkbox"/>
Juvenile Justice Check - This checklist item records the date that the Juvenile Justice Check for ages 12 - 26 was completed.			<input type="checkbox"/>
Sexual Offender Registry – This checklist item records the date that the Sexual Offender Registry check was completed.			<input type="checkbox"/>

B. The purpose of this section is to simply list findings and note any disqualifiers; any criminal and/or abuse records and implications for placement are to be explored in detail in the narrative portion of this home study (Section III M).

Criminal History	
<p>Do any household members or frequent visitors age 12+ have a criminal history</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Offending Persons: __ ____</p> <p>If a criminal history exists, do the charges result in immediate home study disqualification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, document the criminal history results received for <u>each individual</u>.</p>
<p>Have any household members or frequent visitors age 12+ been listed on the <i>Florida Safe Families Network</i>?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Offending Persons: __ ____</p> <p>If an <i>abuse/neglect</i> history exists, do the findings result in immediate home study disqualification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, document date the intake(s) was received, maltreatments addressed, and findings <u>for each individual</u>.</p>

Section III.

This section is intended to be a descriptive narrative assessment of the overall functioning of the family and their capacity to provide a safe and appropriate placement for children. *To assist in your interview with the family, sample questions are provided at the end of this document.*

MOTIVATION *(Describe the motivation to foster, adopt or be approved as a relative/non-relative caregiver. If this is for placement of a specific child, describe any prior knowledge/relationship that exists between the child and caregiver. If a two-parent household, address both caregivers' mutual desire to care for the child.)*

1. INTEREST

Veronica FN2 has been involved with the care of Buddy since his birth. She assisted her sister with Buddy's care due to her sister's mental health issues. She advised that she provided respite for the child when the sister required hospitalization and that her sister and Buddy often stayed with her in her home. She was very upset when the mother left the child in the care of the father, advising that she never thought that the father wanted the child or cared for the child. Buddy appeared very happy when told that he was going to live with his aunt. He appeared to have a bond with the aunt and felt comfortable. Veronica would like to provide Buddy with a permanent placement through adoption. She advised that this is the only family member that she has left and wants to provide him the best care possible.

Update: Buddy's placement has been stable and he has bonded with Veronica. Veronica expressed a strong desire to make the placement permanent and to be able to provide for Buddy's safety, well-being and permanency through adoption. The father has signed voluntary termination of parental rights paperwork and the adoption process has been initiated.

A. CAREGIVER HISTORY *(Describe/discuss each caregiver separately including childhood history. Discuss issues including significant losses, life milestones and any experiences with substance abuse, and/or domestic violence, whether past or current, either as a child or adult. Address treatment received and/or needed.)*

2. FAMILY ASSESSMENT

Veronica related a happy childhood. She was raised by her mother and father in the home in which she currently resides. She advised that Siesha was her only sister and that she had a "normal" childhood. She stated that her parents used time out and withdrawal of privileges to discourage negative behavior. Both she and her sister were involved in church and extracurricular activities. Veronica advised that her father was employed as an electrician and that her mother was a "stay at home" mother. She stated that they had minimal extended family in the area, but had a few relatives in the Atlanta area. She advised that they have since died. Her father died suddenly of a heart attack and left her mother to raise two teenage daughters. Finances were tight, but they did fine. However, this is when Siesha's behavior became an issue and when she was diagnosed with her mental health issue. She advised that Siesha took her medication without any problems and that she and her sister both did fairly well at school. Veronica advised that she chose to attend college and graduated with a degree in finance. Her sister, however, became involved with Gerry, Buddy's father, and her behavior deteriorated. She thought that Gerry got her involved with drugs and this is why her medication did not work. Veronica advised that her mother passed away from heart problems right before Siesha's accident and that it was a difficult time for both she and Siesha. Veronica denied any substance abuse, domestic violence and past abuse.

Veronica advised that she has been working at Washington Mutual Bank since her graduation from college. She advised that she has no health problems and that she tries to stay active. She advised that she goes to a gym, walks and occasionally rides horses. She understands the need to stay in shape and healthy and stated that she goes to the doctor for a yearly check due to her family's heart problems. She advised that her job can be fairly stressful, but her workouts act as a stress release. She indicated that Siesha's mental health problems were the only issues within her family that she was aware of and that her parents had never suffered from any type of mental or emotional problems.

Veronica graduated from the University of Georgia with a four year degree in Finance. She returned home after graduation and was immediately employed via Washington Mutual. She started out as a teller and has been promoted twice to the position of Regional Manager. She has an annual salary of \$65,000 per year and has health benefits and retirement.

C. EDUCATION AND EMPLOYMENT *(Describe/Discuss the level of education [including literacy], employment history and job skills.)*

Update: Once the adoption is finalized, Veronica will be able to add Buddy to her employee health benefits.

Veronica advised that she has never been married. She was involved with a man during her college years; however, following graduation they both returned to their respective family homes and a long-term relationship did not last. She advised that she dates sporadically, but

D. MARRIAGE/PARTNERS *(Describe each caregiver's current and previous marriages and significant relationships. Discuss methods of conflict resolution; include reasons for dissolutions/divorces and address children involved. Document all marriage and divorce verifications.)*

has a large pool of male and female friends that she has known since her youth, as she grew up in this house and this neighborhood. Many of the friends are married and have children, and she enjoys spending time with these family units. Veronica advised that should she meet the "right" man, marriage is something that she very much wants. She advised that she would like to have a relationship like her mother and father. She stated that they were "best friends" and that they loved each other deeply.

E. FAMILY LIFE *(Describe relationship between household members and extended family and friends. Identify the family's formal and informal support systems, including current and anticipated childcare arrangements. Describe the family's cultural and religious beliefs and their willingness to accommodate children of different faiths, beliefs, ethnicities and/or cultures. Describe feelings about children and parents involved in the child welfare system.)*

Veronica resides in her home alone. However, she advised that she has a large pool of married and unmarried friends who spend a lot of time together. All of her extended family is deceased; however, she has many support systems throughout the neighborhood. Veronica benefits from residing in the home/neighborhood in which she was raised and thus is very familiar with most of the small town's population. Veronica attends the local Baptist Church and is very active. She advised that she believes that it would be extremely important for Buddy to attend church and church activities. She advised that she has already talked to the church administration regarding having Buddy attend their after school program. She advised that he would be picked up at the local elementary school and transported to the church until she could pick him up after work. She advised that the church also offers a summer camp and that Buddy could attend that as well. She is very close to her neighbor, Ms. Matsy Cline, who was her mother's good friend. Ms. Cline offers her a lot of assistance and has offered her baby-sitting services as well.

Update: Buddy has adjusted well to his new school, after care program and has also joined a soccer team. He attends church with his aunt on a weekly basis and is active in Sunday school.

F. CHILD ASSESSMENT AND EXPECTATIONS *(Respond in terms of the family's own children, or other children already residing in the home [not children to be placed as a result of this home study]. Discuss each child separately, including developmental history/issues, personality, health, education level, special needs and behavioral challenges.)*

Veronica has no children.

G. PARENTING PRACTICES *(Describe/discuss each caregiver separately including capacity, skills and experiences. If caregiver has not parented a child, discuss caregiver's child caring experiences and any qualities that would contribute to successful parenting practices.)*

Veronica advised that she has assisted her sister with Buddy's care since his birth. She feels comfortable with her parenting skills. She stated that she parents Buddy consistent with how she was raised. She believes in the use of time out and withdrawal of privileges when children misbehave and does not believe in using physical punishment. In addition to helping her sister with the care of Buddy, she also participated in a babysitting program during her college years. She was willing to attend a parenting class in an effort to learn more, recognizing that child rearing is a very difficult task.

H. DISCIPLINE *(Describe/discuss each caregiver separately with regard to disciplinary beliefs and practices, including their own childhood disciplinary experiences. Discuss forms of discipline for each child in the home and plans for any prospective child placed.)*

Veronica advised that her parents believed in time out and the withdrawal of privileges in order to discourage negative behavior. She advised that she does not believe in striking children. She also advised that she believes in chore charts and an allowance system to reward responsibility and good behavior. She believes that all of these practices would be helpful in caring for Buddy.

Update: Veronica has developed a behavioral/chore chart for Buddy and it has been very effective. Veronica uses time out in the event that Buddy requires discipline and noted that it works very well. He is sent to his room for fifteen minutes and must then discuss with Veronica what he learned as a result of the time out.

I. PHYSICAL ENVIRONMENT *(Discuss the physical environment, including a description of the home; address the interior, exterior, number of rooms, bathrooms, etc., and sleeping arrangements. What changes, if any, need to be made in order to accommodate child/ren? Assess the overall safety of the physical environment; for additional specific required questions, please refer to Section V. For foster parent licensure, attach a floor plan, and address radon and sanitation inspections, if applicable).*

Veronica resides in a four bedroom/two and a half bathroom home. The home was her parents' house and the home in which she was raised. She has completed a great deal of renovations to the property due to the home's age. The home is 35 years of age, but built on a strong foundation. She had the outside resided within the past year and has a wrap-around porch, which she also had redone. The outside of the home is clean and charming. The inside of the home has also been updated. She advised that she totally redid the kitchen to modernize it and also had all of the electrical work updated to assure that it was within code compliance specifications. Buddy would have his own room, which is quite large and also his own bathroom. In addition, the home has a sun porch on the back, which she would like to convert to a play room for Buddy. The home presented with no hazardous conditions and was clean and organized.

Update: During the months that Veronica has provided for Buddy, she has remodeled his bedroom and converted the sun room to a play room. Buddy's room is clean and organized and he has ample toys and clothes present. He stated that he loves his play room and bedroom and that he likes to have his friends come to the house to play.

J. AGENCY INVOLVEMENT AND INTERVENTIONS *(Describe/discuss acceptance of agency supervision. Discuss capacity to protect child from all unauthorized contacts. Assess ability and willingness to participate in the judicial process and to comply with all court orders, the case plan [including concurrent planning] and agency directives).*

Veronica is open to any type of assistance that the agency can offer. She advised that she understands the need to protect Buddy and assure his safety. She also advised that she understands the importance of Buddy maintaining contact with his father and grandparents. She will abide by any court orders that are presented and understands the long term implications of raising Buddy. She advised that she will also seek support from her church, neighbors and family friends.

Veronica has no other children, either adopted or placed.

Veronica stated that she loves Buddy, and she appears to be ready for the placement. She is willing to take on the additional responsibility and is very familiar with the child. She has spent a great deal of time with the child and has actively participated in his upbringing. She is very

L. READINESS FOR ADOPTIVE/FOSTER PARENTING/PLACEMENT *(Describe/discuss each caregiver's acceptance of removal and placement in out of home care and willingness to support reunification efforts [if applicable], including visitation and contact between the child, parents, siblings, relatives and others. Identify the strengths of the family to assess whether or not they can provide a secure, safe, nurturing/loving environment for the child. Describe the caregiver's willingness to accept the child's potential resistance to placement and any possible behavioral or other challenges. For adoption cases, discuss the family's willingness to help support and preserve connections significant to the child).*

protective of the child and understands that he will have many questions regarding his parents and that she will support him to the best of her ability, but will also seek external help if necessary. She advised that she has many friends who are married and are raising children and that this will also be a natural form of support. Veronica will make sure that the paternal grandmother and grandfather have continued contact with Buddy, and she understands the importance of extended family. She will comply with whatever the court orders in relation to contact with the child's father and also understands the need to assure Buddy's safety under any circumstances. She also advised that she understands that Buddy will have to be told of the death of his mother and that she feels comfortable telling him about the incident. She advised that Buddy may also need further assistance via grief counseling and will assure that the child is provided with any counseling that he may require. She stated that she has many pictures of her sister and her parents and that she will help Buddy complete a "Life Book" so that he can remember his mother and all of his relatives. She will also work with the paternal grandparents to assure that his paternal relatives are also part of his life and memories. Update: Veronica has assured that Buddy attended grief counseling for the loss of his parents in his life. In addition, she took a parenting class through a local center to help her understand the behaviors and needs of children. She advised that this was very helpful and that she would consider taking additional classes in the future. She has assured that Buddy has had contact with his paternal grandparents via the phone and has also sent pictures back and forth with the grandparents. Veronica and Buddy visited his grandparents for a weekend during the summer break.

All background checks completed on Veronica were clear. She had no arrests. References

M. REFERENCES/VERIFICATIONS AND BACKGROUND SCREENING *(Describe/discuss results of criminal, abuse/neglect, delinquency history, local law, NCIC and FDLE checks. Address any placement implications as a result of this information. Also include references received from employers, the school and/or daycare the children in the household attend, neighbors, etc.)*

from her employer, friends, school, etc. are pending and will be documented when received.

Section IV. The purpose of this section is to ensure that the family has (or can access) adequate resources to support their family and any additional children.

DETERMINATION OF FINANCIAL SECURITY, RESOURCES AND CHILD-CARE ARRANGEMENTS					
	Caregiver 1 Name:		Caregiver 2 Name:	Household	
1. Current Employer	Washington Mutual Bank			8. Combined Monthly Income	\$
2. Employer's Address	16 Flamingo Drive				
	Pensacola Beach, FL 32582			9. Expenses	
3. Length of Current Employment	6 years			Housing	\$250
4. Hours and Shifts Worked	9:00 to 4:30			Utilities	\$100
5. Gross Salary	\$	\$2708.00	\$	Transportation	\$100
		<input type="checkbox"/> weekly <input checked="" type="checkbox"/> biweekly <input type="checkbox"/> monthly		Food/Supplies	\$200
6. Medicaid Eligible?				Medical	\$50
7. Additional Support or Income	\$	No	\$	Child Care	\$200
• Social Security Benefits	\$	No	\$	Car Payment Car Insurance Other Bills (list)	\$100
• Retirement Benefits	\$	No	\$	Household Insurance	\$200
• WAGES (Temporary Case Assistance)	\$	No	\$		\$
• Disability Benefits	\$	No	\$		\$
• Other	\$		\$		\$
Total	\$	\$2708.	\$	Total Monthly Expenses	\$1200

Conclusions

10. Does the family have sufficient funds to support their current expenses? Yes No

11. Will child care or after-school care be needed? Yes No If yes, how will it be provided? Church

12. What new expenses are anticipated for the child(ren) to be placed in the home? Food, clothing, supplies, after care

13. Will the family be able to provide sufficient care for children to be placed in the home without causing financial hardship for the family? Yes No
Explain: Veronica's income allows for the addition of the child without causing hardship. She owns her home with only a minimum payment for a home improvement loan that she took out to update the property.

14. Does the family want to be referred to Economic Self-Sufficiency Service for consideration of the relative caregiver payment? Yes No NA

15. What services will the family need in order to help ensure placement stability? (List all)
Veronica appears to have a bond with the child and a stable income. She appears to be well equipped to handle the responsibility for Buddy's care. She has a large informal support system in place.

Section V. The purpose of this section is to assess the family's commitment and ability to care for the child in the prospective home environment.

For Caregiver #1 (Name):

Ask each caregiver the following:	Yes/No	Provide an explanation:	Yes/No	Provide an explanation:
1. How long are you willing to provide care for the child(ren) being placed in your home?	Permanently	Veronica plans on adopting Buddy.		
2. Are you willing to provide care until permanency is achieved (permanency could take twelve (12) months or more)?	Yes	Veronica plans on adopting Buddy.		
3. Do you have a strong desire to care for children?	Yes	Veronica is very close to Buddy and appears very maternal.		
4. Do you have an understanding of reason(s) for out-of-home placement?	Yes	Veronica understands that the child's mother died and the father is surrendering parental rights. In addition, the grandparents are unable to care for Buddy due to health problems.		
5. Do you have an understanding of child-specific care needs?	Yes	She has assisted her sister with Buddy's care since his birth.		
6. Do you have family and/or other sources of support?	Yes	Veronica has a large group of friends, neighbors and fellow church members for support.		
7. Do you possess a willingness to follow through with referrals and services if needed?	Yes	Veronica is willing to seek additional assistance via professional services should they be required. She will make sure that Buddy attends grief counseling if necessary.		
8. Are you in good health? Are you under a doctor's care for any medical conditions? What prescribed medications do you take? List all.	Yes	Veronica has a physical every year; eats healthy and exercises.		

9. Do you have a life free of substance or chemical dependency?	Yes	Veronica denies substance or chemical dependency.		
10. Do you have a history of mental illness? Are you currently a client of a mental health provider or clinic?	No	Veronica denies any history of mental illness and receives no services via a mental health provider or clinic.		
11. Do you have a history of domestic violence, fighting, or battery?	No	Veronica denied any history of domestic violence.		
12. Do you have a childhood free of abuse/neglect?	Yes	Veronica's recall of her childhood was abuse/neglect free.		
13. Are you willing to assist with reunification efforts (including visits)?	N/A	The goal is adoption.		
14. Are you willing to raise child(ren) if reunification cannot be accomplished?	Yes	The goal is adoption.		
15. Are you willing to participate in case plan and attend court hearings?	Yes	Will attend hearings and participate as necessary.		
16. Are you committed to following through with any court restrictions on parental visitation?	Yes	Will abide by any court orders that are issued.		
17. Are you committed to support sibling visitation, if applicable?	N/A	No siblings.		
18. Do you have pets? Are they well taken care of and are there appropriate safety precautions in place for the child(ren) being placed in your home?	N/A	No pets.		
19. Are pet vaccinations up-to-date? (Check veterinarian certificate.)	N/A	No pets.		
20. Will the child(ren) be required to change schools if placed with you? What is your plan?	Yes	Child will be enrolled in the local elementary school.		
21. What type of transportation is available to you?	Personal Car	Child will ride bus and after school van on school days.		
22. If applicable, do you have car seats for each child as required?	Yes			

FOR PERSON CONDUCTING HOMESTUDY TO ANSWER ABOUT THE PROSPECTIVE FAMILY AND ENVIRONMENT:

Assessment Information:	Yes /No	Provide a complete explanation:
1. Is the home adequately furnished?	Yes	All rooms were well furnished.
2. Will the caregiver(s) provide each child with adequate and appropriate sleeping arrangements? (Discuss co-sleeping restriction.)	Yes	Buddy will have his own room with a double bed, closet and his own bathroom.
3. Is the child being placed a victim or a perpetrator of sexual abuse? If so, is there an appropriate safety plan in place?	No	
4. Are there any visible hazardous conditions, <i>including level of cleanliness</i> , which would be dangerous to the child's health and safety?	No	Home was very clean with no hazardous conditions present.
5. Are there appropriate, child-proof locks on all doors?	Yes	Home has deadbolts.
6. Are medicines, alcohol, cleaning agents out of reach of children?	Yes	Veronica has placed all cleaning supplies in locked storage in garage.
7. Are there guns? If so, are the gun(s) and ammunition in separate <u>locked</u> cabinets?	No	
8. Is there a pool? If so, are there appropriate safety measures (i.e. locks unreachable to children, fences, gates, etc.)? (Discuss water addendum)	No	
9. Are there smoke/fire alarms? Is there an appropriate evacuation plan?	Yes	Home has smoke and fire alarms in each room. All were operable.
10. Are there any restrictions for children residing in this home (i.e. Section 8, HUD, apartment restrictions, home owner association)?	No	This is a private residence.
11. If a "non-relative," are caregivers willing to become a licensed foster home? (This is not a requirement)	N/A	
12. Caregivers are required to complete a health screening for the child(ren) within 72 hours of placement; are they willing to do so?	N/A	Child already received while in the care of the grandparents.
13. Caregivers are required to complete fingerprinting within 5 days of placement; will they comply?	Yes	Fingerprints were submitted on 04/05/2009.
14. For a parental (non-reunification), relative, or non-relative placement, is the child open to being placed with this caregiver?	Yes	Child is very excited about living with his aunt, Veronica. He has known his aunt since his birth and has been raised by her and his mother until the past year. He looks forward to returning to her home. Update: Veronica has explained to Buddy about adoption and he is very excited. He has openly discussed this with his therapist and to his friends and extended family. He appears to be very happy regarding the adoption.

FOR PERSON CONDUCTING HOMESTUDY TO COMPLETE WITH REGARD TO EACH CAREGIVER:

Caregiver #1: Veronica	Yes/No	Provide an explanation:	Yes/No	Caregiver #2: Explanation:
1. Understands and is able to meet the child's need for protection.	Yes	Will abide by all court orders. Understands that Buddy's safety is paramount.		
2. Understands the child's need for care and permanency.	Yes	Plans on adopting the child.		
3. Has been counseled on dependency proceedings.	Yes	Was provided all necessary information and court hearing dates.		
4. Will provide adequate and nurturing care.	Yes	Veronica is very bonded to the child and will provide excellent care.		
5. Has an adequate and safe home.	Yes	Home is safe and adequate.		
6. Has a history free of perpetrating child abuse and/or a criminal record.	Yes	No history.		
7. Is financially able to care for the child.	Yes	Finances support life style and can accommodate child.		
8. Can provide long-term permanency if needed.	Yes	Plans on adopting.		

Approval/Denial is postponed pending the family's decision whether to proceed with an improvement plan to overcome the following conditions and utilize the identified services.

State reasons for denial or non-approval. The reasons must be documented in the home study (address concerns.) Be specific as to the conditions needing improvement and the services directed at each of these conditions. Include a date and a process for evaluation of the improvement plan.

B. SIGNATURE PAGE

SIGNATURES ARE REQUIRED OF THE PERSONS COMPLETING AND APPROVING THE HOMESTUDY

Signature (Required) Child Protective Investigator	Date	Signature (Required) Child Protective Investigator Supervisor	Date
-------------------------------------------------------	------	------------------------------------------------------------------	------

Signature (Required) Case Manager	Date	Signature (Required) Case Manager Supervisor	Date
--------------------------------------	------	-------------------------------------------------	------

AGENCY SIGNATURES (Each agency will determine which of the following signatures are required for each type of placement):

Signature Specialist	Date	Signature Licensure	Date
-------------------------	------	------------------------	------

Signature Program Director	Date	Signature Executive Director	Date
-------------------------------	------	---------------------------------	------

To the best of my knowledge, I have given (agency name) truthful information on all questions asked of me.

Printed Name
Prospective Caregiver #1

Date

Printed Name
Prospective Caregiver #2

Date

Signature (Required)
Prospective Caregiver #1

Date

Signature (Required)
Prospective Caregiver #2

Date

A. APPROVAL/DENIAL AND RECOMMENDATIONS

Family Name: _____

Based upon all materials submitted, interviews held, observations made during training, review of all references and background clearances, it is the recommendation of (AGENCY NAME) that the following course of action be taken on this placement/license:

1. License for Foster Home
 Approve Denied
2. Adoptive Home
 Approve Denied
3. Parental Placement (NOT a Reunification)
 Approve Denied
4. Relative Placement
 Approve Denied
5. Non-Relative Placement
 Approve Denied
6. ICPC ONLY (Preliminary/Step 1)
 Approve Denied
7. ICPC ONLY (Final/Step 2)
 Approve Denied

PowerPoint Slides

Slide 1



Slide 2

