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Module 1: Introduction

Guide to Ongoing Assessment

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<tr>
<th>Decisions to be made</th>
<th>Strategies to gather facts</th>
<th>How change is measured</th>
<th>Where and how to document</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are participants in the case plan taking responsibility for tasks and roles?</td>
<td>• Interview family members to check that specific tasks are being done as expected.</td>
<td>• Compare previous conditions to the present and verify that tasks have begun.</td>
<td>• Record decisions about the case plan in case notes.</td>
</tr>
<tr>
<td>• Are participants performing tasks in an agreed-upon timeframe?</td>
<td>• Verify with providers that family members are receiving services and that they keep appointments, carry out tasks assigned by the provider, meet provider desired outcomes/objectives.</td>
<td>• Check that contacts and referrals have been made in a timely fashion.</td>
<td>• Record progress by dating when the task is completed as part of the outcome on the case plan.</td>
</tr>
<tr>
<td>• Is everyone receiving services as specified?</td>
<td>• Verify that family members are learning new skills and information.</td>
<td>• Check that barriers have been identified and adjustments made, as necessary.</td>
<td>• Fill in the &quot;case plan update&quot; page(s).</td>
</tr>
<tr>
<td>• Are barriers to implementation being identified and overcome?</td>
<td>• Determine barriers the family faces.</td>
<td></td>
<td>• Record facts that support decisions in the case notes.</td>
</tr>
<tr>
<td>• Are all planned and required contacts and visits being made?</td>
<td>• Staff with legal if there is significant non-compliance with case plan tasks.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Decisions to be made

- Has risk to the child been reduced?
- Is the child still safe in the present situation?
- Are the needs of the family being met so that change is occurring?
- Are the child’s physical, mental/behavioral, and educational needs being met?
- Do additional needs have to be addressed?
- Is a change to the case plan needed?
- Would reunification or case termination be safe for the child?

### Strategies to gather facts

- Reassess child safety and well-being.
- Ask family if safety plan has been used.
- Observe interactions of family members.
- Ask each family member what is different about family situation and patterns of behavior.
- Interview others significant to the family.
- Observe changes in the child’s environment.
- Staff with legal to decide if additional tasks can be added.

### How change is measured

- Compare present situation to original description of situation.
- Observe objectively what is changing in the situation or in the behaviors.
- Observe anything or anyone new in the child’s environment.
- Decide if these changes are improving or causing more risk to the child’s safety and well-being.

### Where and how to document

- Record recommended decisions about safety in case plan.
- Record facts that support changes in case notes.

---

### Decisions to be made

- Are family members: building on their strengths? developing new skills? building lasting networks?
- Are services/interventions achieving the related measured objective for the family?
- Do the tasks support the related outcomes?
- Are barriers being overcome?
- Does case plan have to be revised?

### Strategies to gather facts

- Interview family members to assess if they are getting the needed help and skills.
- Interview family supports to verify family is carrying out tasks and changing behavior.
- Staff with legal if revising the case plan is being considered.

### How change is measured

- Compare where the family is to where they were when last assessed.
- Verify barriers that have been overcome and that the family is on task.
- Verify that the case plan is leading to the changes described by the desired outcomes/objectives.

### Where and how to document

- Record decisions about the case plan in case notes.
- Record progress by dating when the task is completed as part of the outcome on the case plan.
- Fill in the “case plan update” page(s).
- Record facts that support decisions in the case notes.
<table>
<thead>
<tr>
<th>Decisions to be made</th>
<th>Strategies to gather facts</th>
<th>How change is measured</th>
<th>Where and how to document</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is progress toward the first crucial objective being made?</td>
<td>• Compare present situation to desired outcomes in case plan.</td>
<td>• Compare current conditions and behaviors to previous observations.</td>
<td>• Record decisions about desired outcomes in case notes.</td>
</tr>
<tr>
<td>• Can family begin to work on next outcome?</td>
<td>• Observe interactions between parent/child.</td>
<td>• Verify that changes in conditions and changing behaviors are resulting in improved child safety and well-being.</td>
<td>• Record progress in meeting desired outcomes by checking off a completed outcome and indicating date achieved on the case plan.</td>
</tr>
<tr>
<td>• Is risk being reduced as each outcome is met?</td>
<td>• Observe environmental conditions.</td>
<td></td>
<td>• Checking off progress of another outcome when some of the tasks are being met.</td>
</tr>
<tr>
<td>• Should priority of desired outcomes be changed?</td>
<td>• Interview family members about commitment to change.</td>
<td></td>
<td>• File all supporting documentation related to progress on case plan desired outcomes.</td>
</tr>
<tr>
<td>• Is the primary goal for permanency still appropriate, or should it be changed?</td>
<td>• Interview others to verify that change is occurring.</td>
<td></td>
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<tr>
<td></td>
<td>• Compare observed situation to situation described in original documentation</td>
<td></td>
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<tr>
<td></td>
<td>• Review case plan timeline and assess if persons are on task.</td>
<td></td>
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<tr>
<td></td>
<td>• Ask if agreed upon changes are occurring as quickly as possible.</td>
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<tr>
<td></td>
<td>• Ask if changes are being made within the timeframe.</td>
<td></td>
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<tr>
<td></td>
<td>• Staff with legal to decide if sufficient facts have been gathered to change the goal.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Ask parents what they have done specifically to improve condition or situation.</td>
<td></td>
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<tr>
<td></td>
<td>• Ask parents how behaviors or situation is changing.</td>
<td></td>
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<tr>
<td></td>
<td>• Ask parents if they remain committed to change for the child’s sake.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Observe interactions for behavior change.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Verify, by observing, that the condition or situation has improved.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Verify, by interviewing others, what the family says.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Staff with legal to decide if sufficient facts have been gathered to change the goal.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Record decisions about goal change in case notes, revised case plan will be filed in court.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Document facts that support the new decision in the case notes.</td>
<td></td>
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<tr>
<td></td>
<td>• Record staffing with legal.</td>
<td></td>
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<tr>
<td></td>
<td>• Describe situation that may impact child safety.</td>
<td></td>
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<tr>
<td></td>
<td>• Provide additional facts and details.</td>
<td></td>
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<tr>
<td></td>
<td>• Objectively write observations.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Record quotations.</td>
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<td></td>
</tr>
</tbody>
</table>
## Timeline of Major Events/Documents

### Timeline of Major Events/Documents

<table>
<thead>
<tr>
<th>DATES</th>
<th>EVENTS/DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>INVESTIGATIVE RESPONSE</strong></td>
</tr>
<tr>
<td></td>
<td>• Intake received at Hotline</td>
</tr>
<tr>
<td></td>
<td>• Prior history- Intakes/Investigations (reviewed and documented) PRIOR:</td>
</tr>
<tr>
<td></td>
<td>• Contact with Reporter</td>
</tr>
<tr>
<td></td>
<td>• LE contacted (commencement and/or criminal investigation and/or further checks)</td>
</tr>
<tr>
<td></td>
<td>• Commencement (Immediate or within 24 hours of intake)</td>
</tr>
<tr>
<td></td>
<td>• Interview Children face-to-face</td>
</tr>
<tr>
<td></td>
<td>• Interview Parents/Caregivers face-to-face</td>
</tr>
<tr>
<td></td>
<td>• CPT</td>
</tr>
<tr>
<td></td>
<td>• Contact CIU to request additional background checks</td>
</tr>
<tr>
<td></td>
<td>• Safety Plan in place</td>
</tr>
<tr>
<td></td>
<td>• FSFN Initial SA (Safety Assessment) (within 48 hours of 1st child victim being</td>
</tr>
<tr>
<td></td>
<td>seen)</td>
</tr>
<tr>
<td></td>
<td>• Supervisory Review of Initial SA (completed within 72 hrs; feedback to PI in 24</td>
</tr>
<tr>
<td></td>
<td>hrs)</td>
</tr>
<tr>
<td></td>
<td>• 2nd party review (completed within 72 hours) if applicable</td>
</tr>
<tr>
<td></td>
<td><strong>REMOVAL AND PLACEMENT</strong></td>
</tr>
<tr>
<td></td>
<td>• Removal Date</td>
</tr>
<tr>
<td></td>
<td>• Consult with Legal (ongoing throughout case)</td>
</tr>
<tr>
<td></td>
<td>• FSFN Unified Home Study</td>
</tr>
<tr>
<td></td>
<td>• Placement with Caregiver (CRR documents, discuss TANF/Relative Caregiver, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Photos, Fingerprints, Birth Verification</td>
</tr>
<tr>
<td></td>
<td>• Shelter Hearing (within 24 hours of removal)</td>
</tr>
<tr>
<td></td>
<td>• FSFN Safety Plan, Out-of-Home Plan, Visitation Plan</td>
</tr>
<tr>
<td></td>
<td><strong>FOLLOW-UP TASKS AND CASE TRANSFER</strong></td>
</tr>
<tr>
<td></td>
<td>• Referrals for Medical/Mental Health Assessments &amp; CBHA</td>
</tr>
<tr>
<td></td>
<td>• Collateral contacts</td>
</tr>
<tr>
<td></td>
<td>• FSFN Diligent Search for Parent(s)</td>
</tr>
<tr>
<td></td>
<td>• Initial Safety Assessment Follow-up Completed by Investigator</td>
</tr>
<tr>
<td></td>
<td>• FSFN SA Updated as per 65C-29.003 (6)(e) and (7)(a)-(e)</td>
</tr>
<tr>
<td></td>
<td>• Supervisory Review of Follow-up</td>
</tr>
<tr>
<td></td>
<td>• ESI (Case Transfer) Staffing – Case Transfer Staffing Checklist</td>
</tr>
<tr>
<td>DATES</td>
<td>EVENTS/DOCUMENTS</td>
</tr>
<tr>
<td>-------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>ASSESSMENT AND CASE PLANNING</strong></td>
<td></td>
</tr>
<tr>
<td>• Family Assessment (w/in 15 days of ESI/Case Transfer)</td>
<td></td>
</tr>
<tr>
<td>• Dependency Petition filed (w/in 21 days of shelter hearing or 7 days if demand by party)</td>
<td></td>
</tr>
<tr>
<td>• Arraignment (admit, consent, deny) 7 days from filing petition or 28 days from shelter hearing</td>
<td></td>
</tr>
<tr>
<td>• Mediation</td>
<td></td>
</tr>
<tr>
<td>• Case Plan Conference</td>
<td></td>
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<tr>
<td>• Case Plan (within 60 days of removal)</td>
<td></td>
</tr>
<tr>
<td>• Adjudicatory Hearing (if applicable)</td>
<td></td>
</tr>
<tr>
<td>• PDS (unless excused by court) and Case Plan to legal 7 days prior to Dispo</td>
<td></td>
</tr>
<tr>
<td>• PDS and Case Plan (filed w/court and all parties 72 hours prior to Dispo)</td>
<td></td>
</tr>
<tr>
<td>• Disposition Hearing (15 days of arraignment if consent or admit)/30 days if deny</td>
<td></td>
</tr>
<tr>
<td>• IS/Safety Assessment Final Update/Investigation Case Closure (w/in 60 days)</td>
<td></td>
</tr>
<tr>
<td><strong>ONGOING ASSESSMENT ACTIVITIES</strong></td>
<td></td>
</tr>
<tr>
<td>• Monthly Contacts w/Child, Parent, Caregivers, Providers (min. every 30 days)</td>
<td></td>
</tr>
<tr>
<td>• Visitation (Child/Parent and Siblings) re: court order</td>
<td></td>
</tr>
<tr>
<td>• Permanency Staffing</td>
<td></td>
</tr>
<tr>
<td>• JRSS/PCU (given to legal 10 days prior to hearing)</td>
<td></td>
</tr>
<tr>
<td>• JRSS/PCU (filed w/court &amp; all parties at least 3 business days prior to hearing)</td>
<td></td>
</tr>
<tr>
<td>• Initial JR (Judicial Review) Hearing (w/in 90 days of Dispo/6 mos. from removal)</td>
<td></td>
</tr>
<tr>
<td>• Parental Reunification Readiness Assessment and Home study</td>
<td></td>
</tr>
<tr>
<td>• Permanency Staffing</td>
<td></td>
</tr>
<tr>
<td>• JRSS/PCU (filed w/court &amp; all parties at least 3 business days prior to hearing)</td>
<td></td>
</tr>
<tr>
<td>• 2nd JR (Judicial Review) Hearing (w/in 6 mos. of 1st JR)</td>
<td></td>
</tr>
<tr>
<td>• Judicial Review 90 days prior to youth’s 17th birthday</td>
<td></td>
</tr>
<tr>
<td>• Post-Placement Supervision (minimum of 6 months following reunification)</td>
<td></td>
</tr>
<tr>
<td><strong>CASE CLOSURE</strong></td>
<td></td>
</tr>
<tr>
<td>• Termination Summary or JRSS/PCU</td>
<td></td>
</tr>
<tr>
<td>• Staffing</td>
<td></td>
</tr>
<tr>
<td>• JR/Court Approval/Case Closure</td>
<td></td>
</tr>
<tr>
<td>DATES</td>
<td>EVENTS/DOCUMENTS</td>
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<tr>
<td>-------</td>
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</tr>
<tr>
<td></td>
<td>PERMANENCY/TPR/ADOPTION</td>
</tr>
<tr>
<td></td>
<td>• Permanency Staffing</td>
</tr>
<tr>
<td></td>
<td>• Permanency Hearing  [ as per 65C-30.013 (5)(b) ]</td>
</tr>
<tr>
<td></td>
<td>• TPR Petition delivered to legal</td>
</tr>
<tr>
<td></td>
<td>• TPR Petition filed with court</td>
</tr>
<tr>
<td></td>
<td>• Advisory Hearing</td>
</tr>
<tr>
<td></td>
<td>• Adjudicatory Hearing</td>
</tr>
<tr>
<td></td>
<td>• TPR ordered</td>
</tr>
<tr>
<td></td>
<td>• TPR Hearing or TPR order signed (no appeal)</td>
</tr>
<tr>
<td></td>
<td>• Case Plan</td>
</tr>
<tr>
<td></td>
<td>• Adoptive Home Study</td>
</tr>
<tr>
<td></td>
<td>• Adoption Petition</td>
</tr>
<tr>
<td></td>
<td>• Child Study</td>
</tr>
<tr>
<td></td>
<td>• Child Registered on Adoption Exchange (w/in 30 days of TPR)</td>
</tr>
<tr>
<td></td>
<td>• Adoption Subsidy Eligibility/Screening Worksheet (determined prior to placement)</td>
</tr>
<tr>
<td></td>
<td>• Title IV-E, Medicaid, SSI</td>
</tr>
<tr>
<td></td>
<td>• Case Plan Update</td>
</tr>
<tr>
<td></td>
<td>• Judicial Review (every 6 months until finalization)</td>
</tr>
<tr>
<td></td>
<td>• Adoptive Placement</td>
</tr>
<tr>
<td></td>
<td>• Memorandum of Agreement (signed at time of placement)</td>
</tr>
<tr>
<td></td>
<td>• Services in Place</td>
</tr>
<tr>
<td></td>
<td>• Master Trust Fund tasks completed (90 days prior to finalization)</td>
</tr>
<tr>
<td></td>
<td>• Supervision of Adoptive Placement (minimum of 90 days)</td>
</tr>
<tr>
<td></td>
<td>• Adoption Finalization Hearing</td>
</tr>
</tbody>
</table>
Requirements for JRSS/CPU & QPS Standards

F.S. 39.701(8)(a)(1-12) Prior to each judicial review hearing/citizen review panel hearing, you must complete a social study concerning all pertinent details relating to the child and furnish a written report to the court/citizen review panel that includes, but is not limited to:

- A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement. **QPS #19**
- Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.
- The amount of fees assessed and collected during the period of time being reported.
- The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan. **QPS #4, 22, 24, 46**
- A statement (re: compliance with case plan) that either the parent:
  - though able to do so, did not comply substantially with the case plan and the agency recommendations.
  - did substantially comply with the case plan; or
  - has partially complied with the case plan, with a summary of additional progress needed and the agency recommendations.
- A statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents.
- A statement concerning the frequency, duration, and results of parent-child visitation, if any, and the agency recommendations for an expansion or restriction of future recommendations for an expansion or restriction of future visitation. **QPS #30**
- The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement. **QPS #18, 19**
- The number of times a child’s educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement. **QPS #58, 59, 60**
- If the child has reached 13 years of age but is not yet 18 years of age, the results of the pre-independent living, life skills, or independent living assessment; the specific services needed; and the status of the delivery of the identified services. **QPS #44, 45**
- Copies of all medical, psychological, and educational records that support the terms of the case plan and that have been produced concerning the parents or any caregiver since the last judicial review hearing. **QPS #58, 66**
- Copies of the child’s current health, mental health, and education records as identified in s. 39.6012. **QPS #58, 66**
- Documentation of an inquiry to determine if the child is Native American or Alaskan Native heritage. **QPS #33**
Judicial Review Social Study/Case Plan Update (Blank)

IN THE CIRCUIT COURT  JUDICIAL CIRCUIT IN AND-FOR COUNTY, FLORIDA
FAMILY LAW DIVISION

IN THE INTEREST OF: CASE NUMBER:

Minor Child

JUDICIAL REVIEW SOCIAL STUDY / CASE PLAN UPDATE
☐ This is also a Permanency Review

DATE OF CURRENT JUDICIAL REVIEW HEARING:

Date of last judicial review hearing:
Date this JRSS/CPF prepared:

I. Judicial History
   Date of entry of Order of Adjudication:
   A
   Date of entry of Order Accepting Case Plan:
   B
   Date of entry of Final Disposition Order:
   C

II. Significant changes since last JR

III. Current Court Approved Primary Permanency Goal

<table>
<thead>
<tr>
<th>Participant</th>
<th>Goal</th>
<th>Effective Date</th>
</tr>
</thead>
</table>

IV. Current Placement of Children

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Service Category</th>
<th>Service Type</th>
</tr>
</thead>
</table>

V. Summary of Recommendations of Department
NOTICE TO PARENTS

THE JUDICIAL REVIEW HEARING IS VERY IMPORTANT. AT THE JUDICIAL REVIEW THE COURT WILL DECIDE WHETHER TO RETURN YOUR CHILD(REN) TO YOU, OR TO OTHER FAMILY MEMBERS/NON-RELATIVES, LEAVE YOUR CHILD(REN) IN FOSTER CARE, OR START PROCEEDINGS TO CONSIDER ADOPTION FOR YOUR CHILD(REN).

YOU HAVE A RIGHT TO OBTAIN YOUR OWN ATTORNEY FOR THE JUDICIAL REVIEW AND ALL SUBSEQUENT HEARINGS. YOU HAVE A RIGHT TO REQUEST THE COURT APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.

<table>
<thead>
<tr>
<th>VI. Parties / Participants to the Case Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Caregiver</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Guardian ad litem</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Family Care Counselor</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

VII. Case Plan Tasks

A. Progress

 Identified Problem:

 Desired Measurable Behavioral Outcome:

<table>
<thead>
<tr>
<th>Specific Task:</th>
<th>Specific Task End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task compliance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Substantial Compliance</td>
<td></td>
</tr>
<tr>
<td>☐ Partial Compliance</td>
<td></td>
</tr>
<tr>
<td>☐ Non Compliance</td>
<td></td>
</tr>
<tr>
<td>☐ Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Service Delivery:

Completion of task and how it relates to desired measurable behavioral outcome:

☐ Achieved
☐ Sufficient Progress
☐ Insufficient Progress
<table>
<thead>
<tr>
<th>Identified Problem:</th>
<th>Desired Measurable Behavioral Outcome:</th>
</tr>
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<tbody>
<tr>
<td>Specific Task:</td>
<td>Specific Task End Date:</td>
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<tr>
<td>Task compliance</td>
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<tr>
<td>□ Substantial Compliance</td>
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<tr>
<td>□ Partial Compliance</td>
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<td>□ Non Compliance</td>
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<td>□ Applicable</td>
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<tr>
<td>Service Delivery:</td>
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<tr>
<td>Completion of task and how it relates to desired measurable behavioral outcome:</td>
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<tr>
<td>□ Achieved</td>
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<tr>
<td>□ Sufficient Progress</td>
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<tr>
<td>□ Achieved</td>
<td></td>
</tr>
<tr>
<td>□ Sufficient Progress</td>
<td></td>
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</tbody>
</table>
B. Reason for Agency Involvement

C. Resources and Barriers
1. Level of material and monetary support provided by the parents:
2. Assistance provided to the Foster Parents or Legal Custodian to address the needs of the child:
3. Fees assessed and collected:
4. Barriers to achieving desired measureable behavioral outcomes. This includes the status of any pending diligent search:

D. Family Interaction
1. Frequency, results and duration of the child/parent/sibling visitation, if any, and agency recommendation for expansion or restriction of future visitation. Reason for any non-compliance:
2. Statement from current caregiver regarding any material evidence concerning return of the child to the parent(s):
3. Changes to the household composition since the last review □ Yes □ No
4. Describe the changes and the impact to household since the last review:

E. Caseworkers Recommendations to the Court
Caseworkers Recommendations to the Court:

F. Overall Compliance

<table>
<thead>
<tr>
<th>Participant</th>
<th>DOB:</th>
<th>Overall compliance:</th>
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<tbody>
<tr>
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</table>
## VIII. Judicial Review Goals

<table>
<thead>
<tr>
<th>Item</th>
<th>Child’s DOB:</th>
<th>FSFN Task ID:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Adjudication Date:</td>
<td>Review Type:</td>
</tr>
</tbody>
</table>

American Indian/Alaskan Native Designated Tribal Representative:

Mothers Name:

Fathers Name (Birth):

Fathers Name (Legal):

Guardian/Legal Custodian Name:

Date of Last Permanency Staffing:

Date of last Judicial Review:

Date by which next Permanency Hearing due:

Child’s current court approved Permanency Goal:

Child’s current court approved Concurrent Goal (if applicable):

If this is the initial Judicial review and sufficient progress has not been made toward achieving the permanency goal, identify efforts that will be made to implement a concurrent permanency goal:
### Current Placement

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child’s case plan involve an out-of-home placement?</td>
<td></td>
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<tr>
<td>Date child removed from his/her home:</td>
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<td></td>
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<tr>
<td>Placement begin date:</td>
<td></td>
<td></td>
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<tr>
<td>Type of placement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time child has been in current placement (months):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time of this Removal Episode (months):</td>
<td></td>
<td></td>
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</table>

- **Child is placed with all siblings in out-of-home care?**
  - Yes
  - No
  - N/A (Child has no siblings or no siblings in care)

- **Describe the plan to place siblings together or reasons for separation:**
  - Placement in close proximity to the child’s home:
    - Yes
    - No
  - Child’s placement takes into account proximity to the school in which the child is enrolled at time of placement:
    - Yes
    - No
  - Entry into out of home care resulted in a change in educational setting:
    - Yes
    - No
  - Placement supports the level of contact to the parents that is deemed appropriate:
    - Yes
    - No

**Placement is the least restrictive, most family like setting consistent with child’s best interest and special needs:**

- Yes
- No

- Supporting information regarding above statements:

### Residential Group Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child 11 years or older?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the child been in licensed family foster care for 6 months or longer?</td>
<td></td>
<td></td>
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<tr>
<td>Has the child been moved more than once while in licensed family foster care?</td>
<td></td>
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<tr>
<td>Does the child meet criteria for extraordinary needs as described in s 409.1575 (2)(a), Florida Statutes?</td>
<td></td>
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</tr>
<tr>
<td>If yes to the four questions above, has the child been assessed for placement in licensed residential group care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the child has not been assessed for placement in licensed residential group care explain why not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the assessment recommend residential group care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the assessment recommended residential group care, is the child in residential group care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the assessment recommended residential group care, and the child is not in residential group care explain why not</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Permanency Considerations at 12 months (or 12 of 22 months)

- **Child is placed with a fit and willing relative**
  
  **Supporting Information:**

- **Termination of parental rights/adoPTION is not in the best interest of the child**
  
  **Supporting Information:**

- **Reasonable efforts to safety reunify the child have not been made**
  
  **Supporting Information:**

- **Grounds for involuntary TPR do not exist**
  
  **Supporting information:**

- **Reasonable efforts to prevent removal or reunify the family or achieve the permanency goal**
  
  **Supporting Information:**

### Rilya Wilson Act Compliance

Is the child between the ages of 3 to 6 years and under the supervision of the Department?

- Yes
- No

Has the child been attending the daycare facility for the required 5 days a week or as otherwise ordered by the Court?

- Yes
- No

If not attending as required explain the number and reasons for excused and unexcused absences:

If there were any lapses in the child's daycare attendance did the day care provide proper notification to the Department or contract provider?

- Yes
- No

If there were two consecutive unexcused absences or seven consecutive excused absences reported was the required follow-up visit to the child's residence completed?

- Yes
- No

Outcome of the visit or explanation why visits were not made:

### Independent Living Services (Applies only to children in licensed care ages 13-17)

- **Child is not yet 13 years of age or is not in licensed foster care.**
- **Child is 13+ years of age and has been referred for Independent Living.**
  
  **Date Referred:**

For a youth who has reached 13 years of age but is not yet 18 years of age, the adequacy of the youth's preparation for adulthood and living independently:

- **Independent Living Assessment was completed:**
  
  **Date Completed:**

Results of the independent living assessment, and any specific needs or services needed and the status of the delivery of services:

- **Independent Living staffing completed:**
  
  **Date Completed:**

Information discussed at required staffing, including services provided and youth's progress toward developing Independent Living skills:
### Education and Career Path

- □ Attending a 4 year college, or university or community college plus university or a military academy
- □ Receiving a two year post secondary degree
- □ Attaining a post secondary career or technical certificate
- □ Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military

**Youth’s progress and any obstacles the youth is facing in achieving their educational and career path:**

An updated case plan been provided to the court that includes specific information related to independent living services that have been provided since the youth’s 13th birthday, or since the date the child came into foster care. □Yes  □No

Is child 17 years of age or older? □Yes  □No

If so child has been provided with the following:
- □ A current Medicaid card
- □ □ certified copy of his or her birth certificate
- □ A valid driver’s license or Florida identification card
- □ Information relating to Social Security Insurance benefits, if the child is eligible for such benefits
- □ A full accounting of Social Security Insurance benefits and information on how to access those funds, if the child has received these benefits and they are being held in a trust
- □ Information and training related to budgeting skills, interviewing skills, and parenting skills
- □ All relevant information related to the Road-to-Independence Program, including, but not limited to, eligibility requirements and forms necessary to apply
- □ Has an open bank account or identification necessary to open such an account, and has been provided with necessary banking skills
- □ Information on public assistance and how to apply
- □ A clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid and what educational program or school he or she will be enrolled in
- □ Notice of the right to petition for the court’s continuing jurisdiction for 1 year after the youth’s 18th birthday and with information on how to obtain access to the court
- □ Has been encouraged to attend all judicial review hearings occurring after his or her 17th birthday

If this is the Judicial Review hearing that is being held within the month that begins the 6 month period before the youth’s 18th birthday, when placed in licensed foster care, has a plan to outline the youth’s transition to adulthood been submitted to the court? □Yes  □No
### Participation

<table>
<thead>
<tr>
<th>Was child notified of hearing?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

Describe child’s plan for participation at hearing:

If child is not attending state reason:

Compliance with court orders:

Child:

Caregiver:

### Reasonable Efforts

Need for services and efforts to obtain services to meet the special needs of the child:

Reasonable efforts of the agency to finalize the permanency plan currently in effect:

### IX. Health Information

<table>
<thead>
<tr>
<th>Name of Primary Physician:</th>
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<table>
<thead>
<tr>
<th>Address of Physician:</th>
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<table>
<thead>
<tr>
<th>Other Healthcare Provider:</th>
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<table>
<thead>
<tr>
<th>Address of Other Healthcare Provider:</th>
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<table>
<thead>
<tr>
<th>Name of Dental Provider:</th>
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</table>

<table>
<thead>
<tr>
<th>Address of Dental Provider:</th>
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<table>
<thead>
<tr>
<th>Name of Mental Health Professional:</th>
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<tr>
<th>Name of Psychiatrist:</th>
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<thead>
<tr>
<th>Date of last Comprehensive Behavioral Health Assessment:</th>
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</table>

Medications:

<table>
<thead>
<tr>
<th>Child’s DOB:</th>
<th>Prescribed Medication:</th>
<th>Is Medication Psychotropic:</th>
</tr>
</thead>
<tbody>
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</table>

Physician/Practitioner: Date Prescribed: Date Stopped:

Diagnosis, assessments and/or treatments for the child

<table>
<thead>
<tr>
<th>Child DOB:</th>
<th>First Service Date:</th>
<th>Last Service Date:</th>
</tr>
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<tbody>
<tr>
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</table>

Other Provider: Condition Type:
Provider Type: Type of Service:
Procedure:
Diagnosis:
Description of diagnosis, assessment and/or treatment for the child:

X. Current Education Information

<table>
<thead>
<tr>
<th>Child’s DOB:</th>
<th>Current School Name:</th>
<th>Current Grade Level:</th>
</tr>
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<tbody>
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</table>

Date of child’s current Individualized Education Plan (if applicable): Current Program Type:

Current School Address:

Chronology of school placements and reason for the change in school setting

<table>
<thead>
<tr>
<th>Child’s DOB:</th>
<th>Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

School District: School Name: Reason for Change:
Program Type:
School Address:
### XI. Attachments to the Judicial Review

<table>
<thead>
<tr>
<th>Medical / Mental Health</th>
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</thead>
<tbody>
<tr>
<td>☐ Medical records</td>
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<tr>
<td>☐ Mental health records</td>
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<tr>
<td>☐ Immunization records</td>
</tr>
<tr>
<td>☐ Dental records</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Visitation Plan(s)</th>
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<tbody>
<tr>
<td>☐ Include parents, siblings &amp; grandparents (if applicable)</td>
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</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Report cards</td>
</tr>
<tr>
<td>☐ Individual Educational Plan (if applicable)</td>
</tr>
<tr>
<td>☐ Other school records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Quarterly Accounting Statement</td>
</tr>
<tr>
<td>☐ Notice of Fee Assessment and Rights of Foster Child Regarding</td>
</tr>
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<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rights and Responsibilities</td>
</tr>
<tr>
<td>☐ Out-of-Home Plan (if child in removal episode)</td>
</tr>
</tbody>
</table>

Explanation if any attachments are missing:
Module 2: Monthly Contacts

Contacts with the Child

During Shelter

- Licensed home/facility: face-to-face every 7 days. ESI/case transfer agreement decides who makes the contacts. 65C-30.007(3)(a)
- Relative/non-relative placement: every 7 days for 30 days after removal; then, once every 30 days. 65C-30.007(3)(b)
- If child is unable to communicate due to age or other condition, your contact must be made directly with the shelter parent or provider with the child present.
- During contacts, you must pay attention to:
  - condition of the shelter home or facility
  - licensed capacity of the home and the number of children in the home
  - how the shelter parent or provider treats the children
  - any other factors which affect the child
  - physical, mental health, and educational needs of child
  - informing children about parents/siblings, if separated
- You must facilitate any visits between the child and family as decided by the court.

Initial Face-To-Face Contact

- Initial face-to-face contact with children under In-Home services must occur within 2 working days after the case is accepted for services. (Acceptance is the ESI staffing/Case transfer or date of the court order, whichever occurs first.) 65C-30.007(1)(b)
- You must consider the risk to the child when planning the initial visit:
  - age of the child
  - nature of the maltreatment
  - high risk factors including domestic violence, parents of a young age, use of illegal drugs, or the arrest of the parents on charges of manufacturing, processing, disposing of, or storing any substances in violation of chapter 893. F.S. 39.301(9)(b)
  - access of the perpetrator/parent to the child

Children under In-Home Services QPS #56, 57

- Face-to-face contacts must be a minimum of once every 30 days at the child’s current place of residence or in an environment critical to the child’s life: child care program, school setting or therapeutic setting. 65C-30.007(5)
- Face-to-face contacts must occur more frequently than every 30 days when the child’s situation dictates more frequent contact as assessed by the supervisor. 65C-30.007(7)
• At least once every 3 months you must make an unannounced visit to the child’s current place of residence. 65C-30.007(5)(b)
• Document contacts at the time of or immediately following the event, not to exceed 48 hours.
• Consider service needs of the child that might require immediate attention, i.e. young child with severe health problems.
  • make sure the child is getting the necessary services for identified physical, mental health, and educational needs
  • assure completion and availability of required paperwork
  • assure completion of every effort and task to achieve permanence

If Out-of-Home Services  QPS #56, 57
• Provide necessary information to children about parents and siblings, if separated.
• Inquire about the child’s visitation experiences.
• Ask child about progress in learning identified life skills to prepare for independent living. Age 13 and up, a written plan with age-appropriate life skills is required and progress reported at judicial review.  F.S. 409.1451

Change in Case Manager
• You must notify the child and family/caregiver as well as all persons working with the child, family and caregiver about any change in Case Managers.
• Information about the child and family must be shared with the new Case Manager.
• Ensure that all case notes are up-to-date, complete and accurate.
• The following documentation must be in the file when there is a change in Case Manager/services:
  • a transfer summary
  • a services referral form when cases are transferred from one program area to another
  • case notes reflecting communication between sending and receiving Supervisors/Case Managers regarding the family situation
  • documentation of a face-to-face contact to introduce the new Case Manager to the child and family or caregiver, if possible
  • documentation in case notes of the date of the change in Case Managers and the communication between Case Managers regarding the family situation
  • documentation that a transfer summary or services referral form was completed if applicable 65C-30.018, Out of County Services
Monthly Contacts

Prepare for the Contact
- Review the case plan.
- List the case plan tasks to be addressed during the contact.

Conduct the Contact w/Child, Parent, and Caregiver QPS #56, 57
- Face-to-face contact with the child, parent, and caretaker-at minimum, every 30 days; make unannounced contact every 3 months.
- Observations of the children and home environment
- Interactions between child and other family members
- Continuous ongoing assessment of the safety plan
- Parent/caregiver feedback re: progress/effectiveness of case plan tasks/services (QPS #24)
- Interview/observe family members/environment to verify they are:
  - Carrying out tasks according to measures in the case plan
  - Changing behavior
  - Getting the skills and help they need
  - Overcoming barriers
  - Retrieving certificates for completing programs (i.e., parenting, substance abuse, other treatment programs)

Contact Service Providers QPS #25
- Conduct ongoing communication with service providers.
- Request updates and progress reports.
- Place progress reports in file and document.
- Obtain copies of certificates of completion.
- Assess effectiveness of service to reach case plan goal.

Document Contacts in Case Notes F.A.C. 65C-30.007(9)
- Document contacts at the time of or immediately following the event, not to exceed 48 hours.
- Purpose of contact
- Outcomes of the contact with child, parents, caregiver:
  - Interview/observation of child interactions w/family members/caregiver
  - Verification of clients’ accomplished tasks and effectiveness of services
  - Identification of additional services needed
- Outcomes of provider communication/reports
Directive on the Use of Professional Opinions

DCF Directive

Purpose: provides guidance regarding the necessary and appropriate consideration of clinical assessments and professional recommendations submitted to PIs and CMs in the course of their work with families.

Required practice:

Documentation of shared information in the automated CSA/Case file.

- This includes information related to:
  - current situation;
  - subject and collateral statements;
  - prior history in Florida, as well as other states in which the family is known to have resided;
  - any known criminal information;
  - the involvement of other professionals in the care and treatment of the child and/or family.

- Must document in the Notes section of FSFN:
  - date and time that background information is shared with the professional, detailing the specific information shared
  - If the referral to CPI requires a written form, the referenced detailed information must also be documented in the referral form
  - new information as it develops throughout the investigation
  - updates to the professionals involved in the investigative, case management, treatment and assessment processes.

Documentation and consideration of other professionals’ assessment and recommendations in the determination of child safety and ongoing protective interventions.

- Must consider and carefully assess all professional opinions and recommendations received.
- Document specific information and recommendations provided, and the date and time of any contacts with whom the referral was made
- Any written documentation received or faxed from the professionals must be included in the supporting file.
Documentation of implications for child safety resulting from professional assessments or consultations.

- Implications for child safety, especially recommendations related to removal of children from their home, changes in placements decision, or critical changes in safety plans must be carefully evaluated.
- Particular attention must be given to the relevance of this information in the determination of imminent or emerging safety threats, the child’s vulnerability (ability to self-protect) and the parental or family protective capacities (their ability to control the imminent or emerging danger threats to the child).
- Findings and recommendations concerning specific safety factors require the updating of the Initial Child Safety Assessment.
- Other safety concerns and how the information received impacts the safety determination must be documented in an updated Overall Safety Assessment.
- Specific safety actions or plans implemented to control the safety threats to the child are documented under Safety Actions.

Resolution of disagreements in findings and recommendations through the use of consultations and multidisciplinary staffing.

- When there is a difference of opinion between you and the other professional stakeholders that cannot be resolved, you must notify your supervisor and request a staffing/consultation.
- This consultation will include other administrative staff as outlined in local working agreements.
- The staffing results must be documented in the FSFN notes.
- If resolution cannot be reached, a CPT multidisciplinary staffing must be requested in order to reach consensus on the appropriate course of action.

Final Resolution Process.

- PIs must take the lead for cases that are ESI status and must ensure final resolution is obtained.
- DCF staff:
  - If consensus is not reached, case continues to be reviewed by administration, with final resolution resting with the Operations Manager and/or District Administrator.
  - Results of all reviews/staffings must be documented in the FSFN notes.
- Sheriff Office staff:
  - Follow respective agency’s management structure consistent with DCF.
Acceptance and Handling of Child on Child Incidence and Critical Information

- When the Hotline receives a call alleging an incident of child on child sexual abuse and the allegations do not meet the criteria for acceptance as an intake, child on child special conditions report or a foster care referral, the Hotline will generate a “COC Referral”.

- An automated email is sent to the circuit contact person designated to receive prevention referrals alerting them of the COC referral.

- The local designated person receiving the referral is responsible for contacting the child’s primary Case Manager or supervisor and communicating the information obtained through the COC referral.

- The local designated person enters a note in FSFN case record in order to document notification to case management staff.

- Case management staff must ensure the information communicated is addressed and service provision provided based upon each individual circumstance.
Working with Providers (Checklist)

Provider/Service Information

☐ Make referrals to selected service providers using required procedures.
☐ Determine how costs are handled.
☐ Check eligibility requirements.
☐ Ask about availability/waiting list.
☐ Ask about the length of treatment and timeline for this service as a part of the family’s case plan.
☐ Assure confidentiality and share only relevant information about the family.
  • family/family member history, as appropriate
  • the family’s case plan including the goal and desired outcomes
☐ Clarify how the service, treatment, or resource will help meet specific desired outcomes for the person receiving the service or treatment.

Evaluating Progress

☐ Have required release forms signed by family member(s), so you can receive information from the provider.
☐ Find out how the service evaluates progress (or determines “success”) for their clients; arrange for periodic reports, results, etc., related to your family.
☐ Keep track of results of any tests, diagnosis, progress reports, etc., that are due and request those results to aid in decision making for the family.
☐ Request updates, progress, problems or successes with the family’s participation.
☐ Take on a coordinating “point-person” role, if necessary.
Purposeful Contacts

Materials

♦ PG28-33 Johnson Family: Case Study
♦ PG34-37 Johnson Family: Planning Worksheets
♦ PG38-56 Johnson Family: Case Work Activity & Case Notes (notes assigned by your trainer)

Activity Goal: Assess if purposeful contacts (with child, parent, providers, teachers), were completed by focusing on progress with case plan tasks.

- Divide notes among group members and use the following process to assess if purposeful contacts with the child, parent, providers, teachers occurred:
- Compare case notes with outcomes/tasks on the planning worksheets.
- Record: the dates and a summary of assessment activities under the relevant outcomes.
  - A contact may have multiple purposes since you may be assessing compliance with several tasks.

Discussion Questions

- Answer the following questions for the portion of case notes assigned to your group:
- Were the contacts purposeful?
  - Provide examples to the class by referring to a few dates and assessment activities.
  - Share strengths and areas for improvement (if any).
- During the monthly home visit(s), were the following documented:
  - observations of children and home environment
  - interactions with mother and other siblings
  - discussions about service effectiveness and progress
- Share strengths and areas for improvement (if any).
- Read a good example to the class from one of your case notes.
- How do purposeful contacts relate to the JRSS/CPU and the JR hearing? (Remember, if it is not documented it did not happen.)
Case Study: The Johnson Family

Background
An intake is received at the hotline on 11/04/2008 at 8:10 a.m. regarding the Johnson family. The intake is a 24 hour response priority and alleges the following: “Today Samantha collapsed on the playground and was complaining of chest pains. For the last two months Samantha has had a low grade fever, wheezing, and a bad cough.” There are no prior investigations and Ms. Johnson does not have any criminal history.

In-Home Investigation
1. On 11/04/2008 at 9:45 am: PI arrived at Cherry Hill Elementary School to attempt contact with Samantha (age 11) and the other children in the family. The PI spoke to the school guidance counselor, Nancy Young, who confirmed that Samantha was complaining of chest pains and collapsed on the playground yesterday. Ms. Young stated that for at least two months Samantha has had a low grade fever, wheezing, and a bad cough. Samantha reportedly told her that she had not been to the doctor in quite some time. She reported that Samantha was examined by the school nurse after she complained of chest pains, and the nurse was concerned that Samantha might have pneumonia. Ms. Young also stated concerns for Samantha’s siblings (Marcus 10, Silvia 8, and Leonard 6). She stated that during the last school year the children were often absent (Samantha 25 days, Marcus 28 days, Silvia 22 days, and Leonard 18 days), and the pattern has continued into this school year. All of the children have already missed four days of school in the first month. She said the children are also not dressed appropriately for the weather. Last January it was in the 30’s and the children came to school with sandals and light sweaters on. The children often come to school hungry, and the staff has given them food or money for them to buy food. Marcus has developed a severe behavioral problem and is being considered for ESE (Exceptional Student Education) classes. Silvia often stays on school grounds well after school is out, and her mother doesn’t come until the school calls numerous times. Leonard often cries in school without explanation. Ms. Young stated that yesterday they made numerous attempts to contact the mother to pick up Samantha, and they finally had to call 911 when she collapsed on the playground. She stated the teachers, principal, and she have all tried to contact Ms. Johnson with limited success. She reported that Samantha is not in school today, but the other children are present.

2. 11/04/2008 at 10:20 am: PI spoke with Marcus in the guidance office. Marcus’ appearance was slightly disheveled as his clothing had dirt and food stains on them, and his hair was uncombed. Marcus reported that he hates school because the other kids make fun of him for being poor and dirty, and they call him “Mucky Marcus.” He stated that is why he misses school a lot and also because sometimes they just miss the bus. Marcus has a hard time concentrating, but states that since Samantha has been sick he has been cooking for and watching his siblings. He stated he cooked macaroni and cheese for dinner last night. Marcus reported that his mother is usually asleep when they leave for school in the morning and also when they get home in the afternoon and only sometimes gets up before they go to bed. He stated that his mother will yell at them if they try to wake her.
3. **11/04/2009 at 10:35 am:** PI spoke with Silvia in the guidance office. Silvia was also disheveled with stained clothing and matted hair. Silvia stated that she likes to stay late after school because the teachers give her snacks, and there is not much to eat in her house. She stated that her mom has not gone to the store in a couple of weeks, nor has she washed their clothes, because she sleeps all day. She stated that Marcus and Sam cook for them, but Marcus has been doing most of the cooking lately because Sam has been sick. She said, “Sam got real sick yesterday, and the ambulance had to take her to the hospital.” Silvia stated that her mom called the hospital last night, but they didn’t get to go see Sam because her mom was tired. She stated they miss school a lot because they miss the bus, and their mom won’t get up to take them to school.

4. **11/04/2008 at 10:55 am:** PI spoke with Leonard in the guidance office. Leonard was also wearing clothing with dirt and food stains on them, and his hair was uncombed. When the PI introduced himself to Leonard, Leonard began to cry. He stated that he didn’t want to be taken away from his mother and siblings. He reported that the other children make fun of him for being dirty, and his mom hasn’t washed his clothes because she sleeps all the time. Leonard stated that his siblings do most of the cooking at home.

5. **11/04/2008 at 1:10 pm:** PI went to County General Hospital to get information on Samantha’s condition and to interview Samantha. PI spoke to head nurse, Maria Sanchez. Nurse Sanchez reported that when Samantha was admitted, she had a 103° temperature and was extremely dehydrated. She reported that Samantha has a severe case of pneumonia, and she was being given IV antibiotics and fluids. Nurse Sanchez reported that Samantha otherwise appeared to be a healthy 11 year old. She stated they are going to keep Samantha overnight for observation.

6. **11/04/2008 at 1:15 pm:** PI spoke with Samantha in her hospital room. Samantha reported that she was feeling a little better. She reported that she has had a cough for about two months and a slight fever for at least a month. She stated that she told her mother about it, but her mom just gave her some cold medicine and said it would go away on its own. Samantha asked how her siblings were and wanted to know how long she would be in the hospital because she had to get back home to take care of them. She stated that she is typically the one to cook and get her siblings ready for school but that Marcus has been helping out more since she has been sick. Samantha said that her mom just sleeps all the time and that it has been like that since their father left a year ago. Samantha said that was really hard on her mom so she had to start doing some things that her mom used to do. She stated that her mother has not been grocery shopping or done laundry in a few weeks. She stated that there were no other adults in their home that could help out, and she stated that they didn’t have any friends or family that could help either.
7. 11/04/2008 at 2:35 pm: PI went to the family home and knocked on the door numerous times before the mother, Ms. Johnson, came to the door. Ms. Johnson was wearing a torn and tattered night gown, and her hair was uncombed. It appeared as though she had just woken up. Ms. Johnson was withdrawn but answered the PI’s questions. Ms. Johnson receives Food Stamps, Temporary Cash Assistance, and does a few odd jobs for cash. She said, “We get by.” The food in the home was limited to crackers, cereal, and some canned goods. Ms. Johnson reported that she hadn’t been to the store yet. She stated that this was all Mr. Johnson’s fault because he left them, and he used to support the family. Ms. Johnson stated that she knew Samantha was sick but that she just thought it was a persistent cold and would eventually go away. Ms. Johnson agreed to Judicial In-Home services and said she just wanted to get her life “back on track.” The home was dirty and cluttered but generally safe.

8. Disposition: Judicial In-Home Services

Findings:
- Medical Neglect of Samantha, age 11
- Environmental Hazards for all the children (inadequate food and clothing)
- Inadequate Supervision for Leonard, age 6 and Silvia, age 8
Assessment Data

Child: Leonard Johnson DOB: 12/10/2002  
Child: Silvia Johnson DOB 02/10/2001  
Child: Marcus Johnson DOB 10/10/1997  
Child: Samantha Johnson DOB 04/02/1997  
Mother: Jacqueline Johnson DOB 03/03/1978

You make an unannounced visit on 11/6/08 at noon (CM initial contact) and wake Ms. Johnson, the mother. Initially, Ms. Johnson refuses to talk with you, but you use supportive, open-ended questioning to engage her. During the interview, the following was determined:

- Ms. Johnson’s second husband, Gerard Johnson, the father of her two younger children, Silvia and Leonard, left her for another woman one year earlier.
- Ms. Johnson has never worked full time. She has managed to "get by" on welfare and a few odd jobs for cash.
- Ms. Johnson has few friends and no family in the area. Her mother, Sadi Hunt, and her sister, Mary Kent, live in Kentucky. She talks to the neighbor at times, but they are not close.
- Ms. Johnson is "ashamed" to call her mother or her sister in Kentucky. This is the second time she has had a husband leave her.
- Ms. Johnson claims that all her children have been sick on and off throughout the winter, but she hasn't taken them to the doctor because, "It's such an exhausting trip to spend the whole-day at the clinic."
- Ms. Johnson has no car. She claims she used to do everything herself by taking the bus, including grocery shopping, laundry, paying bills, and other errands, and she knows her way around the city using public transportation.
- When asked about her own health, Ms. Johnson indicated it wasn't good. She reported the following:
  - chronic headaches
  - without energy
  - "tired all the time . . . all I want to do is sleep."
  - lost her appetite, and sometimes couldn't think about food
  - fed her children "whatever was easy - It's too much effort to cook."
  - She saw a doctor 6 months earlier for a possible broken finger. She did not want to go back to the doctor, stating, "They'll think I'm crazy."
- After gentle questioning she admits to crying bouts that lasted for hours at a time. She was afraid that, "They'll lock me up, and then who will care for my children?" She has had these symptoms for about a year. They began shortly after her husband left.
Case Work Activity

- 11/05/08: ESI/Case Transfer staffing
- 11/05/08: Referred Jacqueline and children for mental health assessments
- 11/06/08: Jacqueline referred for homemaker services for meal planning
- 11/06/08: Jacqueline referred to the food and clothing bank
- 11/06/08: Referrals completed for children’s medical and dental check up
- 11/08/08: Background checks completed on Jacqueline: All clear
- 11/11/08: Case Manager spoke to Susan Kennedy (Marcus’s 4th grade teacher)
- Referral made for tutoring for Marcus’s dyslexia
- Placement in ESE classes for Marcus
- Referral for peer behavioral counseling for Marcus
- Referral made for Marcus to receive an educational surrogate
- 11/11/08: Case Plan Conference conducted. Present were: Jacqueline, her attorney Tony Baxter, GAL Linda Deever, CLS attorney Carol Kneller, CM Naomi Robinson.
- 11/11/08: Case Plan submitted to Children’s Legal Services
- 11/26/08: Disposian hearing conducted. Court accepted case plan. Judicial In-Home Services with Jacqueline Next hearing set for 5/03/09, 10:30 a.m.
Mental Health Assessments

- The results of Jacqueline’s mental health assessment indicated that she was suffering from depression, has low self-esteem, and tends to isolate herself from family and friends.
- Recommendations: Individual counseling for depression and low self-esteem 2 times a week – Monday and Thursday 11am -12pm. Family counseling when therapeutically recommended. Ms. Johnson was prescribed Zoloft 2xday with meals.

- The results of the children’s Mental Health Assessment indicated the following:
  - 6 year old Leonard – Suffers from severe anxiety and is afraid to be alone. Reports always feeling hungry.
  - 8 year old Silvia – Has good relationships with peers, very independent and self-sufficient. She tends to be the protector to the six year old and takes on a parental role with the six year old. She indicates that she and her siblings do not get fed.
  - 10 year old Marcus – Displays oppositional defiant behavior and suffers from dyslexia. Does not have good peer relationships. States that he does not need to be supervised by an adult and that he can take care of himself.
  - 11 year old Samantha – Highly stressed. Feels like she is responsible for all her brothers and sisters. Needs medical attention. Has no appetite. Caretaker to all children.

- Recommendations: All four children receive individual therapy 1 time a week – Family therapy when therapeutically recommended; enroll 10 year old, Marcus, in ESE classes, peer behavioral counseling, and tutoring for dyslexia.
Johnson Planning Worksheets

- Mother: Jacqueline Johnson
- Fathers: Franklin Campbell, Gerard Johnson: whereabouts unknown
- Children: Samantha (age 11), Marcus (age 10), Silvia, (age 8), Leonard (age 6)

Family Strengths/Supports/Resources
Ms. Johnson states that in the past she has used public transportation to get groceries, pay bills, do laundry and run errands.

Permanency Goal
Maintain and Strengthen Placement within the home

Case Plan Outcomes and Tasks

Medical Neglect

Outcome 1 (Samantha’s pneumonia)
Ms. Johnson will ensure that Samantha receives the immediate medical attention that is needed for her health & well-being.

Tasks:
- On the day that Samantha returns from the hospital, Ms. Johnson will ensure that Samantha takes her prescription as evidenced by a checklist on which she marks the days and times she administered each dose.
- Within 1 day of Samantha being released from the hospital, Ms. Johnson will arrange for a follow-up visit at the doctor’s office or clinic.
- Within 2 days of Samantha being released from the hospital, Ms. Johnson will provide the Case Manager with the name and telephone number of the child’s physician/doctor’s office or clinic.
- Ms. Johnson will take Samantha to all medical appointments as necessary to treat her pneumonia.

Outcome 2
Ms. Johnson will ensure her children’s health by taking all her children to regularly scheduled medical appointments and following through with the medical attention that is needed.

Tasks:
- Within one month of Case Manager’s initial contact, Ms. Johnson will schedule appointments for Samantha, Leonard, Silvia, and Marcus for their annual checkup.
- No later than 1 week after the annual checkups, Ms. Johnson will provide the Case Manager the results of the children’s checkups.
- Ms. Johnson will schedule and take all her children to any and all doctors’ appointments as needed.
Environmental Hazards (inadequate food, clothing)

Outcome 3: (Mother's depression affects her ability to meet her children's needs.)

Ms. Johnson will address her mental health needs that affect her ability to meet the needs of her children.

Tasks:

• Ms. Johnson will attend the scheduled mental health assessment appointment on January 15, 2009.
• As per the case plan conference, Ms. Johnson will provide her own transportation the day of the evaluation and utilize the sliding scale payment system.
• Ms. Johnson will follow through with all recommendations as a result of the mental health assessment which is as follows:
  • Ms. Johnson will take her medication as prescribed on a daily basis: Zoloft 1 tablet 2x day with meals.
  • Ms. Johnson will attend regularly scheduled therapy sessions 2 x week Monday 11am -12 pm and Thursday 11am – 12pm as therapeutically indicated.
  • Ms. Johnson will attend family counseling when therapeutically indicated.

Outcome 4: (inadequate food)

The Mother will provide her children daily with nutritious food from the five basic food groups (dairy, fruit, vegetables, grain and meat).

Tasks:

• The Case Manager will immediately make a referral for Ms. Johnson to receive nutritional meal planning preparation with an organization who provides this service such as Homemaker Services.
• Ms. Johnson will demonstrate to the Case Manager her ability and knowledge in developing a well-balanced and nutritious meal plan for a week as evidenced by:
  • a weekly meal plan/minimum 3 meals a day
  • grocery receipts as proof of purchasing nutritious foods from the five basic food groups
  • Case Manager will review menus and grocery receipts during visits
• For one month following initial contact with Ms. Johnson, the Case Manager will conduct weekly discussions with the children and their teachers to assess nutritional needs.
• The Case Manager will conduct at minimum, monthly face-to-face home visits (announced and unannounced) to ensure that conditions are being met.
Environmental Hazards (inadequate food, clothing)

Outcome 5: (inadequate clothing)

The mother will ensure that her children are dressed in clothing that is related to seasonal temperatures at all times.

Tasks:

- Within one week of initial contact, the Case Manager will make a referral for Ms. Johnson to go to the clothing bank to pick up shirts, pants, dresses, socks, jackets, shoes, under garments, rain coats, and mittens for her children.
- Within one week of receiving the referral, Ms. Johnson will go to the clothing bank and pick up shirts, pants, dresses, socks, jackets, shoes, under garments, rain coats, and mittens for her children.
- For one month following initial contact with Ms. Johnson, the Case Manager will conduct weekly discussions with the children and the children’s teachers to assess clothing related needs.
- At all times, Ms. Johnson will ensure that her children are dressed according to the temperature outside such as when it is cold they have a jacket or layered clothing on or when it is raining they have a rain coat or umbrella.
- The Case Manager will conduct at minimum, monthly face-to-face home visits (announced and unannounced) to ensure that conditions are being met.

Outcome 6: (child well-being: address results of mental health assessments)

The Mother will ensure that the children’s educational, physical, and mental health needs are met.

Tasks:

- Ms. Johnson will contact the school within 5 days to arrange tutoring for Marcus to address his dyslexia.
- Within 10 days of initial contact, Ms. Johnson will have Marcus enrolled in ESE classes to meet his educational needs.
- Within 30 days of initial contact, Ms. Johnson will follow up with the school to enroll Marcus in peer behavioral counseling.
- The Case Manager will monitor school attendance and progress monthly and explore the possibility of an educational surrogate for the 10 year old.
- Immediately, the Case Manager will make referrals for individual as well as family therapy.
- Ms. Johnson will ensure that Samantha, Marcus, Silvia, and Leonard attend individual therapy 1 x week. Family therapy will take place when therapeutically recommended.
- Beginning immediately, Ms. Johnson will make arrangements for the children to attend all therapy sessions.
• Beginning immediately, Ms. Johnson, with the help of the Case Manager, will explore possibilities for after-school programs for her children.

• The Case Manager will have contact with the children and Ms. Johnson at least once a month in the home to discuss needs and well-being, specifically educational, medical, and mental health.

• Ms. Johnson will advise the Case Manager within 72 hours of any changes in her address, phone number, or any other changes that may impact the health, safety, and well-being of the children.

• The Case Manager will conduct diligent searches on the children’s fathers until excused by the court.

• Upon finding the fathers, the Case Manager will amend the case plan to include tasks and services for both.

**Inadequate Supervision**

**Outcome 7:**

Ms. Johnson will ensure that her children have constant adult supervision.

**Tasks:**

• Beginning immediately, Ms. Johnson will supervise her children at all times or make arrangements for an adult who is approved by the agency to supervise her children.

• Within 30 days of initial contact, Ms. Johnson will request help from her family, neighbors, and friends to identify and locate potential individuals who can supervise her children when needed.

• Ms. Johnson will provide to the Case Manager, names, DOB, and SS#s of all potential caregivers for her children within 30 days.

• Immediately upon receiving the names of potential caregivers, the Case Manager will conduct background checks on any and all potential caregivers for the children.

• Ms. Johnson will pick the children up from school 5 days a week or make arrangements for another adult approved by the agency to pick the children up immediately after they are released from school.

• The Case Manager will conduct, at minimum, monthly face-to-face home visits (announced and unannounced) to ensure that conditions are being met.
Johnson Family Case Work Activity & Case Notes

- **12/01/08:** Home visit conducted (see case notes).

- **12/10/08:** You contact the Johnson’s therapist, Shelly Long. Reports that December session for the Johnsons have all taken place. Concerned that Marcus is “resistant to talking”

- **2/19/08:** You contact Marcus’s school teacher for follow up. She reports:
  - Progress made in his behavior over the past month.
  - “He has adapted, and appears settled” in his new ESE class.
  - He really enjoys his peer behavioral sessions during the week.
  - His tutoring sessions continue to take place 2 times per week for his dyslexia.
  - Talked with his mother 3 times this past week, she seems genuinely concerned about Marcus’s improvement and progress.

- **12/20/08:** You contact Guardian Ad Litem, Linda Devers. She reports:
  - Visits the children Tuesday afternoons when they return from school.
  - Observations of loving relationship between Ms. Johnson and the two younger children, Silvia and Leonard.
  - Samantha and Ms. Johnson tend to disagree on many issues; however, she has seen Ms. Johnson taking a more parental role with the younger children than she has in the past; i.e., cooking, cleaning.
  - Ms. Johnson and Marcus have built a good bond together; however, at times he can be a bit reserved.
  - Ms. Johnson is very cooperative with her and does not mind her coming into her home to visit with the children.
  - Verified that Ms. Johnson took the children for their follow-up doctor appointments on 12/10/08 and that all reports from the doctor were positive.
  - Verified that Ms. Johnson took the children to the dentist on 12/13/08 and that they are scheduled to get their teeth cleaned 01/23/09.

- **12/22/08:** Home visit conducted (see case notes).
Chronological Notes Report

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<tr>
<th>Case Name:</th>
<th>Johnson, Jacqueline</th>
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<td>08-843221</td>
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<tr>
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<td></td>
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<tr>
<td>Date Entered:</td>
<td>12/01/2008 5:15PM</td>
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**Note Information**

| Contact Begin Date:       | 12/01/2008 4:00PM         |
| Contact End Date:         | 12/01/2008 5:00PM         |
| Category:                 | Case                      |
| Type:                     | Home Visit - Child's Current Residence |
| Worker Activity Code:     | Case Management           |
| No Request for Action:    | N                         |
| Safety:                   | N                         |
| Safety Resolved:          | N                         |
| Safety date:              |                           |
| Safety Resolution:        |                           |
| FSFN:                     | N                         |
| FSFN Resolved:            | N                         |
| FSFN date:                |                           |
| FSFN Resolution:          |                           |
| Admin:                    | N                         |
| Admin Resolved:           | N                         |
| Admin date:               |                           |
| Admin Resolution:         |                           |

**Subjects Contacted:**

Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 12/01/08 4:00PM

**Other Subjects**

**Narrative:**

Home visit was conducted at the Johnson residence 1450 NW 112 Ave, Ft Lauderdale, FL 33301. The purpose was to determine case plan progress and ensure the children’s safety. The cupboards and refrigerator contained a stocked supply of food. The children where dressed in attire that was suitable for the weather. The children showed me their bedrooms and each of their beds. Discussion of case plan tasks: Ms. Johnson stated that Homemaker Services was at the house earlier in the day, and showed her the nutritional meal planning materials that were provided to her. Ms. Johnson stated that she attended 2 therapy sessions last week and that she is feeling comfortable discussing some of her concerns when she begins to feel depressed. Ms. Johnson stated that for the most part the children were doing well. She said that she and Samantha are still trying to work out their relationship problems. Discussed Marcus’s tutoring for dyslexia and Ms. Johnson said he receives it 2 times a week after school and she confirmed that the school contacted her in regards to his peer behavioral counseling that he has recently started. I also informed her that I spoke with the therapist at the Community Mental Health Clinic and that she would begin including anger management during Marcus’s individual counseling sessions.

Spoke with Samantha: stated that she enjoys her individual therapy sessions. She says, “My counselor really listens to me about all my problems.” Samantha states she is trying to get along better with her mother.

Spoke with Marcus: stated that the school switched him out of his old class recently and put him in a new one. He says he likes it better but “there are some really bad kids in the class.” He says his individual counseling with his therapist is “really boring and dumb” but states that he enjoys his peer behavioral counseling at school. He says the other kids “get me.” Silvia was making a scrap book for school during the visit. She shared pictures and stories and Leonard helped to explain some of the pictures. Silvia and Leonard both appeared happy and were observed laughing and hugging their mother.
Chronological Notes Report

Case Name: Johnson, Jacqueline  Case ID: 08-843221
Note ID:  Date Entered:  12/22/2008  7:00PM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information
Contact Begin Date:  12/22/2008  4:45PM  Contact End Date:  12/22/2008  6:00PM
Category:  Case  Type:  Home Visit– Child’s Current Residence
Worker Activity Code:  Case Management  No Request for Action:  N
Safety:  N  Safety Resolved:  N  Safety date:  Safety Resolution:
FSFN:  N  FSFN Resolved:  N  FSFN date:  FSFN Resolution:
Admin:  N  Admin Resolved:  N  Admin date:  Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 12/22/08 4:45 PM

Other Subjects

Narrative:
Home visit was conducted at the Johnson residence, 1450 NW 112 Ave. Ft. Lauderdale, FL 33301 to assess the children’s safety and to review case plan progress. Samantha, Marcus, Silvia and Leonard were decorating the Christmas tree when I arrived to conduct the visit. Everyone seemed in good spirits. Ms. Johnson was sitting on the couch watching the children put the bulbs on the tree. I dropped off Christmas presents, 2 per child for Samantha, Silvia, Marcus, and Leonard. Ms. Johnson informed me that she took the children to the dentist on 12/13/08, and that they have an appointment to get their teeth cleaned 01/23/09. She showed me the results and paperwork of each child’s doctor visit on 12/10/08. She stated that she takes Samantha back to the doctor on 12/28/08 for precautionary measures to ensure the pneumonia is fully cleared up. Case Manager observed the house to be hazard free and clean. The children’s beds had red and green reindeer sheets on them. The cupboards and refrigerator contained a stocked supply of food including a turkey that Ms. Johnson stated she was preparing Christmas Eve. Ms. Johnson’s meal plan was seen posted on the refrigerator. We reviewed it together. Discussed what she and the children were going to do over the holiday break, and she stated that they would most likely just be going to the park a lot in order for her to “keep them busy and out of trouble.” Reviewed the case plan tasks with Ms. Johnson and commended her on following her plan of action thus far. Spoke with each child individually. They were enthralled with decorating the Christmas tree, and their Christmas presents. Informed them that I would be visiting again after New Years day. Ms. Johnson provided me with a written meal plan for the month of January and February. She developed the plan with the help of Homemaker Services.
Johnson family Case Work Activity & Case Notes

- 01/03/09: A second diligent search was conducted on Franklin Campbell (biological father of Samantha and Marcus) and Gerard Johnson (biological father of Silvia and Leonard).

- 01/08/09: You conduct Home Visit (see case note)

- 01/10/09: You telephone children’s teachers:
  - Marcus’ teacher, Susan Kennedy;
  - Samantha’s teacher, Anita Bachman;
  - Silvia’s teacher, Barbara Lewin;
  - Leonard’s teacher, Stan Malcolm.
  
  The following was reported by each child’s teacher:
  - Marcus’s performance in reading is showing progress. His tutoring sessions continue to take place 2 times per week for his dyslexia. Ms. Johnson called yesterday to get an update on his status. Marcus has been seen eating sandwiches, fruit, and milk that he has in his lunch box, brought from home.
  - Silvia, Samantha and Leonard have been seen eating well balanced lunches at school. Ms. Johnson has been packing their lunches for them.
  - Silvia, Samantha and Leonard are doing well in school and no issues

- 01/12/09: You contact mental health provider: Community Mental Health Ft. Lauderdale, Shelly Long
  - Ms. Johnson missed yesterday’s therapy session 01/11/09 due to not feeling well.
  - Ms. Johnson called 2 hours prior to their appointment, to let her know that she would not be there.
  - All the children have attended their weekly scheduled therapy sessions.
  - 01/24/08 Telephone call from Linda Deever, GAL
  - Weekly visits with the children and Ms. Johnson have been very positive.
  - Very happy Ms. Johnson took the children to get their teeth cleaned on 01/23/09
  - Children are always clean and dressed when she visits with them. Marcus needed a new pair of sneakers, and she brought him a pair from the clothing bank.
# Chronological Notes Report

**Case Name:** Johnson, Jacqueline  
**Case ID:** 08-843221  
**Note ID:**  
**Date Entered:** 01/08/2009 8:00PM  
**Worker Creating Note:** Robinson, Naomi  
**Worker Making Contact:** Robinson, Naomi  

### Note Information

**Contact Begin Date:** 01/08/2009 5:45PM  
**Contact End Date:** 01/08/2009 6:30PM  
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**Safety Resolved:** N  
**Safety date:** Safety Resolution:  
**FSFN:** N  
**FSFN Resolved:** N  
**FSFN date:** FSFN Resolution:  
**Admin:** N  
**Admin Resolved:** N  
**Admin date:** Admin Resolution:  

### Contact Information

**Inv/Assessment Number:**  

**Subjects Contacted:**  
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 01/08/09 5:45 PM  

### Other Subjects

**Narrative:**  
Home visit conducted at the Johnson residence 1450 NW 112 Ave, Ft. Lauderdale, FL 33301 to ask the children about their therapy sessions and to ensure their needs were being met; also to review Ms. Johnson’s compliance with her case plan tasks. Samantha and Marcus were doing their homework at the kitchen table, and Silvia and Leonard were watching T.V. Spoke with each child individually and then together as a group. All children reported that individual counseling is going well. Marcus stated that he feels that he is starting to read better, because “I have a really good teacher who is helping me.” Discussed Ms. Johnson’s case plan tasks with her, and she says that sometimes it is hard to get to all the appointments by way of public transportation, but she is doing her best. She informed me that the doctor verified on 12/28/08 that Samantha’s lungs were clear of pneumonia. Samantha reports feeling much better. Ms. Johnson stated that they have one more doctor visit scheduled for 01/15/09. All children reported that they enjoy going to aftercare when school lets out. The children report that they have been eating regularly. Case Manager observed the condition of the home to be clean and safe from any hazards. The children took me into their bedrooms to see their beds, and to show me some of their Christmas presents that they received. Case Manager observed that beds were made, the floor was clean, and the children’s toys and books were in the closet and on the shelves.
Johnson family Case Work Activity & Case Notes

02/02/09: You conduct Home Visit (see case note)

02/15/09: You telephoned the children’s teachers:
All four teachers confirmed that they met with Ms. Johnson for a parent-teacher conference on 02/01/09. No current concerns or issues reported. Marcus is doing extremely well in the peer behavioral program and he is being considered for helping others in the program as a role model.

02/16/09: Permanency Staffing conducted.
In attendance was Case Manager-Naomi Robinson, Case Manager Supervisor-Samantha Hampton, Children’s Legal Services attorney-Carol Kneller, Guardian ad Litem-Carol Deevers.
All parties were in agreement with the goal of maintain and strengthen placement.

02/22/09: You spoke to therapist, Shelly Long.
All individual therapy session are going well.
Tremendous improvement in Samantha’s attitude toward her mother.
Recommends family counseling begin in March.

02/29/09: You spoke to Guardian Ad Litem - Linda Deevers.
Informed her that the therapist will be recommending family counseling beginning in March.
Linda reported that she saw a change in Samantha’s behavior toward her mother in the last month. “She seems to respect her more.”
GAL visits are continuing to go well and the children are doing okay in school.
Chronological Notes Report

Case Name: Johnson, Jacqueline  
Case ID: 08-843221  

Note ID:  
Date Entered: 02/02/2009 7:00PM  

Worker Creating Note: Robinson, Naomi  
Worker Making Contact: Robinson, Naomi  

Note Information  

Contact Begin Date: 02/02/2009 5:00PM  
Contact End Date: 02/02/2009 6:10PM  

Category: Case  
Type: Home Visit– Child’s Current Residence  

Worker Activity Code: Case Management  
No Request for Action: N  

Safety: N  Safety Resolved: N  
Safety date: Safety Resolution:  
FSFN: N  FSFN Resolved: N  
FSFN date: FSFN Resolution:  
Admin: N  Admin Resolved: N  
Admin date: Admin Resolution:  

Contact Information  
Inv/Assessment Number:  

Subjects Contacted:  
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson, 02/02/09 5:00 PM  

Other Subjects  

Narrative:  
Unannounced home visit was conducted at the Johnson residence 1450 NW 112 Ave. Ft. Lauderdale, Fl 33301. The purpose of the unannounced home visit was to ensure compliance with the case plan tasks for mother, children, and Case Manager as well as ensure the children's health, safety, and well-being. Ms. Johnson and the children had just returned from grocery shopping. Samantha and Silvia were helping to unload the groceries, and Marcus and Leonard were watching TV. Case Manager observed that the condition of the home was clean. The children’s bedrooms were safe and hazard free. Ms. Johnson reports that she is feeling better. She informed me that she missed one of her therapy sessions in January due to a cold. She said she just could not get the energy to get herself to the session that day. She still had a cough and the sniffles. All children were dressed according to the weather conditions, in either jeans or slacks and shirts or blouses. The case plan tasks were reviewed with Ms. Johnson.  

Ms. Johnson stated that she had a parent teacher conference yesterday with all four teachers. She said that Marcus’ teacher thinks he is progressing well with his behavior and his reading. All children reported that everything was going well for them. Marcus asked when he could be done with his individual therapy sessions, because he doesn’t think it helps him. He says he thinks his peer behavioral sessions are “the best.”
Case Work Activity

03/01/09: Received monthly individual therapy session report completed by the children’s therapist, Shelly Long. Reviewed the report. According to the report, it is therapeutically recommended that Ms. Johnson, Samantha, Marcus, Leonard, and Silvia begin family counseling. You completed the referral for family therapy to begin on March 15, 2009.

03/01/09: You conduct unannounced Home Visit (see case note)

03/22/09: You telephoned the children’s teachers: Marcus’s teacher, Susan Kennedy; Samantha’s teacher, Anita Bachman; Silvia's teacher, Barbara Lewin; and Leonard's teacher, Stan Malcolm.

No current concerns or issues reported. Anita Bachman reported that Samantha is an above average student and Barbara Lewin reported that Silvia was above average. Stan Malcolm stated that Leonard is working at grade level. Susan Kennedy said that Marcus works below his grade level, however; he is continuing to progress with his reading. She states that he has recently begun struggling with math.
Chronological Notes Report

Case Name: Johnson, Jacqueline  
Case ID: 08-843221

Note ID:  
Date Entered: 03/01/2009 8:00PM

Worker Creating Note: Robinson, Naomi  
Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 03/01/2009 5:30PM  
Contact End Date: 03/01/2009 6:30PM

Category: Case  
Type: Home Visit – Child’s Current Residence

Worker Activity Code: Case Management  
No Request for Action: N

Safety: N  
Safety Resolved: N  
Safety date: Safety Resolution:

FSFN: N  
FSFN Resolved: N  
FSFN date: FSFN Resolution:

Admin: N  
Admin Resolved: N  
Admin date: Admin Resolution:

Contact Information

Inv/Assessment Number:

Subjects Contacted:
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 03/01/09 5:30 PM

Other Subjects

Narrative:
Unannounced home visit was conducted at the Johnson residence, 1450 NW 112 Ave, Ft. Lauderdale, FL 33301 to review Ms. Johnson’s case plan compliance and assess the children’s health, safety and well-being. Ms. Johnson and the children were finishing dinner upon this visit. Reviewed the case plan tasks with Ms. Johnson. Informed her that it is therapeutically recommended that she and the children begin family counseling. She was glad to hear the good news and responded by asking, “Can my case be closed soon?” Case Manager informed Ms. Johnson to keep following the tasks on her case plan and maintaining her appointments on a regular basis. Case Manager observed the home to be clean and free of hazards to the children. The children were dressed in sweat suits. Ms. Johnson stated that the GAL brought them over yesterday from the clothing bank. Commended Ms. Johnson for following her case plan so diligently. I reminded her that the 6-month judicial review hearing was scheduled for May 03, 2009.
Chronological Notes Report

Case Name: Johnson, Jacqueline       Case ID: 08-843221
Note ID:                                Date Entered: 04/2/2009 7:00PM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 04/2/2009 4:30PM  Contact End Date: 04/2/2009 5:30PM
Category: Case                        Type: Home Visit - Child's Current Residence
Worker Activity Code: Case Management  No Request for Action: N
Safety: N                             Safety Resolved: N
FSFN: N                              FSFN Resolved: N
Admin: N                             Admin Resolved: N
Safety date: Safety Resolution:
FSFN date: FSFN Resolution:
Admin date: Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 04/02/09 4:30 PM

Other Subjects

Narrative:
Case Manager conducted home visit at the Johnson residence 1450 NW 112 Ave. Ft. Lauderdale, Fl 33301. Reviewed the case plan tasks with Ms. Johnson and assessed the children's overall health, safety and well-being. Commended Ms. Johnson on her progress that she has made since November. She said that the family counseling sessions have been going very well with the therapist. Ms. Johnson states that she and Samantha are getting along much better. She stated, "I guess I was just putting too much responsibility on her, and she resented it." Case Manager observed the home environment to be clean and safe. Ms. Johnson said she went on an interview today for a clerical position (answering phones) at the local boys and girls club. She says that they want her to start May 1, 2009. It will be part time on weekends, Saturday and Sunday from 8 am - 5 pm. She says it will work out well as the children can go to the boys and girls club with her. Observed the children's rooms and all their beds were neatly made with fresh sheets. The cupboards and refrigerator had ample food stocked, with such items as milk, bread, cheese, yogurt, etc. Reminded her that the 6 month judicial review hearing was scheduled for May 03, 2009 at 4:00 pm. Ms. Johnson stated, "I will be there."
Chronological Notes Report

Case Name: Johnson, Jacqueline
Case ID: 08-843221

Note ID:  
Date Entered: 04/22/2009 11:00AM

Worker Creating Note: Robinson, Naomi
Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 04/22/2009 10:00AM
Contact End Date: 04/22/2009 10:35AM

Category: Case
Type: Telephone Contact

Worker Activity Code: Case Management
No Request for Action: N

Safety: N  Safety Resolved: N
Safety date: 
Safety Resolution:

FSFN: N  FSFN Resolved: N
FSFN date: 
FSFN Resolution:

Admin: N  Admin Resolved: N
Admin date: 
Admin Resolution:

Inv/Assessment Number:

Subjects Contacted:

Other Subjects
Provider: Community Mental Health Ft. Lauderdale, Shelly Long; 04/22/09 10:00 AM

Narrative:
Telephoned Shelly Long to find out how the family therapy sessions went in March. She said that Ms. Johnson and Samantha are really working through their past resentments towards each other. She stated that Ms. Johnson's confidence has definitely increased, and that she has expressed that she is really looking forward to starting her part-time job. She said the children and their mother show a caring and loving relationship toward each other. Informed Shelly that the 6-month Judicial Review hearing is scheduled for May 03, 2009 at 4:00 pm. She stated that she will submit her report to the court and that she will be in attendance.
Chronological Notes Report

Case Name: Johnson, Jacqueline  Case ID: 08-843221
Note ID: Date Entered: 04/27/2009 11:30AM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 04/27/2009 10:30AM  Contact End Date: 04/27/2009 11:00AM
Category: Case  Type: Telephone Contact
Worker Activity Code: Case Management  No Request for Action: N
Safety: N  Safety Resolved: N  Safety date:  Safety Resolution:
FSFN: N  FSFN Resolved: N  FSFN date:  FSFN Resolution:
Admin: N  Admin Resolved: N  Admin date:  Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:

Other Subjects
Guardian Ad Litem - Linda Deevers; 04/27/09 10:30 AM

Narrative:
Telephoned the Guardian Ad Litem - Linda Deevers. She said that all visits went well in the month of April and that Ms. Johnson’s “spirits seem very high.” She says she has noticed a big change in Ms. Johnson and Samantha’s interactions i.e., calm tone of voice, using words like please and thank you. Discussed the Judicial Review hearing that is coming up on May 03 with Linda. She stated that she will write her report and send me a copy. I informed her that I will be writing the Judicial Review Social Study/Case Plan Update tomorrow.
We discussed the tasks that Ms. Johnson is in compliance with and the task that she is in partial compliance with. We were in agreement that tremendous progress has been made in the area of Ms. Johnson’s depression. There have been no reports of the children being seen unsupervised.
### Chronological Notes Report

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Case ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson, Jacqueline</td>
<td>08-843221</td>
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<tr>
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<td>Date Entered: 04/27/2009 4:30PM</td>
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<tr>
<td>Worker Creating Note: Robinson, Naomi</td>
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<td>No Request for Action: N</td>
</tr>
<tr>
<td>Safety: N</td>
<td>Safety date: Safety Resolution:</td>
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<tr>
<td>FSFN: N</td>
<td>FSFN date: FSFN Resolution:</td>
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<tr>
<td>Admin: N</td>
<td>Admin date: Admin Resolution:</td>
</tr>
</tbody>
</table>

#### Contact Information

<table>
<thead>
<tr>
<th>Inv/Assessment Number:</th>
</tr>
</thead>
</table>

#### Subjects Contacted:

**Pinewood Elementary School:** Susan Kennedy, Anita Bachman, Barbara Lewin, Stan Malcolm; 04/27/09 3:30 PM

#### Narrative:
Telephoned the children's school teacher's – Conference call. Informed them that there is a scheduled judicial review hearing set for May 03, 2009 at 4:00 pm for the Johnson case. Marcus’ teacher reported progress in his behavior as well as his reading. She says she has been spending more time with him on his math, as she has recently seen a decline in his enthusiasm for math. Silvia, Samantha and Leonard’s teacher’s report status quo, no concerns. All teacher’s confirmed that Ms. Johnson has been cooperative with them. Susan Kennedy states that Ms. Johnson picks the children up from aftercare on a daily basis. There are no reports of the children being left uncared for or unsupervised.
**Chronological Notes Report**

**Case Name:** Johnson, Jacqueline  
**Case ID:** 08-843221  
**Note ID:**  
**Date Entered:** 04/28/2009 4:30PM  
**Worker Creating Note:** Robinson, Naomi  
**Worker Making Contact:** Robinson, Naomi

**Note Information**

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<td><strong>Type:</strong> Note to file - Legal</td>
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<td><strong>Worker Activity Code:</strong> Case Management</td>
<td><strong>No Request for Action:</strong> N</td>
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<tr>
<td><strong>Safety:</strong> N</td>
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<tr>
<td><strong>FSFN:</strong> N</td>
<td><strong>FSFN Resolved:</strong> N</td>
</tr>
<tr>
<td><strong>Admin:</strong> N</td>
<td><strong>Admin Resolved:</strong> N</td>
</tr>
</tbody>
</table>

**Contact Information**

*Inv/Assessment Number:* 

**Subjects Contacted:**

**Other Subjects**

Children's Legal Services; 04/28/09 10:30 PM

**Narrative:**

Completed the Judicial Review Social Study/Case Plan Update and submitted it to Children's Legal Services/Court. The judicial review hearing is scheduled for 05/03/09 at 4:00 pm in Judge Clementine's chambers RM 402.
### Chronological Notes Report

**Case Name:** Johnson, Jacqueline  
**Case ID:** 08-843221  
**Note ID:**  
**Date Entered:** 04/30/2009 4:30PM  
**Worker Creating Note:** Robinson, Naomi  
**Worker Making Contact:** Robinson, Naomi  

**Note Information**

- **Contact Begin Date:** 04/30/2009 3:30 PM  
- **Contact End Date:** 04/30/2009 4:00 PM  
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- **Type:** Telephone Contact  
- **Worker Activity Code:** Case Management  
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- **Safety:** N  
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- **Safety date:**  
- **Safety Resolution:**  
- **FSFN:** N  
- **FSFN Resolved:** N  
- **FSFN date:**  
- **FSFN Resolution:**  
- **Admin:** N  
- **Admin Resolved:** N  
- **Admin date:**  
- **Admin Resolution:**  

**Contact Information**

**Inv/Assessment Number:**

**Subjects Contacted:**

**Other Subjects**

Pinewood Elementary School - Susan Kennedy; 04/30/09 3:30 PM  

**Narrative:**

Received a phone call from Marcus's teacher Susan Kennedy. She expressed some concern in regards to Marcus' therapist at Community Mental Health. She stated that Marcus has informed her that he does not like her and that she does not help him. She stated that he complains that it is "a total waste of time when I am there with her." Susan Kennedy suggested he receive counseling through Kids In Distress with Ms. Velma Walker. She said that Miss Walker at one time worked in the school, and Marcus and she know each other and have a good relationship. She also said that Marcus has shared with her that his mom has started drinking recently, and he is worried about her.
Chronological Notes Report

Case Name: Johnson, Jacqueline  
Case ID: 08-843221

Note ID:  
Date Entered: 04/30/2009 5:40 PM

Worker Creating Note: Robinson, Naomi  
Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 04/30/2009 5:00 PM  
Contact End Date: 04/30/2009 5:30 PM

Category: Case  
Type: Telephone Contact

Worker Activity Code: Case Management  
No Request for Action: N

Safety: N  
Safety Resolved: N

FSFN: N  
FSFN Resolved: N

Admin: N  
Admin Resolved: N

Contact Information

Inv/Assessment Number: 

Subjects Contacted: 

Other Subjects

Provider: Community mental health Ft. Lauderdale, Shelly Long 04/30/09 5:00 PM

Narrative:

Telephoned Shelly Long, Marcus’s therapist. Discussion regarding Marcus’ individual therapy sessions. Shelly stated that Marcus still has a hard time opening up during the individual sessions, and that she has had a hard time building rapport with him for some reason. Shelly was in agreement with changing providers for Marcus’s individual treatment. She said that it is in his best interest, and he is comfortable with another therapist at another provider, then she is supportive.
Chronological Notes Report

Case Name: Johnson, Jacqueline  Case ID: 08-843221
Note ID: Date Entered: 05/01/2009 12:00 PM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information
Contact Begin Date: 05/01/2009 9:00 AM  Contact End Date: 05/01/2009 9:50 AM
Category: Case  Type: Field Visit-School/Daycare
Worker Activity Code: Case Management  No Request for Action: N
Safety: N  Safety Resolved: N  Safety date:  Safety Resolution:
FSFN: N  FSFN Resolved: N  FSFN date:  FSFN Resolution:
Admin: N  Admin Resolved: N  Admin date:  Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:
Marcus Johnson; 05/01/09 9:00 AM

Other Subjects

Narrative:
Conducted a school visit. Spoke with Marcus regarding his individual therapy sessions that he has been attending with Shelly Long. He stated, “I don’t like those sessions; they are a total waste of time for me.” He proceeded to say, “I just don’t feel comfortable talking with Ms. Long.”
Informed Marcus that he will be attending individual counseling next week at Kids in Distress with Ms. Velma Walker. He responded by saying, “I know Ms. Walker; she used to be at my school...Yes, I would rather have her as my therapist.” I asked Marcus how his mother is doing, and he looked down at the ground and stated, “I think she is sad again; she has been drinking a lot.”
Chronological Notes Report

Case Name: Johnson, Jacqueline  Case ID: 08-843221
Note ID:  Date Entered: 5/01/2009 7:00 PM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information
Contact Begin Date: 5/01/2009 5:00 PM  Contact End Date: 5/01/2009 6:15 PM
Category: Case  Type: Home Visit—Child’s Current Residence
Worker Activity Code: Case Management  No Request for Action: N
Safety: N  Safety Resolved: N  Safety date: Safety Resolution:
FSFN: N  FSFN Resolved: N  FSFN date: FSFN Resolution:
Admin: N  Admin Resolved: N  Admin date: Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:
Jacqueline Johnson, Samantha, Silvia, Marcus and Leonard Johnson; 05/01/09 5:00 PM

Other Subjects

Narrative:
Conducted an unannounced home visit at the Johnson residence 1450 NW 112th Ave. Ft. Lauderdale, FL 33301 to check on the children's safety and well-being. Ms. Johnson answered the door and at first was hesitant to invite me in but, eventually did. The children were all sitting in the living room watching T.V. Ms. Johnson had three empty beer bottles on the counter in the kitchen, and a bottle of wine was opened on the table with a full glass of wine next to it. Ms. Johnson admitted to drinking over the past month more and more. She said that drinking has helped her to relieve some of the stress that she has been experiencing with the kids, and everything she has been having to do. She said that when she was younger and married to her first husband, she used to drink a lot, and ended up in treatment, and going to Alcoholics Anonymous. She stated that until recently it has been 9 years since she had a drink. After talking with her for a period of time, she admitted to having a drinking problem, and that she does not want it to get out of control. I informed Ms. Johnson that I would be referring her for a substance abuse evaluation, and she was in agreement. She dumped the bottle of wine down the kitchen sink and threw the bottles out. I did not see any other containers of alcohol in the house.

Talked with each of the children and all four said that they had eaten dinner. When the children took me to see their bedrooms, Silvia stated, "I wish mommy would quit drinking that stuff out of the bottles because it makes her cry all the time." The children's rooms were neat and clean and the cabinets and refrigerator were stocked with food. A safety plan was developed with the children, and a copy was placed in the file. A safety plan was also completed with Ms. Johnson, and a copy was placed in the file. Contacted the substance abuse treatment center and a referral was made for Ms. Johnson to receive a substance abuse treatment evaluation on 05/03/09 at 9:00 am 954-792-0920.
Chronological Notes Report

Case Name: Johnson, Jacqueline  Case ID: 08-843221
Note ID:  
Date Entered: 05/03/2009 2:00 PM
Worker Creating Note: Robinson, Naomi  Worker Making Contact: Robinson, Naomi

Note Information

Contact Begin Date: 05/03/2009 12:00 PM  Contact End Date: 05/03/2009 12:35 PM
Category: Case  Type: Telephone Contact
Worker Activity Code: Case Management  No Request for Action: N
Safety: N  Safety Resolved: N  Safety date:  Safety Resolution:
FSFN: N  FSFN Resolved: N  FSFN date:  FSFN Resolution:
Admin: N  Admin Resolved: N  Admin date:  Admin Resolution:

Contact Information
Inv/Assessment Number:

Subjects Contacted:

Other Subjects
Substance Abuse Treatment Center, Dawn Haskins; 05/03/09 12:00 PM

Narrative:
Telephoned Dawn Haskins, and she stated that Ms. Johnson attended the substance abuse evaluation this morning at 9:00 am and that she will be recommending outpatient treatment. She will mail the report with recommendations.
### Missing Child Quick Reference Guide

**Mandatory Protocol**

ANY child whose whereabouts are unknown (runaway, abducted, or absconded) is considered to be a Missing Child and the following steps must be taken!

<table>
<thead>
<tr>
<th>WHAT THE CASE MANAGER MUST DO:</th>
<th>WHEN?</th>
<th>BUT ABSOLUTELY NO LATER THAN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure the child has been reported missing to LE <strong>AND</strong> that a Missing Child Report has been taken by the police. You must obtain both the police report number and the name of the LE agency contacted, from the person who reported the child missing to LE. If you have any issues with obtaining a report, please contact your Child Location Specialist. (Document all contacts in FSFN)</td>
<td>Immediately if the child is age 11 or younger and/or at <strong>high risk</strong>*. Up to 4 hours if the child is 12 or older, willingly left care, and is not at high risk (you must actively conduct efforts to locate during this time).</td>
<td>No later than... Immediately or up to 4 hours after you learn that the child is missing (you must conduct efforts to locate the child during this time).</td>
</tr>
<tr>
<td>Notify caregivers, parent(s), relatives, GAL, service providers, school/daycare, etc., to advise them of the situation, and to see if they can provide information to help locate the child. (Document in FSFN)</td>
<td>Immediately upon learning that the child is missing.</td>
<td>No later than... 24 hours after you learn that the child is missing.</td>
</tr>
<tr>
<td>Complete Incident Report and fax/deliver it to appropriate parties; follow local agency procedures for incident reporting. (Document in FSFN)</td>
<td>Immediately upon learning that the child is missing.</td>
<td>No later than... 8 hours after learning the child is missing (if “high risk,” the incident report must be faxed immediately and noted as a high risk issue).</td>
</tr>
<tr>
<td>Complete the Missing Child Report Form located in the Missing Child Report section of FSFN. <strong>Note:</strong> If a pick-up order has been issued for the child, but local law enforcement refuses to take a Missing Child Report, a “Dummy” police report number of 00000 may be entered into the Missing Child Report Form.</td>
<td>Immediately upon obtaining a report number from law enforcement.</td>
<td>No later than... One business day after you learn the child is missing, and obtain a Missing Child Report number from law enforcement.</td>
</tr>
<tr>
<td>Notify CLS that the child is missing and advise the attorney of the steps you have taken. (Document in FSFN)</td>
<td>Within 24 hours of learning that the child is missing.</td>
<td>No later than... 48 hours after you learn that the child is missing.</td>
</tr>
<tr>
<td><strong>WHILE THE CHILD IS MISSING, you must perform diligent efforts to locate!</strong></td>
<td>These contacts must be made Weekly for the first 3 months and Monthly thereafter until the child is located.</td>
<td>No later than... WEEKLY for the first 3 months the child is missing and MONTHLY thereafter, until the child is located. Each of these contacts must be documented in FSFN as your on-going diligent efforts to locate the child.</td>
</tr>
</tbody>
</table>

*High Risk: Any child age 11 or younger; or any child (no matter the age) who is believed to be with someone who may harm him/her; or any child who may be at risk of harming him/her self; or any child who has a known medical condition or disability. Immediate action must be taken to report and locate any Missing Child who is at high risk.

Please contact the Child Location Unit at (850) 410-8543 with any questions!
Missing Child Guide

Introduction

The Missing Children Guide was created by the Department of Children and Families (DCF) Central Office Child Location staff in collaboration with DCF local Child Location staff, Community-Based Care (CBC) providers and the Florida Department of Law Enforcement (FDLE). The purpose of this guide is to provide user-friendly information to caregivers, caseworkers, Child Protective Investigators and other relevant individuals to assist them in knowing what to do when a child under court ordered supervision or in an active child protective investigation goes missing.

Instructions included in this guide for reporting, documentation, location and recovery are based on DCF Operating Procedure (CFOP) 175-85, Prevention, Reporting, and Services to Missing Children, the Florida Safe Families Network - Missing Child Report (MCR), Florida Administrative Code (FAC) 65C and Florida Statute (FS) Chapter 39. Tips and effective practices provided in all sections of this guide are based on input from the field and the Florida Department of Law Enforcement/Missing Endangered Persons Information Clearinghouse (FDLE/MEPIC) and on national research related to children missing from the care of the state.

The Missing Children Guide will be updated at least annually to incorporate effective and best practices and changes in regulatory requirements. When the Missing Children Guide is updated only the pages that were updated will be sent out. Also, an update log will be sent out each time the guide is updated. The log will contain the Update Number which will be the two digit month, then a dash, then the two digit year the update was issued. A list of what was updated will be given and the effective date for said update. The log will be sent out in a table format.

You may contact the DCF Central Office Child Location Unit for any update information or any questions concerning the Missing Children Guide.
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- Effective practices
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- Preventing a runaway episode
- Effective practices
- Resources
Section I: Reporting Children Missing

This section is for use by individuals responsible for determining if a child is missing from the care of the Department, taking initial steps to locate the child and reporting the child missing to local law enforcement and other relevant individuals within required time-frames.

**Step One: Determine if the child is missing**

1. **When should a child be considered missing from the Department’s care?**
   A child should be considered missing when the child’s whereabouts are unknown and:
   1. The child has been adjudicated dependent and placed in out-of-home or under Judicial In-Home services; and/or
   2. The child is the subject of an active Judicial In-Home services case; and/or
   3. The child is the subject of an active or emergency shelter order; and/or
   4. The child is the subject of an active abuse investigation, there is a preponderance of evidence to support the abuse, neglect or abandonment allegations, a Take into Custody Order will be sought for the child and:
      - the parent or legal custodian has been notified of the requirement to report a change in residence or location of the child to the protective investigator and the parent causes the child to move,
      - or allows the child to be moved, to a different residence or location,
      - or the child leaves the residence on his or her own accord and the parent or legal custodian does not notify the protective investigator of the move within 2 business days.

2. **When should a child not be considered missing from the care of the department?**
   A child should not be considered missing when:
   1. The child is receiving Non-Judicial In-Home services; or
   2. The child is the subject of an active abuse investigation in which no contact has been made with the family and there is insufficient probable cause to petition the court for a Take Into Custody Order (65-29.013, F.A.C.); or
   3. The child’s whereabouts are known and a social service provider or law enforcement agency has physically confirmed the child’s whereabouts; or
   4. A child, age 12 or older, states they are going to a location unsupervised and no effort is made to confirm the child is at that location, or any other location where the child might have gone; or
   5. The child returns to their placement within four (4) hours and a Law Enforcement report number has not yet been initiated. **Important: Once a Law Enforcement report number has been issued, regardless of timeframe and/or recovery, a Missing Child Report (MCR) must be completed.**

**Tip:**
- Not all children who have contact with the Department, or other social service agencies, can be considered missing from care.
- For questions on how to determine if a child is missing, please refer to FAC 65-29.013, 65-30.019 or F.S. Chapter 39.
- For questions regarding how to report a child missing, please contact your local Child Location Point of Contact, your Regional Criminal Justice Coordinator or the DCF Child Location Unit located at Headquarters in Tallahassee.
**Step Two: Report the child missing**

1. **A child is missing, now what?**

   Once it has been determined that a child meets the criteria for reporting a child as missing, be sure to follow the steps below:

   A. **For children age eleven (11) or younger**: contact local law enforcement immediately to report the child missing

   B. **For children of any age who are believed to be at a high risk**: for example, the child is believed to be with someone who may harm them, may be a risk to themselves, or has a known medical condition or disability, contact local law enforcement immediately to report the child missing

   C. **For children age twelve (12) or older who willingly left care, but are not at high risk** make immediate efforts to locate the child prior to contacting local law enforcement

      - Valid efforts to locate a child prior to contacting local law enforcement include all those that apply to the child, but are not limited to the following:

      - Contact friends
      - Contact neighbors
      - Contact school
      - Check locations the child is known to frequent
      - Contact relatives
      - Contact employers/co-workers
      - Contact former placements
      - Contact DJJ case managers
      - Contact former DCF_CBC case managers
      - Contact local hospitals
      - Check local transportation terminals

   **Important Note:**

   Efforts to locate the child prior to contacting local law enforcement should **not exceed four (4) hours** from the time it was learned the child went missing from care. If after four (4) hours the child’s location remains unknown, contact local law enforcement to report the child missing. Please be advised that you must be conducting efforts to locate the child during the four hour period.

2. **What information must be provided to local law enforcement when reporting a child missing?**

   When reporting a child missing to local law enforcement, be prepared to provide the following information:

   - Documentation that states that the child is in the court-ordered custody of, or under the supervision of the Department, for example, the shelter order or order of adjudication or an open investigation with a preponderance of evidence.
   - The child’s full name including any known aliases and nicknames
   - The child’s date of birth
   - The child’s Social Security Number
• A detailed physical description of the child, including:
  • Height
  • Weight
  • Eye color
  • Hair color
  • Skin complexion
  • Condition of teeth
  • Any identifying scars, marks, or tattoos including a brief description of the location and design of the scar, mark, or tattoo
  • A description of what the child was last seen wearing
• The last known location of the child
• A recent photo of the child
• If the child may be in the company of a companion/abductor (be prepared to give as much demographic and descriptive information for this individual as possible)
• If the child took any clothing or personal belongings with them
• The overall mental or emotional state of the child
• If the child has any known medical conditions that require immediate or ongoing care
• If the child is currently taking any medication
• If the child has run away in the past and if so, where the child was located
• A list of the child’s known friends and associates
• A brief description of what efforts, if any, have already been made to find the child
• The name and contact information of the child’s primary case worker
• If the child has been receiving or making/sending any unusual phone calls or emails
3. **What if local law enforcement refuses to take a missing child report?**

If the law enforcement agency refuses to accept a missing person’s report, the following steps must be taken:

A. Caregivers must:
   1. Ask the responding officer to explain why they will not take a missing child report, and
   2. Contact the child’s CM and explain the situation to them

B. Case Managers must:
   1. Contact the local law enforcement agency that refused to take the missing person’s report and attempt to report the child as missing.
   2. If the officer still refuses to take the report, contact the shift supervisor and attempt to resolve the issue preventing the agency from accepting the missing child report.
   3. If the local law enforcement agency still refuses to take a missing child report, the Case Manager must contact their local child location point of contact for assistance.
   4. If the local child location point of contact requires further assistance in reporting a child as missing to local law enforcement they must contact their Regional Criminal Justice Coordinator or the DCF Child Location Unit in Tallahassee.

**Important Note:**
Law enforcement has the ability to accept and investigate a missing child report from the Department or its contracted providers or from a Sheriff’s Office that conducts child protective investigative services for the Department. Florida Statute 937.021.

4. **What are Pick-Up Orders and how should they be used?**

What is a Pick-Up Order?
- A pick-up order is a court order that notifies local law enforcement that they (local law enforcement) are required to deliver a child to the care/supervision of the Department upon the child being taken into custody.
- Once the court has issued a pick-up order that order is transferred to the local sheriff’s department. There is no state or federal requirement that a pick-up order be assigned as an active case to any unit or deputy within the sheriff’s department nor is there any requirement that the pick-up order be entered into any local, state, or federal data information system.
**Important Note:**
Because of the above stated reasons that the seeking of, or granting of, a pick-up order should never be considered to meet any requirement associated with reporting a child as missing to local law enforcement.

When should a pick-up order be sought for a child that is considered to be missing?
- For a missing child that has already been adjudicated dependent and placed in out-of-home care, there is no reason to seek a pick-up order.
- The only exceptions to this are:
  1. if the court orders that a pick-up order be issued
  2. local law enforcement refuses to take a missing child report absent a pick-up order
  3. there is an active abuse investigation with a preponderance of evidence to support the allegations.

**Step Three: Notify the child’s primary Case Manager**

1. A child has been identified and reported as missing to local law enforcement, what next?

Make sure that the child’s Case Manager is immediately informed that the child is missing so that they can enter a Missing Child Report in FSFN which must be completed within one working day of notification.
Section Two: Documenting a Missing Child Episode

This section is for use by DCF or contracted CBC employees who are responsible for entering the Missing Child Report (MCR) into FSFN. If you do not know who is responsible for completing the MCR, contact your local Child Location Point of Contact or the Regional Criminal Justice Coordinator (RCJC) concerning the policies and procedures in your area.

Step One: Creating a New Missing Child Report in FSFN

Important Note:

- The Missing Child Report must be entered into FSFN within one working day from the time that the DCF/CBC was notified that the child went missing.
- If local law enforcement has refused to take a missing child report, a “dummy” police report number must be entered into the police report number field of the MCR. If you need to do this, please use all zeros in the field (i.e. 000000). This will allow for the Missing Child Report to be completed within the one working day time requirement.

1. How Do I Create a New Missing Child Report?

1. Log on to FSFN
2. Click “Create” at the top left of the desktop and then click “Case Work”
3. Click on the “MCR” under the “Create Case Items” on the left side of page
4. Select the case name under “Cases” on the top right of the page
5. Select the child’s name under “Participants” on the bottom right of the page
6. You will then be taken to the Child Information page of the MCR. Make sure that all demographic information is correct. If not, return to person management and make the necessary corrections before proceeding. When information is correct, click yes to continue.

Potential Problems

If you have any problems entering a missing child report, you will need to contact the Statewide Help Desk at 850-487-9400 or Child Location staff at 850-410-8543.
2. How Do I fill out the Missing Child Report?

**Important Note:**

It is important to remember that all MCRs have the potential to be submitted to the Florida Department of Law Enforcement/Missing Endangered Persons Information Clearinghouse (FDLE/MEPIC) and the National Center for Missing and Exploited Children (NCMEC). It is crucial that all information entered be correct and that proper spelling/grammar/punctuation/capitalization be used. For example: when filling out the caller’s first name, do not type in JANE or jane. Instead, type in Jane.

**Tip:**

After you fill out the child information page, you may fill out the pages of the MCR in any order you wish; however, be sure to fill out all of the pages-tabs that are applicable to the missing child episode.

The following instructions are given in the order in which the pages/tabs appear on the MCR

1. **The Child Information Page of the MCR:**
   
   **A. Date Reported to DCF/CBC**
   
   1. Type in the date that the CBC or DCF learned or was notified that the child was missing
   2. Type in as: MM/DD/YYYY (e.g. 08/16/2008).

   **B. District/Region**
   
   1. Choose the child’s primary district.
   2. Children who go missing while under courtesy supervision must be assigned to the district where the primary Case Manager is located (e.g. if the child is missing from district 1 but the primary Case Manager is located in district 2, choose district 2).

   **C. Eye Color**
   
   1. Choose the option from the drop down box that best describes the child’s eye color (e.g. if the child has brown eyes, choose “Brown”).
   2. If the eye color is unknown, leave blank.
   3. If there is a picture of the child, check the picture before leaving the information blank.

   **D. Hair Color**
   
   1. Choose the option from the drop down box that best describes the child’s hair color (e.g. if the child has black hair, choose “Black”).
   2. If the hair color is unknown, leave blank.
   3. If there is a picture of the child, check the picture before leaving the information blank.
   4. If the child wears a wig, changes hair color frequently, has a Mohawk or anything that cannot be described with the drop down box, make sure it is documented in the Narrative Section of the MCR.
**E. Height**  
1. Type in the child’s height. For example, if the child is 5’4”, type in as 504.  
2. If this information is not known, leave blank.

**F. Weight**  
1. Type in the child’s weight. For example, if the child is 120 lbs., type in as 120.  
   If this information is not known, leave blank.

**G. Build**  
1. Choose the option from the drop down box that best describes the child’s build. For example, if the child has a medium build, choose “Medium.”  
   If the child’s build is unknown, leave blank.

**H. Complexion**  
1. Choose the option that best describes the child’s complexion. For example, if the child’s complexion is light, choose “Light.”  
   If this information is not known, leave blank.

**I. Teeth**  
1. Choose the option that best describes the child’s teeth. For example, if the child’s teeth are crooked, choose “Crooked.”  
   2. If this information is not known, leave blank.

**J. Scars/Marks/Tattoos**  
1. Choose the option from the drop down box that best describes any scars/marks/tattoos associated with the child.  
   2. If the child has more than one of the listed options, choose multiple. For example, if the child has a tattoo, choose “tattoo.” If the child has a tattoo and a body piercing, choose “Multiple.”  
   3. If this information is unknown or the child does not have any scars/marks/tattoos, leave blank.

**K. Scars/Marks Description**  
1. If applicable, briefly describe the scars/marks/tattoos along with the location of the scars/marks/tattoos.  
   2. Using the example for “Multiple” from above, you would type in “star shaped tattoo on the left shoulder and nose is pierced.”  
   3. If this information is unknown or the child does not have any scars/marks/tattoos, leave blank.  
   4. If there is a picture of the child, check the picture for any identifying scars/marks/tattoos before leaving this information blank.
L. Case Type

Choose one of the three options from the drop down box. The remaining classifications (Involuntary, Disabled, Disaster, Hague) are highly specialized categories for missing children and must not be utilized without receiving specific instruction from or consulting with the Child Location Staff in Tallahassee.

1. Runaway is defined as any child age 12 or older whose whereabouts are currently unknown who is believed to have left his or her placement voluntarily and has been missing for more than four (4) consecutive hours from the time that it was learned that the child’s location was unknown.

2. Endangered is defined as any child whose whereabouts are currently unknown who is considered to be missing under circumstances that would indicate that the child is at a high degree of risk of immediate physical harm to themselves due to medical or physiological reasons or is believed to be with someone who places them at a high degree of risk. Any child age 11 or younger who is believed to have left his or her placement voluntarily must be classified in this category.

3. Parental Abduction is defined as any child whose whereabouts are unknown and is believed to be in the company of a custodial parent who has absconded from care in direct violation of a court order or any child that has been removed from his or her placement by a non-custodial parent whose whereabouts are unknown. If it is believed that the child being in the company of the custodial or non-custodial parent places the child at a high degree of risk the episode should be classified as Endangered.

Important Note:
The remaining classifications are highly specialized categories for missing children and must not be utilized without receiving specific instruction from or consulting with the Child Location Staff.

M. Alert Type

Choose the alert type that best describes the type of missing episode and therefore the type of alert.

Important Note:
All alerts are automated in FSFN. Once a MCR is submitted on a child, the alert is turned on in FSFN. If an alert does not turn on for a specific child, the help desk would need to be contacted. Headquarter’s staff with the Child Location Unit cannot turn alerts on and off in the FSFN system. Also, an alert will not turn off for a child until the MCR has been completely closed with FDLE. If you do not know if the case is still open with FDLE, please check their website.
N. **Missing From date**
   1. Type in the date the child was last seen
   2. Type in as: MM/DD/YYYY, for example, 08/16/2008

O. **Missing From Location**
   1. Choose one of the options in the drop down box. For example, “playground/school” if the child was last seen at school.
   2. In general, you will need to focus on the following locations for children placed in out-of-home care: Home-Foster, Home-Group Home, Home-Shelter, Gov’t facility, Office Bldg., Playground/School, or the location where the child was last seen.
   3. The Missing From Location for children placed in in-home care must be focused on the type of home. For example, Home-Single Family, Home-Townhouse, Playground/School, or the location where the child was last seen.

P. **Missing From Street**
   Type in the street address where the child was last seen. For example, 123 North Monroe Street. Do not type in “paternal aunt’s home.” There is no need to type in the City, State or Zip Code as you will enter this information in a separate field.

Q. **Missing From Unit Designator**
   1. This refers to any apartment number, suite number or the like. For example, Apartment 23.
   2. If there is not a unit designator, leave field blank.

R. **Missing From City**
   Type in the city/town where the child was last seen. For example, Tallahassee

S. **Missing From County**
   Choose the county where the “missing from city” is located from the drop down box. For example, Leon

T. **Missing From State**
   1. This field will default to Florida.
   2. If another State is required, choose the State from the drop down box. For example, Georgia

U. **Zip**
   Type in the five-digit Zip Code for the address where the child was last seen.

V. **Missing From Country**
   Choose the country where the child was last seen from the drop down box. For example, United States.

W. **Status/Behavior/Attitude Check List**
   1. At the end of this page, there are a set of statements dealing with the general status of the child and the general behaviors and attitudes of the child.
   2. Choose Yes or No for each of the fields listed that best describe the child’s behavior and attitude for each category, for example, if the child has runaway before, choose yes under the “Has Runaway Before” statement. If the episode involves a child that is not a runaway and/or the child has never runaway before, choose no.

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**Important Note:**
Click on the “View Current Photo” at the top of the page to review the child’s photo. It is very important that the most current, quality photo is in FSFN for the missing child. Quality photos are one of the most essential tools in recovering missing children.
2. The Caller/Law Enforcement Information Page of the MCR:

   Caller Information

   **Important Note:**
   The person responsible for entering efforts to locate on the child should be the one that is listed as the caller on the MCR. If you have any questions about which individual this should be, please contact your Child Location Point of Contact, or the Regional Criminal Justice Coordinator.

   The Caller Information will pre-populate using the information contained in FSFN for the person entering the form.
   1. If the person filling out the form is the one that should be listed as the “caller” then check the information for accuracy and move on.
   2. If the information for the “caller” should be a different individual, click the blue search button to the right of the caller information to search for the correct caller. You would do this in cases where the secondary worker is entering the Missing Child Report, but the primary Case Manager needs to be placed as the caller.

   Law Enforcement Information

   **Important Note:**
   The law enforcement information is designed to capture information as it relates to the local law enforcement agency that has taken the missing child report. FDLE and NCMEC will utilize this information to forward potential leads and location information to the local law enforcement agency. It is extremely important that information be entered as accurately as possible.

   **A. Case Number**
   1. Type in the Local Law Enforcement (LLE) Agency’s Missing Child Report Case number. Please type in the case number using the same format, as the LLE agency would enter it in their system. For example, if Tallahassee Police Department uses 08-123456, then you would enter the report number in that format.
   2. If you are unsure or do not know the missing child report case number, contact that local law enforcement agency to confirm or obtain the number prior to entering the MCR into FSFN.
   3. If local law enforcement has refused to take a missing child report, you may enter a “dummy” number in this field (i.e. 000000).

   **B. Date Law Enforcement was notified**
   Type in the date LLE took a missing child report as: MM/DD/YYYY. For example, 08/16/2008
C. LE Agency (Pick List)
   This field contains a drop down box with nearly all of the law enforcement agencies in Florida. If you choose the agency from this list, the system will automatically fill out all of the other necessary information pertaining to the law enforcement agency that you chose. For example, if you choose “Tallahassee Police Department” on the drop down menu, the system will fill out the address and phone number for this agency. If the agency that took the missing child report is not listed in the drop down box, you can type it directly below in the “LE Agency Name.”

D. LE Agency Name
   If you chose an agency in the drop down menu from above, this is to be left blank. If the agency you needed was not in the drop down menu listed above, you must enter it here. For example, if the law enforcement agency is out of state, type in the name of the agency in this field. For example, Los Angeles Police Department.

E. Address
   Only enter the address if you did not select an agency from the drop down menu.

F. City
   Only type in the city if you did not select an agency from the drop down menu.

G. State
   Only type in the state if you did not select an agency from the drop down menu.

H. Zip
   Only type in the zip code if you did not select an agency from the drop down menu.

I. Phone
   Only type in the work number if you did not select an agency from the drop down menu.

3. The Narrative Page of the MCR:

A. Relevant Information
   1. The narrative must include only information that is relevant to the missing episode and which would assist in the location of the child.
   2. Do not put placement issues, issues with Law Enforcement, or the reason why an MCR was not entered in a timely manner in this section.
   3. Relevant information for this section would include:
      a. information on where the child was last seen that is not included in another section of the MCR
      b. the child’s direction of travel
      c. what the child was last seen wearing
      d. the child’s possible destination
      e. information on prior missing child episodes (where the child went, where the child was located)
      f. any information that could not be listed on the MCR, but might be helpful in the location of the child. An example of this would be, “child’s hair is naturally brown, but is currently dyed pink” or “child frequents local area video arcades.”
   4. If there is no information available that would help in the location of the child, please use the following narrative exactly as it appears here: "The child ran away from placement. Direction of travel is unknown. Clothing description is unknown."
   5. Please do not use abbreviations or acronyms that are not known by the general public. For example, do not use “CM” for Case Manager or “TPD” for Tallahassee Police Department. Also, make sure to use proper grammar when filling out this section.
4. The Companion/Abductor/Vehicle Information Page of the MCR (if applicable):

**Companion/Abductor Information**
1. If a child is believed to have left their placement with another individual(s), information pertaining to the individual(s) must be entered on this page. This must include information on custodial and non-custodial parents who have absconded from the supervision of the Department with a child.
2. An entry for each individual that the child may be with is required in this section. For example, if a child and his three siblings are abducted by both parents, an entry will be needed for each of the three siblings as a companion, as well as for each parent as an abductor.

**Vehicle Information**
1. If you have any information on any vehicle that might be involved in the child’s disappearance, please enter the information in this section. If this information is not known, leave blank.
2. If you have information on more than one vehicle, each vehicle will require an entry.

5. Final Submission
Read through the paragraphs on this page and check the “I Agree” box if you agree with the statements and understand that you are submitting an official legal document to law enforcement personnel.

1. Once you have checked the final submission box, click "save" to save the document.
2. Click the options button on the bottom left of the screen and choose “Missing Child Report” to print a copy of the document.
3. Click the options button again and choose “Approval” to begin the approval process.

6. To Approve a MCR
1. After you choose “Approval” at the bottom of the MCR, it will take you to approve the MCR. Click the “Approve” button under “Approval Decision.”
2. Under “Supervisor Approval” please choose the blue “Other” button if the Supervisor listed is not the person who should approve Missing Child Reports in your area. If you need to click other, you can choose the correct person to route the form to for approval. Once this is completed, choose “Continue” at the bottom of the screen.
3. The individual responsible for reviewing the MCR (Regional/District MCR Approver) would then go into their approval queue to review the document. Once the document has been reviewed and is ready for submission to Headquarters in Tallahassee, the Regional/District MCR Approver would select “Approval” under “Options” on the Final Submission page/tab of the MCR. Choose Approve for the “Approval Decision” and select the blue “Other” link to search for the HQ Specialist. Select the appropriate person and click “continue.” Again click “continue” and then click “close.” The MCR is now at Headquarters awaiting final submission to FDLE.
4. If the report is sent to the wrong person, it cannot be approved and will not be reviewed; only the person who created the MCR and the person who the MCR was routed to can re-route the document. Please pay close attention when routing forms to ensure that none are held up in the process by misrouting. If there are any concerns about who the Regional/District MCR Approver is, please contact your Child Location Point of Contact or Regional Criminal Justice Coordinator.

**Important Note:**

Once you complete the MCR in FSFN, make sure to update the child’s placement status in FSFN to abducted, absconded or runaway status.
Section Three: Location of a Missing Child

The information contained in this section outlines requirements/responsibilities of the Case Manager/designated worker in regards to locating a missing child.

The Case Manager/designated worker is required to:

1. Provide law enforcement with relevant information.
2. Conduct and document efforts to locate the child.
3. Review the FDLE Missing Endangered Persons Information Clearinghouse Website.
4. Prepare for the return of the child.
5. Resolve the missing child episode.

Step One: Communicating with Law Enforcement

1. What information does law enforcement need to assist in the location of a missing child?

A. The following information needs to be provided to law enforcement immediately:

1. A recent photo of the child (see Missing Child – Photos Handout).
2. Any leads regarding the possible location of the child.
3. Documentation of any efforts to locate the child.
4. A list of locations the child frequents and any possible destinations.
5. A list of the child’s relatives and friends.
6. Information on any companions.
7. Information related to any prior missing episodes (location information, etc.).
8. Contact information for the case manager/designated worker as well as contact information for the individual responsible for picking up the child or where the child must be taken if/when located by law enforcement.
9. Information on problems at school or at home.
10. Child’s email, screen names and access to computers.

*Tip:*

School records, yearbooks, driver’s licenses, state identification cards, juvenile probation officers, and past placements can be excellent resources for finding recent photos for children when no photo is on file or the only available photo is considered to be out-of-date.

B. The following information needs to be provided to law enforcement within the first 30 days of the investigation:

1. Copy of the child’s fingerprints.
2. Copy of the child’s dental records.
3. Copy of the child’s case file (when requested by law enforcement).

*Tip:*

Meeting with local law enforcement to go over a missing child’s case file within the first week of the missing child episode is a valuable location tool for local law enforcement, as it provides them with the opportunity to generate potential leads as to the child’s whereabouts and gives them insight into child’s past and state of mind. In fact, during Operation SafeKids, the FDLE/MEPIC found that over 40% of all social services missing child cases could be resolved quickly by providing specific information that was contained within a missing child’s case file.
C. The following information needs to be provided to law enforcement on an ongoing basis:
   1. Any changes or updates related to the missing child's case status (i.e. Case Manager/designated worker changes, changes in legal status).
   2. Results of any efforts to locate the missing child that were undertaken by the Case Manager/designated worker.

D. The following information needs to be provided to law enforcement as soon as the child is located (this is especially important if law enforcement did not assist in locating the child):
   1. Address where the child was located (including street address, city, state and zip code).
   2. Physical condition of the child when the child was located.
   3. General circumstances regarding the location (who, what, where, when and how).

**Important Note:**
The law enforcement agency that initiated the Missing Child report enters the child into FCIC/NCIC and as such is the only agency that can remove the child from the system. In other words, it is critical that they are notified of the location to ensure that the child’s FCIC/NCIC entry is removed from the system. The child's episode will remain open in FSFN and with FDLE until the child is removed from FCIC/NCIC.

**Step Two: Efforts to Locate**

1. **What is an effort to locate a missing child?**
   An effort is any activity that is directly undertaken by the Case Manager/designated worker in an effort to identify the physical location of a child that has gone missing from care.

2. **What would be considered an effort to locate?**
   The following list offers suggestions and does not include every example of an effort to locate a child. Remember to be creative and use your imagination.
   1. Contact friends, relatives, parents, caregivers, school personnel, employers, Guardian ad litem, therapist, counselor, service provider and other significant individuals to see if they can offer any leads.
      • *Effective Practice*: Make notifications count as efforts to locate! After advising the required individuals that the child is missing, follow up with questions, such as:
        - Have you seen the child?
        - Do you know where the child might be?
        - Do you know who the child might be with?
        - Did the child mention running away?
        - If the child contacts you, can you contact me?
   2. Contact other programs and services for help locating the child. For example:
      • ESS Checks
        • Search for benefit activity and/or new addresses for the missing child or individuals associated with the missing child after the date child went missing from care.
      • Medicaid Billing
        • Search for benefit activity and/or new addresses for the missing child or individuals associated with the missing child post the missing from date.
      • Child Support
        • Search for benefit activity and/or new addresses for the missing child or individuals associated with the missing child after the date child went missing from care.
• School Records
  • Review attendance records in an effort to ascertain if the missing child has been attending school post the missing from date.
  • Attempt to discover if requests have been made to provide transcripts information for the missing child to new/different schools after the date child went missing from care.
• Vital Statistics
  • Attempt to determine if requests have been made regarding vital statistic records post the missing from date.
• Driver’s License
  • Attempt to ascertain if new/updated driver’s licenses or state identifications have been issued to the missing child or individuals that may be associated with the missing child after the date child went missing from care.
• Department of Juvenile Justice (DJJ)
  • Contact DJJ facilities to see if the missing child has been or is currently being held in a DJJ facility post the missing from date.
  • Contact DJJ Case Manager to see if they have had any contact with the missing child after the date child went missing or any information on the whereabouts of the missing child.
• Clerk of Court
  • Attempt to identify if the child or individuals that may be associated with the missing child have attended court hearings or are scheduled to appear in court in the near future (note: these proceedings may or may not be related to dependency court proceedings).
• SSN and SSI Benefits
  • Search for benefit activity and/or new addresses for the missing child or individuals associated with the missing child post the missing from date.
• Immigration and Customs
  • Attempt to have passports flagged in those cases where the missing child or individuals that might be associated with the missing child attempt to leave the country.
  • Attempt to have the missing child or individuals that may be associated with the missing child flagged so that they may be identified if and when they attempt to re-enter the country.
• United States Department of State
  • Attempt to work with embassies and consulates in possible destination countries in an effort to locate the missing child or individuals that may be associated with the missing child.
• Public Records Checks
  • Accurint/AutoTrack.
  • Attempt to identify address information for the missing child or individuals that may be associated with the missing child post the missing from date.
• Out of State Social Service Agencies
  • Attempt to ascertain if the missing child or individuals associated with the missing child have had contact with an out-of-state social service agency after the date child went missing from care.
• Make home and field visits to places familiar to the child, such as malls, schools, playgrounds, neighborhood where the child currently resides, past neighborhoods and neighborhoods of friends and family. Also, visit runaway shelters, DJJ facilities, hospitals, transportation hubs and areas where children and teens congregate.
• Effective Practice: when checking physical locations for a missing child, make sure to bring missing child flyers for posting and distribution.

**Important Note:**

Contact law enforcement to exchange new information and obtain updates. This practice will help eliminate any duplication of efforts.

3. Where would I document efforts to locate?

Efforts to locate must be documented in FSFN:

• Efforts to locate missing children are required to be entered into FSFN within 48 hours or in a timeframe that is consistent with your agency’s internal policy.
• Efforts must contain who, what, where, when and how narratives.

Make sure to choose the “Missing Child Attempt to Locate” case note type when entering any efforts in FSFN.

4. How often do I need to conduct and document efforts to locate?

At a minimum, efforts must be made and documented once a week for the first three months and monthly thereafter. No more than 30 days must go by without an effort to locate a missing child.

**Important Note:**

This is the Department’s policy. If you work for a CBC provider, make sure to check their policy as some agencies require that additional efforts be made. For example, some agencies require efforts be made three times a week for the first two weeks, weekly thereafter for the first 90 days and monthly for each month after the initial 90 days.
Step Three: The FDLE Missing Endangered Persons Information Clearinghouse (MEPIC)

1. What is the FDLE/MEPIC?
   The MEPIC is located within the FDLE Division of Criminal Justice Information Services and is a central repository of information regarding missing endangered persons. The information is collected and disseminated to assist law enforcement agencies, public and private organizations and the citizens of Florida in locating missing endangered persons. The MEPIC is utilized as a resource center and information exchange service and compliments the state and federal computerized missing person’s files.

2. What does FDLE do with the DCF missing child information once it is submitted to them?
   Once the information is reported to law enforcement, they accept a missing child report, enter the child as missing in FCIC/NCIC and a Missing Child Report is electronically submitted, FDLE (Missing Endangered Persons Information Clearinghouse) opens a case on the child. MEPIC provides analytical and investigative assistance to law enforcement agencies. Some of the services they provide are:
   1. Posting the child’s picture and information on their website. The website is accessible to the public and missing child flyers can be printed directly from the site
   2. Conducting both public and private database searches
   3. Flagging birth records and school records

3. Why do I need to access FDLE’s Missing Endangered Persons website?
   The Case Manager/designated worker needs to access the website to ensure the child is posted, all of the information associated with the event is correctly documented and the child’s photo is properly displayed. Also, you can print missing child flyers directly from the website.

4. How Do I access FDLE’s Missing Endangered Persons website and print flyers?
   1. The website is: www.fdle.state.fl.us. Once at the site, click on the Missing Endangered Persons Information Clearinghouse link on the right side of the page.
   2. To print flyers: click on the search tab at the top of the page, type in the child’s last name and/or first name, and click submit. Click on the child’s picture and the flyer will come up. Click printable flyer under the child’s picture. You may then print the flyer.
      • Make sure the page is set to landscape.
      • Make sure to use a color copier as the picture will be in color as long as the picture was provided was in color.
      • Flyers can be distributed to service providers, schools and may be posted in the community.

   Important Note:
   If there is no available picture of the child, it will limit the need to print flyers. Submitting updated, quality photos can play a crucial role in the location of a missing child.
**Step Four: Preparing for the child’s return**

**Tip:**
You need to plan for the child’s return before the child returns.

**How do I secure placement for the child?**

- Interview the current caregiver to decide if the child will be placed there when he/she is located.
- If the current caregiver is not willing to take the child back or the child has expressed a strong aversion to returning to the placement, explore other placement options.
- Check to see if there is a more appropriate placement.

**Important Note:**
If/when the child returns and expresses a desire to live with a relative or non-relative, the Case Manager must follow all necessary procedures to assist in the placement (background checks, notifying the court for approval, etc.).

**Step Five: Locating the Missing Child**

1. **What steps need to be taken once a child is located?**

When a child is located, the following steps must be followed:

- See the child as quickly as possible to assess safety and well-being.
- Make sure basic/immediate needs are met and obtain any needed medical care, counseling and/or other services.
- Immediately notify law enforcement. This is especially important if law enforcement did not assist in locating the child.
- Contacting law enforcement will ensure that the missing child entry is removed from FCIC/NCIC.
- **A child is not considered located until the child is seen by law enforcement or a child welfare professional.**
- Notify the child’s parents, legal custodian, relatives, substitute caregivers, Guardian ad litem, and the court of the child’s location.
- Document the location in FSFN. Also, remember to end date the runaway, abducted or absconded status in Other Placement in FSFN once the child is located.
- Complete the Recovery Form on the MCR in FSFN.
- Florida Administrative Code 65C-30.019 requires that the Case Manager or CPI must interview the child within 24 hours of the child’s return to assess the child’s need for further services and/or change in placement. Debriefing tools and effective practice information can be obtained by contacting the DCF Child Location Unit in Tallahassee (see resources section).

**Important Note:**
If the child turns 18 years old while reported as missing, all agencies notified that the child was missing must be contacted by the Case Manager. The Case Manager must inform the court and request the case to be closed. If requested, information from the case file will be given to the local law enforcement agency for their continuing efforts to locate the missing person. **When notifying law enforcement, make certain that they understand that the child was never recovered.**
Tip:
Many times, children will run away to a location where they were previously found. Keeping detailed information on past locations may help locate a child who frequently runs away from care.

2. How do I complete a Recovery Form in FSFN?
   A. To complete and submit a Recovery Form, follow the steps below:
      1. Log onto FSFN.
      2. Open the case file and click on the Missing Child Report Symbol.
      3. Click on the Open MCR.
      4. Enter all of the information requested and click “save” at the bottom of the screen.
      5. There are two types of recoveries, rapid and standard. A rapid recovery occurs when a child is reported and recovered before it is submitted to FDLE/MEPIC. A standard recovery occurs when FDLE/MEPIC has opened a case on the missing child. The MCR should default to whatever recovery is needed.
      6. Once you complete the recovery form, click “Options” and then “Approval.” Make sure you approve the recovery form to your Regional/District MCR Approver.
      7. The Regional/District MCR Approver will review the recovery form and approve it to MCR HQ.

Important Note:
In order to submit a recovery form, you must be assigned to the child’s case in FSFN.

B. To complete the narrative section, use the following guidelines:
   • The section must include one of the following headings:
     1. Child returned to placement on his/her own.
     2. Child was located by DCF/CBC (name worker).
     3. Child was located by Law Enforcement (name the agency).
     4. Child aged out without being located.
     5. Court removed jurisdiction without the child being located.
     6. Child found deceased.
   • A brief description of the child’s condition is very important to include in the narrative section as is a general description of the circumstances involving the location.

C. To complete the address section, use the following guidelines:
   • Make sure to fill out the street address, city, state and zip code where the child was located.
   • Many times, children will run to the same location where they were previously located and this information is vital in locating children that are habitual runaways.
   • If the information is not included, the point of contact or the case worker may be contacted for this information as FDLE may request the location address for their records.

Important Note:
The completed recovery form is sent electronically to Headquarters for review and closure with the FDLE/MEPIC. Incomplete information may result in the local Children Location Point of Contact or the Regional Criminal Justice Coordinator being contacted by local law enforcement, the FDLE/MEPIC or the National Center for Missing and Exploited Children (NCMEC) for detailed information related to the resolution of a missing child investigation.
Section Four: Stabilization of Missing Children

The information contained in this section outlines requirements/responsibilities of the case manager or designated worker related to stabilizing a child upon his/her return. This section also contains effective practices, as suggested from the field along with national research.

1. How do I stabilize a child once they are located?
   See the child as quickly as possible to assess safety and well-being:
   • Make sure basic/immediate needs are met.
   • Obtain any needed services.
   • Interview/Debrief the child.
   • Conduct staffings to discuss needed services.
   • Identify and provide any additional training or support to caregivers.

Important Note:
Florida Administrative Code 65C-30.019 states that the child is to be interviewed by the Case Manager or CPI within 24 hours of the child’s return to assess the child’s need for further services and/or change in placement.

2. What are some effective practices for stabilizing children upon their return?
   2. Positive and supportive caregiver interaction with children.
   4. Monthly meetings to staff children/youth, coordinate efforts and share best practices.
   5. Be creative: start with identifying the needs of the youth, then be creative in meeting them.

3. What does national research suggest regarding the stabilization of children?
   There is little research or published information on this subject. However, the National Center for Missing and Exploited Children (NCMEC) has published Location and Reunification of Missing Children: A Team Approach, which describes different stages a child will go through, depending upon who has abducted the child. The following are examples of what the child may experience:
   • Non-Family Abductions
     • Brief Euphoria
     • Hyperarousal
     • Hypervigilant Recall
     • Compliance/Resistance
     • Denial and Help-Seeking
   • Family Abductions
     • Lack of Control
     • Belief Confusion
     • Fear
     • Role and Identity Confusion
     • Divided Loyalties
     • Guilt and Shame
     • Abandonment
If the child was abducted by a parent, the parent may have told the child lies or made negative statements about the other parent and/or about the Department/child welfare agency. Statements made by the parent to the child prior to his/her return may negatively impact the child once he/she is located and placed.

Children most often will feel a lack of control in these situations. The child must be assessed and receive counseling regarding the abduction.
Section Five: Prevention of Missing Episodes

The information contained in this section provides suggestions on how to prevent missing children incidents, based on national research and effective practices from the field.

Tip:
Increase prevention efforts in order to decrease missing episodes.

1. How can a parentally abducted, involuntary or endangered episode be prevented?
   - Research suggests that Parentally Abducted, Involuntary or Endangered (PIE) children should never go places alone and should be taught to trust their own instincts and to run if they feel they may be in danger.
   - Caregivers should know where the child is at all times and talk openly about safety with the child.
   - Regular parent-child visits and regular worker-child visits that allow for private conversations with the child are very important.

2. How can a runaway episode be prevented?
   - National Research concerning runaway prevention lists a number of factors that will reduce or eliminate the number of runaway episodes:
     - Placement stability.
     - Providing more activities/less downtime.
     - Normalcy.
     - Independent living/transition planning and activities.
     - Placement or visitation with sibling(s).
     - Positive relationship/bond with at least one adult.
     - Increased flexibility (a more flexible set of rules tied to each individual child’s ability to handle more responsibility).
     - Granting family visits or phone calls during holidays, weekends or during a family crisis.
     - More openness regarding the child’s case information.
     - Attentive case management.

Tip:
• What does not help reduce runaway episodes is punishments, lecturing, name calling or labeling, criticizing or hassling, raising voice or yelling and isolating.
• Children are either “pulled” to run or “pushed” to run. Interviewing the child to find out why he/she is running will help stabilize the child and prevent future runs.

3. What are some effective practices to prevent children from running from care?
   1. Normalcy
      - Statewide Normalcy workgroup.
      - Childnet Normalcy workgroup.
      - Memo from Sec. Lucy D. Hadi (dated August 31, 2005).
2. Placement Preference Assessment
   • Critical placement meetings to plan for placement in advance of return from runaway.

3. Teen Homes Certification Program
   • Program to establish specialized homes for difficult teens/runaways.
   • Program includes intensive training and maintenance requirements for selected caregivers as well as special incentives/support services as compensation for program participation.

4. Group Home Training
   • Intensive training for group home staff aimed at teaching skills needed to work with teens.
   • Ongoing assistance and consultation by BASP regarding group home incentive systems and behavior management programs.

5. Risk Assessment
   • The Chapin Hall study related to children who run from foster care has identified variables associated with an increased risk of running away.
   • Information can be gathered from a child/youth and their family during a variety of naturally occurring assessments and interviews to determine if a child/youth has a history of running away - good predictor of future behavior.

6. Runaway Steering Committee
   • Multi-disciplinary and multi-agency group who meet to problem assess and address the needs to children/youth who run from care.
   • Very effective intervention for youth who run frequently and have complex needs and behaviors.
   • Youth should be included when possible to ensure the identification of needs and interventions are accurate and effective (youth-guided care).
   • Circuit Four is a good resource.

7. Resource mapping and building/system of care to ensure individual needs of teens are met
   • Identifying and meeting the individual needs of teens in out of home care to reduce the risk of them running requires access to a variety of services and supports.

8. Specialized Teen Counselors

9. Teen Courts

5. What are some resources related to children who run from care?
1. National Runaway Switchboard
   • Web site: Prevention education material, free community education materials.
   • Community education and runaway prevention material.

2. Local Law Enforcement and Florida Department of Law Enforcement/Missing Endangered Persons Information Clearinghouse (FDLE/MEPIC).

3. 211/Information and Referral Networks.

4. The Transition Center at University of Florida
   • Transition Individual Education Plans (IEPs).
   • Requirements for special education students.
5. Florida Department of Education web sites:
   - General.
     - Bureau of Exceptional Education and Student Services: Clearinghouse Information Center.

6. Casey Family Foundation
   - Independent living resources/Information.

7. Annie E. Casey Foundation
   - Resources/information on child welfare.

8. Project Safe Place

9. Chapin Hall, Center for Children at the University of Chicago
   - Study: Youth Who Run Away from Substitute Care.
   - Web site.

10. Child Welfare League of America
    - Best practice Guidelines: Group Homes for Teenagers and Children Missing from Care.

11. National Center for Missing and Exploited Children
    - Web site, publications, material related to abduction and safety, links to other resources.

12. Florida Network of Youth and Family Services

13. Adopt US Kids
    - Web site.

14. Local Child Location Points of Contacts, Substance Abuse and Mental Health staff, and Independent Living Coordinators.

15. Florida’s Center for the Advancement of Child Welfare Practice
    - Web site: resources on system of care, collaboration and links to other resources.

15. National Dissemination Center for Children with Disabilities (NICHCY)
    - Web site has a statewide cheat sheet with numerous resources

16. Central Office Child Location staff:
    - Ed Hardy: (850) 921-7929
    - Hans Soder: (850) 487-8897
    - Reagan Rogers: (850) 922-4863
    - Greg Schmidt: (850) 410-8543

Please contact the Central Office Child Location Unit if you would like additional information on the Missing Child Report or resources related to youth who are missing from care.
Case Supervision for ICPC Cases

QPS #38, 39

Placement from Florida to another State Case Supervision

The State of Florida

- retains jurisdiction during the placement of a child
- is responsible for all matters related to the child as if the child remained in Florida, including financial responsibility

Receiving State

- make face to face contact (every 30 days) with the child
- prepare a written report once every 90 days for Florida that includes
  - Date and location of each face to face contact with the child
  - Summary of child’s current circumstances including the on-going safety and well-being of the child
  - Child’s academic performance (if applicable), copies of report cards, education evaluations
  - Summary of child’s current health status, including mental health
  - An assessment of the current placement and caretakers
  - A description of any unmet needs and any recommendations for meeting identified needs.
  - The supervising Case Manager’s recommendation regarding the status of the case. i.e., continuation of the placement, return of legal custody to a parent, TPR, etc.

Case Manager

- Inform the court of the status and well-being of the child based on the quarterly reports prepared by the receiving state.

Termination of Supervision

- The receiving state may recommend termination of supervision.
- Termination of supervision rests with you and court.
- If supervision is terminated, the Florida court retains jurisdiction as long as the child remains in the other state unless the child:
  - is adopted
  - reaches age 18
  - becomes self-supporting
  - placement from another State to Florida

Placement from another State to Florida

- You will complete the Home Study; if favorable and the placement is approved:
  - Arrange all services before or at the time of placement.
• Resolve all financial concerns.
• Jointly decide the date for placement.
• Begin monthly (every 30 days) contacts as soon as the placement is made.
• Forward quarterly reports, including information from all service providers, to the sending state in order for the sending state court to be informed about the status of the placement.
• Supervision of the placement cannot be terminated without the agreement of the sending state Compact Office and the central office Compact Office.
• If the child has to be returned to the sending state, the central office Compact Office must be notified.

Supervision of Foster Care Children (ages 16 - 17) in Job Corps Programs (out of state):

• 409.1451(4)(c)1., F.S. Children ages 16 and 17 in foster care may receive services in a living arrangement that is not required to be licensed.
• Requires an overall plan leading to total independence including documentation of services to be provided, including the type of service and the nature and frequency of contact.
• Job Corps does not meet the definition of a placement under the Interstate Compact on the Placement of Children (ICPC). Therefore:
  • A request for supervision for children ages 16 and 17 at a Job Corps site in another state may not be recognized.
  • Some states have provided services in the past and may continue to do so.

Supervision Plan Protocol

• Complete the ICPC 100A and cover letter requesting supervision only. A request for a home study is not required.
• If the receiving state will not provide supervision for the child, proceed to next step.
• In concert with the plan requirements specified in 409.1451(4)(c)3., F.S., develop a supervision plan for the child.
• The supervision section of the plan must be negotiated with the Job Corps staff where the child is placed.

Contents of Supervision Section

• The type and frequency of:
  • contact by the Case Manager (face-to-face, phone, email, etc.)
  • reports to the agency by the on-site Job Corps staff
  • contact with siblings, parents, former foster parents, and the significant persons in the child’s life
• The impact of the Job Corps placement on the child’s safety, permanency and well-being
Module 3: Parent/Child Visitation

Legal Requirements for Visitation

F.S. 39.013(4)

- Dependency orders affecting the placement of, access to, parental time with, adoption of, or parental rights and responsibilities take precedence over other orders entered in civil actions or proceedings.
- If the court has terminated jurisdiction, the order may be subsequently modified by a court in any other civil action or proceeding affecting the placement of, access to, parental time with, adoption of, or parental rights and responsibilities for the child.

Rule 8.260(d), Rules of Juvenile Procedure

- Dependency orders must be filed in any dissolution or other custody action or proceeding involving the same child. These orders take precedence over other custody and visitation orders.
- Example: If an injunction or restraining order is issued in a dependency matter, it supersedes a visitation order in a divorce hearing.

Shelter Hearing F.S. 39.402(9)

- At any shelter hearing, the court must be provided a recommendation for scheduled contact between the child and parents, if appropriate. The court will decide visitation rights, absent a clear and convincing showing that visitation is not in the best interest of the child.
- If visitation is ordered, but will not commence within 72 hours of the shelter hearing, the court must be provided justification.

Visitation (parent/child, siblings) F.S. 39.6012(3)(b) and F.A.C. 65C-28.002

- Case plan must include parents’ visitation rights and a sibling visitation plan.
- Visitation between the child and parents must occur in accordance with court orders and be reflected in the case plan.
- If at any time, the safety of the child precludes visitation, visitation must be suspended and a court hearing to address this issue requested immediately, not to exceed 72 hours.
- Visitation between a child and parents may only be limited or terminated by court order and must be reflected in the case plan. There must be a specific reason provided to the court for recommending no visitation or less than monthly visitation.
- Weekly in-person visitation between separated siblings must be recommended to the court unless it is deemed not feasible or not in the best interest of one or more of the children.
- If no visitation or less than weekly visitation is recommended, the court must be advised of the reasons and the reasons documented in the case file.
Keeping Children Safe Act: F.S. 39.0139, Visitation/Contact Restrictions

- To protect children and reduce the risk of further harm to children who have been sexually abused or exploited by a parent or other caregiver
- Places additional requirements on judicial decisions related to visitation and other contact

Presumption of Detriment

- When a parent or caregiver has been the subject of a Hotline intake alleging sexual abuse of any child; or has been found guilty of, or has plead guilty (or no contest) to any of the following:
  - Removing minors from the state or concealing minors contrary to court order
  - Sexual battery
  - Lewd and lascivious behavior
  - Lewdness and indecent exposure
  - Incest
  - Has been determined by the court to be a sexual predator

Hearings

- Persons meeting any of the above criteria may visit or have other contact with a child only after a hearing and a court order that allows the visitation or contact.
- At such hearing, the court must appoint an attorney ad litem or GAL for the child; the person appointed must have special training in the dynamics of child sexual abuse.
- If the court finds the person proves by clear and convincing evidence that the safety and well-being of the child is not endangered by such visitation or other contact, the court may allow visitation, and must issue an order specifying any conditions it finds necessary to protect the child.
- If the court finds that the parent did not rebut the “presumption of detriment,” and that the safety and well-being of the child may be endangered by visitation or other contact with the parent, the court must issue an order restricting such parental visitation/contact.

Conditions

- Any visitation or other contact ordered in this situation must be supervised by
  - a person specially trained in the dynamics of child sexual abuse, or
  - conducted in a supervised visitation program.
The Purposes of Visiting

How can visiting reduce the effects of separation and loss?

- Children experience considerable anxiety and distress when separated from their parents for even short periods of time.
- Frequent contact can reduce the negative effects of the separation as:
  - Many children, particularly younger ones, may worry that their parent is dead, hurt, or gone. Seeing the parent during visits and talking with the parent on the phone reduces the child's fantasies and fears of "bad things" happening to the parent.
  - Visitation with the parent often helps older children eliminate self-blame for the placement.
  - Visitation reassures the child that the parent does want them and counteracts the child's natural tendency to think that the parent has abandoned them because they were somehow bad.
- Visitation provides opportunity for separated siblings to interact.

How can visiting affect the parent and child and enhance their relationship?

- Without visitation, the parent/child relationship deteriorates.
- Young children cannot remain emotionally involved in relationships when there are long time periods between contacts.
- Parent and child may both complete the grieving process and become emotionally detached if visitation does not occur.
  - Once this has occurred, successful reunification is extremely difficult.
- Frequent visitation enhances the parent-child relationship and motivates the family to make the necessary improvements to return the child home.
- The psychological well-being and development of children in placement are enhanced by frequent contact with parents.
- Children who are visited frequently by their parents are more likely to be returned to their parents’ care than are children who are visited infrequently.

Frequency and Duration

- Parents/Child visits must occur minimally every thirty days, more often if possible.
- The visit must be of adequate duration to maintain the parent/child relationship.
  - In general, 1-4 hours is an appropriate time range.
  - The length of the visit will vary depending upon the age of the child and the need for protection.
How can visiting help you assess reunification capacity and progress?
Visitation provides opportunities for you to:
• assess parent and child willingness to reconnect, the strengths that can make reunion possible, and family problems that may impede reunification
• decide if the parent-child interactions are achieving the desired result
• help parents identify family goals that need to be met prior to reunification
• alter the visitation plan to reflect family and child progress and needs by:
  • increased frequency and duration of visitation; or
  • requesting the court to temporarily terminate visitation when sufficient information can be documented to support this change

How can visiting provide opportunities for intervention?
• Parents and children can
  • learn and practice new skills
  • confront reality, recognizing what it really means to be reunited
  • express and work through their feelings toward each other
• Problems can surface and be addressed.
• Changes brought on by reconnection can be adjusted to the family’s pace.
• The timing of the actual reunification can be carefully considered.
• Parents can be empowered by responding to their children’s needs.
• You can use real life experiences to help children and parents.

What is the value of accurately documenting visits?
• Case plans and recommendations can be supported or changed through accurate recording of visiting experiences.
• Credibility of court testimony can be enhanced.
• Parents can be provided with consistent and timely feedback regarding their progress.
# Three Phases of Visiting

<table>
<thead>
<tr>
<th>Overview: Purpose</th>
<th>Initial Phase</th>
<th>Middle Phase</th>
<th>Transitional Phase</th>
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</table>
| **Purpose:**     | • The family, foster parents, and social worker build a relationship.  
• Assessment and goal planning are the focus.  
(Note: Family members are often uncomfortable with each other.) | • Family members and others work to meet case goals.  
• Visitation activities provide ways to learn and practice new patterns of behavior.  
• The agency collaborates with other providers to deliver needed resources.  
• The feasibility, level, and timing of reunification is further assessed.  
• Changes in arrangements and supports to promote goal attainment are considered.  
(Note: Visits may include a range of people who are significant to the family.)  
**Timeframe and Supervision:**  
• Usually extends over several months.  
• Visits occur more frequently, for longer periods, and with gradually diminishing supervision.  
• Responsibility for the child shifts from the agency to the parents. | • Emphasis is placed on identifying and securing services that the family will need to maintain the reunification.  
• Visits provide maximum opportunity for parent-child contact.  
• Remaining stress points in the family are evaluated.  
**Timeframe and Supervision:**  
• This phase occurs after the case goal has been practiced safely (i.e. overnight visits) for a period of time. |
| **Timeframe:**   | • The phase usually lasts about 30 days. | • Visits typically need to be closely supervised and controlled for location and length.  
(Note: Children are sometimes pressured (internally or by parents) to recant the allegations of maltreatment.) | |
<table>
<thead>
<tr>
<th>Relationships and Interactions</th>
<th>Initial Phase</th>
<th>Middle Phase</th>
<th>Transitional Phase</th>
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<tbody>
<tr>
<td>How can visits be structured to promote the child and family’s trust in the social worker and foster parent?</td>
<td>How can visits/activities provide ways for the parents to attend to the child’s developmental tasks?</td>
<td>How can the visits be structured so members can practice, for extended periods, family life following reunification?</td>
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<td>maximize parent-child interactions?</td>
<td>to promote the child’s progress on therapeutic tasks (i.e., the child challenging the mother’s denial of abuse)?</td>
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<tr>
<td>Relationships:</td>
<td>How can visits facilitate the parents’ involvement in the child’s daily care and special events?</td>
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<tr>
<td>Whom does the child define as family?</td>
<td>Have there been changes in the child and/or parents’ requests? If so, how should the requests be understood and responded to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What relationships are important to maintain or build through visits?</td>
<td></td>
<td>How can visits be used to:</td>
<td></td>
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<tr>
<td>Interactions:</td>
<td></td>
<td><em>help the family prepare for the Case Manager’s departure?</em></td>
<td></td>
</tr>
<tr>
<td>What arrangements will minimize stress and conflict during visits?</td>
<td></td>
<td><em>help the family and foster parents clarify their relationship following reunification?</em></td>
<td></td>
</tr>
<tr>
<td>Has there been any past history of parents threatening or harming the child, staff members, or other during a visit?</td>
<td></td>
<td><em>provide a chance to review accomplishments and supports that can help the family remain together?</em></td>
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<tr>
<td></td>
<td>Initial Phase</td>
<td>Middle Phase</td>
<td>Transitional Phase</td>
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<td>--------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Assessment And Goal Planning</strong></td>
<td>How can visits be structured to:</td>
<td>How can visits be structured to:</td>
<td>How can visits be structured to:</td>
</tr>
<tr>
<td></td>
<td>• assess parent’s ability to provide for the child’s safety?</td>
<td>• provide a forum for parents to demonstrate increasing competence as caregivers?</td>
<td>• prevent premature reunification?</td>
</tr>
<tr>
<td></td>
<td>• demonstrate the strengths, resources and potential of the parents and child that can make reunification possible?</td>
<td>• facilitate progress toward goals?</td>
<td>• bring to the surface any remaining stress points?</td>
</tr>
<tr>
<td></td>
<td>• bring to the surface problems that may impede reunification?</td>
<td>• show the degree to which the problems that led to placement are being addressed?</td>
<td>• enable the family and Case Manager to determine that the reunification can take place?</td>
</tr>
<tr>
<td></td>
<td>• involve parents and children in assessment and goal planning?</td>
<td>• engage family members in assessment of their own progress toward their goals?</td>
<td></td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td>How can visits be structured to:</td>
<td>• In what ways should the visitation structure change to reflect the family’s progress or needs?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide opportunities to learn and practice new behaviors?</td>
<td>• What do the child and parents’ reactions to visits thus far indicate about the family’s potential for reunification?</td>
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<td></td>
<td>• Involve as appropriate other service providers?</td>
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<td></td>
<td>• Gradually shift parenting responsibility from the agency and foster family to parents?</td>
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<td></td>
<td>• Allow family members to express and find ways to cope with the feelings they may experience in preparing for reunification?</td>
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<tr>
<td></td>
<td>• How can visits be used to create and practice a safety plan?</td>
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<tr>
<td></td>
<td>• How can visits be used to strengthen linkages with formal and informal social supports?</td>
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</tbody>
</table>
| Documentation | • What aspects of visits need to be documented in order to develop and support recommendations for increased frequency and duration for future visits?  
• How can family members and foster parents be involved in documenting family progress? | • What aspects of the visits need to be documented in order to develop and support recommendations to the court? |
# FSFN: Family Visitation Plan

**FAMILY VISITATION PLAN**

<table>
<thead>
<tr>
<th>Plan Is For:</th>
<th>Effective Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Name</td>
<td>Name(s) — Child(ren)</td>
</tr>
<tr>
<td>Name - Worker</td>
<td>If changing visits to unsupervised overnight visits, was reunification staffing done? Yes/No?</td>
</tr>
</tbody>
</table>

**List those allowed to visit with:**

<table>
<thead>
<tr>
<th>Name of Child(ren)</th>
<th>Name of Adult</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Maximum Level of Supervision Require for Adult**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>□ Supervised</td>
<td>□ Supervised</td>
</tr>
<tr>
<td>□ Unsupervised</td>
<td>□ Unsupervised</td>
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<tr>
<td>□ Overnight</td>
<td>□ Overnight</td>
</tr>
<tr>
<td>□ Other (Specify)</td>
<td>□ Other (Specify)</td>
</tr>
</tbody>
</table>

**Supervised by:**

| □ Department or contracted provider | □ Department or contracted provider |
| □ Foster Home - Name(s):           | □ Foster Home - Name(s):           |
| □ Relative - Name(s):              | □ Relative - Name(s):              |
| □ Other - Name(s):                 | □ Other - Name(s):                 |

**Rationale for Level of Supervision**

**Location, Time, Duration, Frequency, and Description of**

**Description of Responsibilities**

Include each parent’s responsibilities to: arrange / confirm visits with the agency worker, plan and prepare activities for the family interaction and assist their child with the transition at the conclusion of the family interaction.

**Description of Agency Responsibilities**

Include how agency will assure that family interactions will occur on a regular basis.

**Transportation**

Document how any necessary transportation will take place and who is responsible for the transportation.

**Description of Sibling Visitation**

**Comments**
### Developmentally Related Visit Activities

<table>
<thead>
<tr>
<th>Age</th>
<th>Developmental Task</th>
<th>Developmentally Related Visit Activities</th>
</tr>
</thead>
</table>
| **Infancy** (0-2) | *Develop primary attachment.*  
*Develop object permanence.*  
*Develop basic motor skills (sit, reach, crawl, stand, and walk).*  
*Recognize words.*  
*Begin exploration and mastery of environment.* | *Meet basic needs (feeding, cuddling, bathing, protecting).*  
*Play peek-a-boo games.*  
*Help with standing, walking, etc., by holding hands; play “come to me” games.*  
*Name objects, repeat name games, read to child.*  
*Encourage exploration; childproof home; take walks; play together with colorful noisy moving items.* |
| **Early Childhood** (2-4) | *Develop impulse control.*  
*Develop language.*  
*Imitate, fantasy play.*  
*Develop large motor coordination (run, climb, and dance).*  
*Develop small motor coordination.*  
*Develop basic sense of time.*  
*Identify and assert preferences, sense of self.* | *Make and consistently enforce appropriate rules.*  
*Talk together; read simple stories; play word games.*  
*Play “let’s pretend” games; encourage imitative play by doing things together such as “clean house,” “go to store.”*  
*Play together at park; assist in learning to ride tricycle; dance together to music.*  
*Draw and color together; string beads together.*  
*Discuss visits and visit activities in terms of “after lunch, before supper,” etc.*  
*Allow choices in foods eaten, activities, clothes worn.* |
| **Preschool/Early School** (5-7) | *Identify gender.*  
*Develop a conscience.*  
*Develop ability to solve problems.*  
*Learn cause-effect relationships.*  
*Complete tasks.*  
*Adjust to school entry.* | *Be open to discuss boy-girl physical differences.*  
*Be open to discuss child’s perception of gender roles; read books about heroines and heroes together.*  
*Make and enforce rules; discuss consequences of behavior.*  
*Encourage choices; discuss problems together.*  
*Point out cause-effect and logical consequences of actions.*  
*Plan activities with beginning, middle, and end (i.e., prepare to bake, make cake, and clean up).*  
*Play simple games such as Candyland, Go Fish.*  
*Shop for school supplies and clothes together; provide birth certificate, medical record for school entry.*  
*Go with child to visit school prior to first day.*  
*Talk with child about school experiences.*  
*Attend school activities and conferences with teacher.* |
<table>
<thead>
<tr>
<th>Age</th>
<th>Developmental Task</th>
<th>Developmentally Related Visit Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School–age</strong></td>
<td>• Develop skills (school, sports, special interests).</td>
<td>• Help with homework.</td>
</tr>
<tr>
<td>(8-12)</td>
<td>• Learn peer group development and team play.</td>
<td>• Practice sports together.</td>
</tr>
<tr>
<td></td>
<td>• Develop self-awareness.</td>
<td>• Demonstrate support of child’s special interests: help with collections; attend school conferences and activities.</td>
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<tr>
<td></td>
<td>• Prepare for puberty.</td>
<td>• Work on household tasks together.</td>
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<td></td>
<td></td>
<td>• Involve peers in visits; attend team activities with child (child’s team or observe team together).</td>
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<td></td>
<td></td>
<td>• Talk with child about your own feelings and about the child’s feelings.</td>
</tr>
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<td></td>
<td></td>
<td>• Discuss physical changes expected; answer questions openly.</td>
</tr>
<tr>
<td><strong>Early Adolescence</strong></td>
<td>• Cope with physical changes.</td>
<td>• Provide information re: physical changes.</td>
</tr>
<tr>
<td>(13-16)</td>
<td>• Develop abstract thinking.</td>
<td>• Be positive about and help with personal appearance, such as teaching about shaving, make-up.</td>
</tr>
<tr>
<td></td>
<td>• Development of relationship skills.</td>
<td>• Plan for and discuss future; discuss “what if?”</td>
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<tr>
<td></td>
<td>• Become more independent of parents.</td>
<td>• Be open to discussing relationships, problems with friends.</td>
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<td></td>
<td>• Change peer group association.</td>
<td>• Set clear expectations.</td>
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<tr>
<td></td>
<td></td>
<td>• Help with learning to drive.</td>
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<tr>
<td></td>
<td></td>
<td>• Assist in finding part-time job and handling money.</td>
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<tr>
<td></td>
<td></td>
<td>• Support school completion.</td>
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<tr>
<td></td>
<td></td>
<td>• Transport to peer activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Include peers in visits.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Attend school functions and activities.</td>
</tr>
<tr>
<td><strong>Late Adolescence</strong></td>
<td>• Cope with separation from family.</td>
<td>• Encourage independence by helping adolescent find an apartment, apply for jobs, think through choices;</td>
</tr>
<tr>
<td>(17-22)</td>
<td>• Develop life goals, rework, identify.</td>
<td>• Tolerate mixed feelings about separation.</td>
</tr>
<tr>
<td></td>
<td>• Develop intimate relationships.</td>
<td>• Be open to discuss options: “think things through” together; share your own experiences as a young adult, both successes and mistakes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Be open to discuss feelings, problems, and plans.</td>
</tr>
</tbody>
</table>
Preparing the Child for Visits

The amount and type of preparation depends on the child’s age and the nature of his or her relationship with the visitors.

- **Explain details** to make the situation real and comfortable to them:
  - what’s going to happen, where, and when
  - who will be there
  - what they will have to play with
  - what they may have to eat, etc.

- **Provide a sense of time** for the visit that they can understand:
  - “Your family will be here until Barney comes on the TV.”
  - “We’ll go see them when you get back from your school.”

- **Address any concerns** that the child may have about personal safety.
  - Say who will be with them
  - What they are to do if they get scared

- **Help the child identify how he or she might feel when reunited** with the family.
  - Some children feel excited to see their parents again.
  - Some children feel nervous or sad.

- **Check the child’s expectations about the visit and correct any wrong perceptions** or misinformation:
  - “Only Mom will come this time; Dad will come next time,” or
  - “I’m going home with my mother when she comes to get me next time.”
  - You can use drawings or puppets to encourage a young child to talk about expectations.

- **Encourage the child to share his or her experiences in foster care with parents** to ease the child’s sense of divided loyalty and the parents’ possible suspicions about what is “being done” to the child. Encourage the child to talk about:
  - what he or she is doing in daycare or at school
  - what the caregivers are like
  - how it feels to be in the foster home, etc.

- **As you talk with the child about the visit and the child’s expectations and experiences, you will have the opportunity to prepare for the visit yourself.**
  - What types of things might be problems?
  - What do you want to warn the parents or caregivers about ahead of time to help the child?
  - How can you bring up a topic if the child forgets?

Preparing Parents for Visits with Children

Parents may find it very difficult to gather the energy and effort to visit with the child(ren).

Help parents understand the purpose of visits.
- Helps continue the essential attachment and bond between child and parent
- Provides opportunity for parents to demonstrate new skills, such as techniques learned in parenting classes, anger management skills, etc.

Help parents understand how visits are important to children.

Child(ren) need regular visitation in order to know that their parent(s) are:
- physically "okay." (Children may imagine that parents are ill when they do not see or hear from them.)
- emotionally "okay."
  - Parents may indeed be upset about the situation that caused the removal and that the child told someone about the situation at home.
  - Parents should discuss these upset feelings with you or another adult and not with the child.
- living in a safe situation. (in case the family was evicted or living in a car/homeless shelter)

Prepare parents for possible emotional behaviors.

- Discuss possible strategies if the parent becomes “emotional” during visitation.
- Discuss possible responses to questions and emotional outbursts by the child.
- What should a parent do when the child doesn’t want
  - the parent to leave?
  - to talk?
  - to be held?
- Prior to and after each visit, it is normal for some children to exhibit anxious, angry, and sad behavior. Discuss strategies of dealing with these behaviors that allow the children some ability to express their feelings.
- Children want the parent to ask how the child is doing, physically and emotionally. However, children are not sure what responses they should give when parent’s reactions are negative.

Provide suggestions for interactions with their children.

- Suggest that parents initiate discussion about schoolwork.
- Provide encouragement to the child.
- Refer to PG97-98, Developmentally Related Visit Activities.
Preparing Caregivers for Visits

Planning with Caregivers

Caregivers can be valuable partners in casework. In many cases, they will want to do whatever they can to help. On a case-by-case basis, work out how you and the caregiver can work together on family visits.

- Check to see if caregivers are willing and able to:
  - value the child/parent relationship
  - allow visits in their home
  - supervise visits in their home
  - document what occurs as requested (or verbally report to you)
  - provide transportation
  - help to prepare their foster child for the visits
  - share with parents information and skills that are relevant to providing a safe home for the child
  - maintain confidentiality
  - recognize when they need assistance

- Prior to each visit, you and the caregivers must decide who will do what during the visit.
  - who will be present
  - how long the visit will last
  - what the planned activity will be
  - what types of information is being sought (if any), etc.

Timing Visits

- Ask caregivers what times in their schedule and the child’s would be best for visits. (e.g., after school, after dinner, etc.)
- Are there established time commitments when visits should not be scheduled?

Preparing the Caregiver

- Give caregivers good background information about the family, so they can get an understanding of what the people coming to visit are like.
- Inform caregivers about the type of information that is needed to
  - develop and support case recommendations; and
  - work out a strategy for recording their observations.
Address Common Caregiver Concerns
Seek caregivers’ concerns about visits and work out some solutions or at least strategies that respond to those concerns.

- awkwardness in “breaking the ice” with parents
- the child’s sadness when a visit is over
- a crying child who cannot be comforted
- an angry parent
- a parent who is intoxicated or “high” on drugs

Dealing with Child Behaviors Before and After Visits
Prior to and after each visit, it is normal for a child to exhibit anxious, angry, and/or sad behaviors.

- The child may be experiencing loyalty conflicts after visiting with the parent:
  - Upon returning to the caregiver’s home, the child may reject his/her caregiver in order to continue to feel loyal to the parent.
  - This is particularly true if the child has made a good adjustment to the caregiver’s home and likes the home environment.
- Discuss with caregivers strategies to deal with these behaviors.
- Ensure that they are willing and able to allow the child to express feelings.
Visitation Quality Ratings

1. Visitation Frequency “Compliance” with Case Plan

(Visits that are appreciably shortened by late arrival/earm departure are considered missed)

Consistent: Caregiver regularly attends visits or calls in advance to reschedule (90-100% compliance).
Routine: Caregiver may miss visits occasionally and rarely requests to reschedule visits (65-89% compliance)
Sporadic: Caregiver misses or reschedules many scheduled visits (26-64% compliance)
Rarely or Never: Caregiver does not visit or visits 25% or fewer of the allowed visits. (0-25% compliance).

1. Quality of Face-to-Face Visits (include other family time opportunities offered)

Quality of visit is based on case manager’s direct observation whenever possible, supplemented by observation of child, reports of foster parents, etc.

Excellent: Parent/Legal Guardian/Caregiver Consistently
- Demonstrates parental role.
- Demonstrates knowledge of child’s development.
- Responds appropriately to child’s verbal/non-verbal signals.
- Puts child’s needs ahead of his/her own.
- Shows empathy toward child.

Adequate: Parent/Legal Guardian/Caregiver Occasionally:
- Demonstrates parental role.
- Demonstrates knowledge of child’s development.
- Responds appropriately to child’s verbal/non-verbal signals.
- Puts child’s needs ahead of his/her own.
- Shows empathy toward child.

Not Adequate: Parent/Legal Guardian/Caregiver Rarely:
- Demonstrates parental role.
- Demonstrates knowledge of child’s development.
- Responds appropriately to child’s verbal/non-verbal signals.
- Puts child’s needs ahead of his/her own.
- Shows empathy toward child.

Adverse: Parent/Legal Guardian/Caregiver Never:
- Demonstrates parental role.
- Demonstrates knowledge of child’s development.
- Responds appropriately to child’s verbal/non-verbal signals.
- Puts child’s needs ahead of his/her own.
- Shows empathy toward child.
Module 4: Assessing Progress

Introduction Exercise: Determining Behavioral Change

Instruction:
- Consider if you have ever been in a situation where you were trying to influence change in a child. If not a child, consider if you have ever tried to influence change in an animal/family pet?
- Identify a child or family pet (e.g. dog, horse) that you’ve tried to modify his or her behavior or train or sought help from someone else to change behavior.

What was the specific behavior or behaviors that you were trying to change?

_________________________________________________________________________________________

_________________________________________________________________________________________

What initial step(s) did you take to work on the change?

_________________________________________________________________________________________

_________________________________________________________________________________________

Did you ever have to change what you were doing to influence change? Did you ever need to make adjustments to your training approach because you were not seeing desired results?

_________________________________________________________________________________________

_________________________________________________________________________________________

Were you successful in modifying behavior or achieving the desired results of the training?

_________________________________________________________________________________________

_________________________________________________________________________________________

How long did it take you to reinforce behavior change?

_________________________________________________________________________________________

_________________________________________________________________________________________

How did you determine or judge that you were successful at modifying behavior?

_________________________________________________________________________________________

_________________________________________________________________________________________
Ongoing Family Functioning Assessment
Progress Evaluation Criteria

The Ongoing Family Functioning Assessment Progress evaluation Criteria is used to evaluate outcome progress and change. An outcome identifies specific behavior that is a demonstration of an enhanced caregiver protective capacity. Therefore, the criteria assess progress related to (1) that specific behavior and (2) caregiver readiness to change. Related to progress assessment, the completion of the Progress evaluation occurs when the criteria have been applied to all outcomes in the case plan.

Terms Used in the Progress evaluation Criteria
The following are everyday terms, but to encourage reliable use of the criteria it is important that users understand how these terms are defined and applied as part of the criteria.

- **Behavior**
  Observable responses, actions, conduct, and manner as represented and identified in an outcome set in the case plan.

- **Consistent**
  Recurring in a pattern or developing pattern

- **Criteria**
  The means for measuring behavior change, for judging the change of a behavior

- **Demonstrated**
  To show as a means of proof that a behavior is occurring

- **Diminished**
  Lessened in usefulness or significance with respect to a personal characteristic’s effect

- **Enhanced**
  Already heightened and significant (with respect to a personal characteristic’s effect)

- **Evident**
  Easy to see, clear, obvious, apparent

- **Outcome**
  Specific behavior change that is supported, agreed to, and expected

- **Repeated**
  Done again and again, done enough to represent a possible developing pattern

- **Sustained**
  To keep up for several weeks, to become habitual in manner.

Progress toward Outcome Achievement

No Progress......Not Adequate Progress......Acceptable Progress......Excellent Progress

No Progress
Parent is demonstrating behaviors that are a significant indication that the parent has not made any commitment of time or energy to achieve the necessary changes in one or more protective capacity.

Indicators of No Progress
- The caregiver maintains that problems are separate from him or herself.
- The caregiver continues to blame his or her problems on others.
- The caregiver maintains that problems are unchangeable.
- The caregiver maintains that there is not a problem that needs to be addressed.
- The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
- The caregiver refuses or avoids participation in services, which enhance a particular caregiver protective capacity.
- The caregiver rejects discussion or feedback related to what must change.
- The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
- The caregiver is completely closed off regarding the need to address what must change.
- The caregiver’s current functioning makes it unlikely that he or she could benefit from change interventions.
- The caregiver is inflexible and avoids contact with CPS and/or treatment service providers.
- The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or “fake cooperation.”

**Not Adequate Progress**

Parent is demonstrating minimal actions that do not reflect a sufficient commitment or time or energy to achieve the necessary changes in one or more protective capacities or Parent is ready and willing to participate in services but progress is not being made based on service availability, service accessibility or service is not of sufficient intensity.

**Indicators of Not Adequate Progress**

- The caregiver seems to be contemplating the need to change (is moving from pre-contemplation to contemplation).
- The caregiver may not agree completely with what must change, but he or she is open to discussing issues.
- The caregiver vacillates back and forth between considering change and being motivated to maintain problematic behavior.
- The caregiver generally maintains appointments with CPS.
- The caregiver is willing to participate in services related to enhancing a particular caregiver protective capacity.
- The caregiver’s involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behavior are impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behaving, thinking, and/or feeling.
- The caregiver is somewhat receptive to seeking specific feedback, knowledge, skill regarding what must change.
- The caregiver is somewhat assertive in communicating needs.
- The caregiver appears to demonstrate increased problem solving related to the reasons that CPS is involved.
Acceptable Progress
Parent is demonstrating actions that are evidence of beginning progress towards achieving changes in one or more protective capacities. Parent is demonstrating an acceptable level of commitment and energy.

Indicators of Acceptable Progress
- The caregiver is actively participating in planned services.
- The caregiver acknowledges the need to change.
- The caregiver is committed to addressing what must change.
- The caregiver acknowledges his or her responsibility for child protection.
- The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
- The caregiver assertively takes action to address what must change.
- The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
- The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that are associated with his or her protective capacities.
- The caregiver is purposively using services (i.e., counseling, skill building, education) to enhance protective capacities.

Excellent Progress
Parent is demonstrating actions that are evidence of significant progress towards achieving changes in one or more protective capacities. Parent is demonstrating considerable commitment of time and energy.

Indicators of Excellent Progress
- The caregiver takes ever-increasing responsibility for demonstrating behavior as an expression of self-sufficiency.
- The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
- The caregiver is more self-aware about the behavior and can explain it in relationship to the reason for CPS involvement.
- The caregiver is open about the value of the changed behavior, the need for the changed behavior, and the circumstances that required the changed behavior.
- The caregiver sees and accepts the effects of the changed behavior and values the effects.
- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior to previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.
- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.
Prompters for Scheduling the Progress Evaluation

The worker considers the following case circumstances when thinking about scheduling a Progress evaluation:

- At the request of the caregivers, age-appropriate children, or individuals involved in the case as safety service providers or case plan service providers;
- When significant changes in family members’ and/or family circumstances warrant review and possible revision;
- When information comes to light raising questions about the sufficiency of safety plans or the quality of the case plan service provision including the presence of barriers, interpersonal conflicts, or other safety management or case management challenges;
- When there are possible changes or newly emerging impending danger threats;
- When safety management has resulted in a decision to remove a child from home;
- When there is an emergency change in a child’s out-of-home safety plan placement;
- When a change in a child’s out-of-home safety plan placement is anticipated;
- When considering reunification;
- When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan seems indicated;
- Before any review (i.e., judicial, administrative, State or County QA).
- After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made;
- When considering case closure or recommending for dismissal;
- Prior to court hearings (adjudicatory, dispositional, review);
- At the birth or death of a sibling or the addition of a new family member; including paramours;
- Before changing the case plan to include unsupervised visits;
- At case transfer between case managers Services Workers;
- At receipt of a new investigation CPI referral or report of domestic violence in the home;

And at all critical junctures not otherwise specified above
## Ongoing Family Functioning Assessment Progress Evaluation

### Facilitative Objectives

<table>
<thead>
<tr>
<th>Process</th>
<th>Information Sources</th>
<th>Facilitative Objectives and Assessment Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Contact</td>
<td>Caregivers</td>
<td>• Reinforce engagement and collaboration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support Caregiver Self-Determination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accurate perception of conditions resulting in Impending Danger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emphasize what must change related to diminished Caregiver Protective Capacities</td>
</tr>
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<td></td>
<td></td>
<td>• Encourage accurate perception, agreement, and/or continued commitment regarding outcomes for change (enhanced Caregiver Protective Capacities)</td>
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<td></td>
<td></td>
<td>• Support caregiver involvement in addressing and meeting the needs of children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Address caregiver motivational readiness for change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assess the sufficiency of in-home safety plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider the potential for a less intrusive safety plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider the need to step up the level of intrusiveness of the safety plan</td>
</tr>
<tr>
<td>Monthly Contact</td>
<td>Children</td>
<td>• Assess child safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elicit impressions from children regarding safety plan sufficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Assess the needs of children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider progress being made in addressing the needs of children</td>
</tr>
<tr>
<td>Monthly Contact</td>
<td>Case Plan Service Providers</td>
<td>• The approach to change oriented service provision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluate efforts made by change service providers to address outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluate efforts being made by caregivers to address case plan</td>
</tr>
<tr>
<td>Monthly Contact</td>
<td>Reasonable Contact with Service Providers to facilitate change</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>Workers maintain an acceptable amount of contact with safety plan service providers to assure continued safety plan sufficiency</td>
<td></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>- Evaluate changes that could influence the sufficiency of safety plan</td>
<td></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>- Verify the amount and frequency of safety services</td>
<td></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>- Determine continued commitment of safety plan service providers</td>
<td></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>- Consider the need for adjustment to the safety plan</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress evaluation</th>
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<tbody>
<tr>
<td>Minimum Every 6 Months</td>
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<table>
<thead>
<tr>
<th>Initial Update Meeting</th>
<th>Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preliminary discussion with caregivers is intended to prepare them for the Status meeting. The Initial Update meeting will involve the worker and caregivers sharing their impressions regarding case progress, areas of agreement and disagreement, and review agenda items for the team status meeting</td>
<td></td>
</tr>
<tr>
<td>- Discuss purpose for the progress evaluation</td>
<td></td>
</tr>
<tr>
<td>- Review of outcomes for change</td>
<td></td>
</tr>
<tr>
<td>- Caregiver’s acceptance and/or commitment regarding outcomes for change</td>
<td></td>
</tr>
<tr>
<td>- Review of change service provision</td>
<td></td>
</tr>
<tr>
<td>- Discuss caregiver’s participation in case plan service provision</td>
<td></td>
</tr>
<tr>
<td>- Exchange perceptions/observations regarding progress toward enhancing diminished Caregiver Protective Capacities</td>
<td></td>
</tr>
<tr>
<td>- Evaluate status of Impending Danger and discuss safety plan sufficiency</td>
<td></td>
</tr>
<tr>
<td>- Determine individuals who will participate in the Status Team Meeting</td>
<td></td>
</tr>
<tr>
<td>- Review the agenda for the Status Meeting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status Meeting (could be a judicial hearing,</th>
<th>Case Plan Team: Caregivers Change Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting objectives include reaching conclusions regarding the following:</td>
<td></td>
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<tr>
<td>- Effectiveness of the case plan;</td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>Caregivers</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td><em>Providers</em></td>
<td><em>Caregivers</em></td>
</tr>
<tr>
<td>Safety Plan Service Providers</td>
<td>Worker follows up with caregivers to debrief the Status Meeting and review revisions to the safety plan and/or case plan as applicable</td>
</tr>
<tr>
<td>Children (as appropriate)</td>
<td></td>
</tr>
<tr>
<td>Upon the determination of who will attend PCPA event, the PCPA worker informs participant, completes arrangements for the meeting, provides necessary information relevant to conducting the meeting, and makes other arrangements for the meeting as required</td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>• Sufficiency of the Safety Plan;</td>
<td>• Review the conclusions regarding the status of progress related to enhancing Caregiver Protective Capacities.</td>
</tr>
<tr>
<td>• Progress toward achieving case plan outcomes;</td>
<td>• Discuss and confirm revisions to the safety plan. ** If progress evaluation resulted in a determination to proceed with reunification, begin planning when and how the reunification process will occur.</td>
</tr>
<tr>
<td>• The need for revising the Safety Plan;</td>
<td>• Discuss and confirm revisions to the case plan.</td>
</tr>
<tr>
<td>• The need for revising the case plan.</td>
<td>• Emphasize how revisions to the case plan are intended to address outcomes for change.</td>
</tr>
<tr>
<td>Specific discussions should include:</td>
<td>• Seek and/or renew a commitment from caregivers to actively participate in change-oriented services.</td>
</tr>
<tr>
<td>• Status of impending danger safety influences;</td>
<td></td>
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<tr>
<td>• Progress in enhancing caregiver protective capacities;</td>
<td></td>
</tr>
<tr>
<td>• Existing caregiver protective capacities that support change;</td>
<td></td>
</tr>
<tr>
<td>• Specific indicators for measuring observable behavioral change;</td>
<td></td>
</tr>
<tr>
<td>• Progress in achieving conditions for return (reunification);</td>
<td></td>
</tr>
<tr>
<td>• Safety planning analysis related to the least intrusive provision of protection and the sufficiency of safety plans;</td>
<td></td>
</tr>
<tr>
<td>• Caregiver motivational readiness;</td>
<td></td>
</tr>
<tr>
<td>• Caregiver participation in case plan service delivery;</td>
<td></td>
</tr>
<tr>
<td>• Addressing child needs;</td>
<td></td>
</tr>
<tr>
<td>• Anticipated date by which the child will return home or achieve another identified permanency outcome; and</td>
<td></td>
</tr>
<tr>
<td>• Effectiveness of case plans services and verification that case plan services are occurring as directed.</td>
<td></td>
</tr>
<tr>
<td>• Assessment of family visitation and need for change to visitation plan</td>
<td></td>
</tr>
</tbody>
</table>

**Citizen Review Panels and/or Administrative Reviews**
Judicial reviews may be handled by a citizen review panel [F.S. 39.701(2)(b)]; or an administrative review can be held [F.S. 39.701(3)(d)] for children in out-of-home care.

**Purpose**

The purpose of judicial reviews, administrative reviews, or citizen-panel reviews is to monitor the progress of the family in their attempts toward complying with the goal(s) of the case plan.

**Citizen Review Panels**

- Citizen review panels must not conduct more than two consecutive reviews without holding a judicial review in front of the court.
- **F.S. 39.701(3)(b)** - If the citizen review panel recommends extending the goal of reunification for any case plan beyond 12 months from the date the child was removed from the home or the case plan was adopted, whichever date came first, the court must schedule a judicial review hearing to be conducted by the court within 30 days.

**Administrative Reviews**

- Administrative hearings may occur if the agency and the court have established a formal agreement allowing them in certain cases.
- However, an administrative review may not be substituted for the first judicial review or any subsequent 6-month reviews.
Judicial Review Timeframes

- **F.S. 39.701(3)(a)** - The initial judicial review hearing must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing when the court approves the case plan, whichever comes first, but no later than 6 months after the date the child was removed from the home.

- **F.S. 39.701(10)(e)** - No later than 6 months after the date the child was placed in shelter, the court will conduct a judicial review hearing to review the child’s permanency goal as identified in the case plan. If the court finds it unlikely that the child will be reunified with parent(s)/legal custodian within 12 months of removal, a motion must be filed within 10 business days of receiving the written finding, to amend the case plan under 39.6013 and use concurrent planning. If concurrent planning is already being used, the case plan must document the efforts being made to complete the concurrent goal.

- **F.S. 39.701(3)(c)** - If the child is placed in the custody of an agency for the purpose of adoption, judicial reviews must be held at least every 6 months until the adoption is finalized.

- **F.S. 39.701(3)(d)** - If there is a formal agreement including specific authorization for particular cases, administrative reviews may be conducted instead of judicial reviews for children in out-of-home care. Notices of such administrative reviews must be provided to all parties. However, an administrative review may not be substituted for the first judicial review, and in every case, the court must conduct a judicial review at least every 6 months.

- **F.S. 39.701(5)** - Notice of the judicial review/citizen review panel hearing, and a copy of the motion for judicial review, if any, must be served by the clerk of the court upon all of the following persons if available to be served regardless if the persons were present at the previous hearing at which the date, time and location of the hearing was announced: the agency, the foster parent/legal custodian in whose home the child resides, the parents, the GAL or representative, the attorney for the child, the child, if 13 years or older, any pre adoptive parent, such other persons as the court may direct.

- **F.S. 39.701(7)(a)** - In addition to paragraphs (1)(a) and (2)(a) the court will hold a judicial review hearing within 90 days after a youth’s 17th birthday. The court will issue a separate order that the disability of nonage of the youth has been removed pursuant to s. 743.045. The court will continue to hold timely judicial review hearings. In addition, the court may review the status of the child more frequently during the year prior to the youth’s 18th birthday if necessary.

- **F.S. 39.521(7)** - The court will not terminate its jurisdiction or supervision of the child until 6 months after the child's return. The court will determine if its jurisdiction will be continued or terminated in such a case based upon a report of the agency or the child's guardian ad litem, and any other relevant factors.

- **F.S. 39.621(3)(a)** - At least 3 business days before the permanency hearing, JRSS/CPU must be filed with the court and copies served on all parties. The report must include:
  - a recommended permanency goal for the child
  - suggested changes to the case plan, if needed
  - why the recommended goal is in the best interest of the child
Court Hearings and Petitions

Decision to Remove

Shelter Petition
Must be prepared by hearing F.S. 39.402(b)

Shelter Hearing
Within 24 hours of removal F.S. 39.402 (b)(a) or court may order continued shelter care for up to 72 hours F.S. 39.402(b)(d)(2).

Disposition Hearing
Within 15 days of arraignment if “consent” or “admit” or within 30 days after conclusion of Adjudicatory hearing if “deny”. F.S. 39.521, 39.506(2)
Must present:
- Case Plan, Home Study, PDS (if not excused), Diligent Search

Judicial Approval of Case Plan
Within 30 days of disposition hearing if case plan is not approved at disposition F.S. 39.521(1)(a), 39.603

Initial Judicial Review Hearing
Within 90 days of Disposition Hearing or 90 days after court acceptance of case plan, whichever comes first, but no later than 6 months after removal. Court reviews permanency goal. If court finds reunification in 12 months is unlikely, case plan must be amended to pursue concurrent planning. F.S. 39.521(1)(c), 39.701(3)(a), 39.701(10)(e)

Judicial Review Hearing
Within 6 months of the first Judicial Review and at least every 6 months thereafter until permanency is reached. F.S. 39.701
JR required within 90 days after a child’s 17th birthday F.S. 39.701(7)(a)

Determination of a child’s permanency goal in order of priority F.S. 39.621

Permanency Hearing
Within 12 months of removal to plan for permanency or if reunification not achieved F.S. 39.621, 39.701(10)(e)

TPR Advisory
Must take place before TPR Hearing F.S. 39.808

TPR Advisory Hearing
Within 45 days after TPR Advisory Hearing F.S. 39.808(3), 39.809

TPR Petition
Within 60 days after Permanency Hearing or any time under special circumstances F.S. 39.8055 F.S. 39.802

Reunify

Alternate Plan

Court Hearings and Petitions

Dependency Petition
File within 21 days of Shelter Hearing or within 7 days after any party files a demand for early filing, whichever comes first F.S. 39.501(4)

Admit

Consent

Deny

Arraignment Hearing
Within 7 days of Dependency Petition (if a demand for early filing) and no later than 28 days after the Shelter Hearing F.S. 39.506

Shelter Review
Within 30 days of removal in conjunction with the arraignment hearing and as otherwise provided by law or determined by the Court F.S. 39.402(12) & (16)
Judicial Review Quiz

Directions: Use the PGs “Citizen Review Panels and/or Administrative Reviews” and “Judicial Review Timeframes” to answer the following questions:

1. Before every judicial review hearing/citizen review panel hearing, the agency will make an assessment of case plan progress and complete a ______________ ______________.

2. The ______________ judicial review hearing must be held no later than _____ days after the date of the disposition hearing or court acceptance of the case plan, whichever occurs first, but no later than 6 months from the date of removal.

3. At the first judicial review, if the court finds it unlikely that the child will be reunified with parent(s)/legal custodian within 12 months of removal, the case plan must be amended under 39.6013 and use ______________ ______________.

4. If the agency and the court have established a formal agreement that includes specific authorization for particular cases, the agency may conduct ______________ reviews instead of ______________ reviews for children in out-of-home care.

5. Citizen review panels will not conduct more than _____ consecutive reviews without the child and the parties coming before the court for a judicial review.

6. If the citizen review panel recommends extending the goal of reunification for any case plan beyond ______________ from the date the child was removed from the home or the case plan was adopted, whichever date came first, the court must schedule a judicial review hearing to be conducted by the court within ______________ after receiving the recommendation from the citizen review panel.

7. If the child is placed in agency custody for the purpose of ______________, judicial reviews must continue to be held at least every ______________ until the adoption is finalized.

8. Who must receive notice of a judicial review hearing or a citizen review panel hearing and a copy of the motion for the judicial review, if any, regardless if the person was present at the previous hearing?
Education for Children in Shelter or Foster Care

The federal Individuals with Disabilities Education Act (IDEA) requires states to make a free appropriate public education available to all resident children with disabilities between the ages of 3 and 21. Under Florida Law, the Department and the district school board are required to cooperate in accessing services and supports for a child who has been sheltered or adjudicated dependent and who has or is suspected of having a disability. In this context, as soon as a child is determined to be dependent and without a parent to act on his or her behalf, a surrogate parent may be appointed. Term disability is defined in s. 1003.01(3), F.S.

INTENT

F.S. 39.0016(3) Intent is for children with disabilities known to the department to have a free, appropriate public education designed to meet their unique needs and prepare them for further education, employment, and independent living F.S. 39.0016(3)

SURROGATE PARENT

An individual appointed to act in the place of a parent in educational decision making and in safeguarding a child’s rights under the Individuals with Disabilities Education Act. F.S. 39.0016

Who Can be a Surrogate Parent?

- Foster parent or relative caregiver even if employed by one of these agencies
- Guardian ad Litem, relative or non-relative
- Must be at least 18 years old F.S. 39.0016(3)(b)2

Who Cannot Be a Surrogate Parent?

Employee of:

- Department of Education
- Local school district
- Community - based care provider
- Department of Children and Family Services
- Group home staff
- Therapeutic foster parents
- Any other public or private agency involved in the education of care of the child

Responsibility

- To be an educational decision-maker for the child unless appointed for an additional purpose for care, maintenance, custody, or residential placement of the child. F.S. 39.001(3)(b)9
- Not liable for actions taken in good faith on behalf of the student in protecting the special education rights of the child F.S. 39.001(3)(b)11
Surrogate Parents Must:
- Be acquainted with the child and become knowledgeable about his or her disability and educational needs.
- Represent the child in all matters relating to identification, evaluation, and educational placement.
- Represent the interests and safeguard the rights of the child in educational decisions that affect the child. F.S. 39.0016(3)(b)8
- Successfully complete training using materials developed by the Department of Education to ensure adequate representation of the child. F.S. 39.0016(3)(b)3

Placement in a Private Residential Care Facility:
- If an “exceptional student” (one with a disability) is placed in a private residential care facility by an agency, within 10 business days the agency must provide written notification of the placement to the school district where the student is currently counted for funding purposes under F.S. 1011.62.
- Child must be enrolled in school and receive a free and appropriate public education while notice and procedures regarding payment are pending.
School Registration Information for Children in Foster Care

<table>
<thead>
<tr>
<th><strong>DEPARTMENT OF CHILDREN &amp; FAMILIES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Registration Information for Foster Care Children</td>
</tr>
<tr>
<td>(<em>To be completed by the Child Advocate/Case Manager prior to school registration.</em>)</td>
</tr>
</tbody>
</table>

| **Date:** | pre-fill with current date |
| **First:** | pre-fill |
| **Last:** | pre-fill |
| **Middle Name:** | pre-fill |
| **DOB:** | pre-fill |
| **Student ID:** | user entered |
| **Gender:** | pre-fill |
| **Grade:** | pre-fill from current grade level |
| **Reason for Change:** | pre-fill |
| **Assigned School:** | pre-fill from most recent school name |
| **Name of Caregiver:** | user entered |
| **Caregiver Address:** | user entered |
| **Caregiver Phone Number:** | user entered |

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<thead>
<tr>
<th><strong>Child Advocate Name</strong></th>
<th><strong>Phone Number</strong></th>
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<tr>
<th><strong>Child Welfare Case Manager or Child Protective Investigator Name</strong></th>
<th><strong>Phone Number</strong></th>
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<tr>
<th><strong>Supervisor's Name</strong></th>
<th><strong>Phone Number</strong></th>
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<tr>
<th><strong>Special Needs:</strong></th>
<th>□ ESE □ ESOL □ SOCIAL □ MEDICAL □ EMOTIONAL</th>
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<th><strong>Comments:</strong></th>
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<thead>
<tr>
<th><strong>Have parental rights been terminated?</strong></th>
<th>□ NO □ YES (attach court order)</th>
</tr>
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<thead>
<tr>
<th><strong>Is there a court order prohibiting/limiting natural parent or other person from contact with student?</strong></th>
<th>□ NO □ YES (attach court order)</th>
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<thead>
<tr>
<th><strong>Psychological reports exist?</strong></th>
<th>□ NO □ YES</th>
</tr>
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<tbody>
<tr>
<td>If yes, Date:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Psychiatric reports exist?</strong></th>
<th>□ NO □ YES</th>
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<tr>
<td>If yes, Date:</td>
<td></td>
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<tr>
<th><strong>Child Behavioral Health Assessment Evaluation exists?</strong></th>
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</thead>
<tbody>
<tr>
<td>If yes, Date:</td>
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</tbody>
</table>

| **Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) include all child welfare representatives and the caregiver listed above.** |

<table>
<thead>
<tr>
<th><strong>Persons listed below are authorized to pick up this child:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Representative</td>
</tr>
<tr>
<td>Caregiver listed above</td>
</tr>
</tbody>
</table>
Barriers to Successful Progress with the Case Plan

Strategies to Identify Barriers

- Listen to the family.
- Carefully examine all documentation.
- Observe the family’s socioeconomic situation.
- Assess the family’s strengths.

Barriers to Progress

Attitudes

- Have not bought into the case plan and the importance of change
- Do not believe they can really change, or don't want to change
- Feel they have little control over what happens in their lives
- May have more serious problems of depression, victimization, or serious addiction that keeps them from following through on actions

Lack of Concrete, Specific Skills

- Skills and knowledge of child development basic skills (reading, writing, math)
- Employability and job skills
- Parenting
- Planning and organizing skills
- Communication skills (including language barriers)

Relationships and Social Skills

- Not knowing how to build and maintain healthy relationships
- Relying upon power or fear in relationships
- Playing roles rather than being honest in relationships

Systemic Barriers

- The most appropriate service may not be readily available.
- The family can't get to the service (transportation is limited).
- The family needs child care, but it is not available.
- There is a time conflict with other requirements on the family (i.e. job-related searches or several treatment interventions happening at once).
Overcoming Barriers to Progress

- Read the scenario and the script. The script is an interview between a Case Manager and parent and includes sample questions that might be asked of a parent given the situation in the scenario. Questions are grouped into the 4 categories of possible barriers to success: parental attitudes; lack of concrete, specific skills; relationships and social skills; systemic barriers.

- Using the parental responses, work with your group to make a list of possible barriers and what actions you will take to remove the identified barriers.

- Choose a member of your group to read the scenario to the class.

- Use other members of your group to conduct a role-play of the script for the class.

- Stop after each barrier script to ask the class to identify the barrier and what actions they would take to remove the barrier.

- Share your list of barriers and actions during class discussion.

Substance Abuse

Following intervention, Mr. Moritz seemed sincere when he stated that he knew he would benefit from a 12-step alcoholics anonymous program. He admitted he had been mean to his children (verified as physical abuse and mental injury) while inebriated, and wanted to change. In addition, he stated that he was aware that his substance abuse was the reason that he was currently unemployed and that his marriage had failed. You have referred him to a program held in a church close to his home. When you check with the program facilitator a few weeks later, you find that he went to only one session, and the facilitator doesn’t know why he has not returned. Imagine that you talk to Mr. Moritz as a follow-up.

Script:

Inquire about Parental Attitudes

- Mr. Moritz, according to the facilitator of the program that you agreed to attend, you only attended one session. Was there a problem with the program?

- Do you understand the importance of getting help with your drinking problem and how it is necessary for you to stop drinking so you can be reunited with your children?

Mr. Moritz’ Responses

- I went to the group, but it just wasn’t me. I don’t have a disease. So I drink; it’s no big deal. There are a lot of people who drink a lot more than me.

- I have been drinking for years. All I need to do is drink a little less. Besides, I won’t get my kids back, no matter what I do.
Inquire about Concrete, Specific Skills Needed

- Mr. Moritz, what actions have you taken to obtain employment?
- Before you worked in the factory, what other jobs did you have?

Mr. Moritz’ Responses

- I can’t hold a job. I don’t know how to do anything. I worked in the factory for years and now I blew it.
- It was tough getting a job. I took a factory job as I never graduated from high school. My reading and writing skills aren’t the greatest.

Inquire about Relationships and Social Skills

- How did you get along with your children when you were sober?
- What was your relationship like with your ex-wife?

Mr. Moritz’ Responses

- My kids and I had a lot of fun together. We were pals. They could do whatever they wanted. I don’t believe in rules. I had too many rules when I was a kid. Rules just make kids rebel. That’s what I did.
- My ex-wife and I argued all the time. She was always bossing me around. She wanted me to come home from work, work around the house, and discipline the children. She wouldn’t let me just sit and watch television like I wanted. All I wanted was to be left alone. So, I stopped going home after work. I went to the bar to be with my friends and avoid the nagging.

Inquire about Systemic Barriers

- Part of our agreement is for you to search for employment. What efforts have you made to look for a new job?
- If I find another alcoholics anonymous program, will you attend?

Mr. Moritz’ Responses

- I have not been able to look for a job because my car isn’t working. I haven’t been able to start it for a week.
- I will, as long as the meeting isn’t on Thursdays like the other one, as that is the only night that I get to visit with my kids. It is the only night that the bus runs late, and I can get to and from my mother’s house.
Overcoming Barriers to Progress
Moritz Scenario

Answer Sheet
- List the potential barriers based upon Mr. Moritz’ responses.

Attitudes:

Concrete, Specific Skills:

Relationships and Social Skills:

Systemic Barriers:

- List your actions to help remove the barriers.

Attitudes:

Concrete, Specific Skills:

Relationships and Social Skills:

Systemic Barriers:
Overcoming Barriers to Progress

- Read the scenario and the script. The script is an interview between a Case Manager and parent and includes sample questions that a parent might be asked given the situation in the scenario. Questions are grouped into the 4 categories of possible barriers to success: parental attitudes; lack of concrete, specific skills; relationships and social skills; systemic barriers.
- Using the parental responses, work with your group to make a list of possible barriers and what actions you will take to remove the identified barriers.
- Choose a member of your group to read the scenario to the class.
- Use other members of your group to conduct a role-play of the script for the class.
- Stop after each barrier script to ask the class to identify the barrier and what actions they would take to remove the barrier.
- Share your list of barriers and actions during class discussion.

Domestic Violence

Following intervention, Ms. Rodriguez seemed to understand that the violence between her paramour and herself was posing a threat to her children. She admitted that she needed to protect her children from the paramour and agreed to prevent him from having any type of contact with the children. After being provided with the alternatives, she sought a restraining order and verbally agreed to advise you if there were any breaches to this order. In addition, she agreed to attend counseling in an attempt to deal with her issues. In recent weeks, Ms. Rodriguez has not been responsive. She has avoided physical contact with you by not being present at the home. She has called you on numerous occasions to advise you that everything is fine. However, she fails to discuss any particulars regarding contact with her paramour. When you check with her therapist, she has cancelled her last two appointments. Imagine that you talk to Ms. Rodriguez as a follow-up.

Script:

Inquire about Parental Attitudes

- Ms. Rodriguez, in speaking with your therapist, you cancelled your last two appointments and you have not been at home the last couple of times that I came to the house. Why have you cancelled your appointments?
- Why haven't you been home over the past couple of weeks?

Ms. Rodriguez’ Responses

- Nobody can help me. He is going to get me and my children no matter what I do.
- I was looking for work. I need a job. Eduardo always paid the bills. He said that he would help if he could come back home. I think that he learned his lesson.
Inquire about Concrete, Specific Skills Needed

- Have you ever worked? If so, where?
- Where did you go to school?

**Ms. Rodriguez’ Responses**

- I was a maid at the Budget motel, but there are no jobs now.
- I went to school in Argentina until I was 10 years old. I had to leave school when my mother got ill because I was needed to care for my younger brothers and sisters.

Inquire about Relationships and Social Skills

- How did your mother and father get along?
- What would happen if your parents did not agree?

**Ms. Rodriguez’ Responses**

- My father and mother worked a lot. My father was not home much. If he was not working, he was drinking with his friends.
- My mother never disagreed with my father. He was always right. Men are stronger and smarter than woman, you know. That is why they need to tell us what to do.

Inquire about Systemic Barriers

- Why have you not attended your counseling sessions?
- Where have your children been while you were out looking for a job?

**Ms. Rodriguez’ Responses**

- I always seem to have other errands to run when the counseling sessions are scheduled. I need a job, not help from a doctor.
- I take them with me. No one can care for them as well as I can. Besides, all of the day care centers are too far from home.
Overcoming Barriers to Progress
Rodriguez Scenario

Answer Sheet

• List the potential barriers based upon Ms. Rodriguez's responses.

   Attitudes:
   
   Concrete, Specific Skills:
   
   Relationships and Social Skills:
   
   Systemic Barriers:

• List your actions to help remove the barriers.

   Attitudes:
   
   Concrete, Specific Skills:
   
   Relationships and Social Skills:

   Systemic Barriers:
Overcoming Barriers to Progress

- Read the scenario and the script. The script is an interview between a Case Manager and parent and includes sample questions that might be asked of a parent given the situation in the scenario. Questions are grouped into the 4 categories of possible barriers to success: parental attitudes; lack of concrete, specific skills; relationships and social skills; systemic barriers.

- Using the parental responses, work with your group to make a list of possible barriers and what actions you will take to remove the identified barriers.

- Choose a member of your group to read the scenario to the class.

- Use other members of your group to conduct a role-play of the script for the class.

- Stop after each barrier script to ask the class to identify the barrier and what actions they would take to remove the barrier.

- Share your list of barriers and actions during class discussion.

Conditions Hazardous/Neglect

Following intervention, Ms. Casey seemed sincere when she stated that she was aware that the condition of her home posed a risk to the safety and health of her children. She admitted that she needed assistance in maintaining her home and agreed to cooperate with services from a provider. The provider was to assist her clean the home, continue maintenance of the home, and assure that the home environment was safe for the children. When you check with the provider, Cathy Jones, you find that Ms. Casey was initially cooperative with the agency. She cleaned the home and appeared to be maintaining the cleanliness. However, during the past two weeks she has been sleeping when the provider came to the home. She has not looked for employment to date, nor has she taken initiative to comply with other tasks outlined in the case plan. In addition, she has not been visiting the children as scheduled. When you complete your home visit, Ms. Casey is sleeping on the couch and the condition of the home has deteriorated significantly. Imagine that you talk to Ms. Casey as a follow-up.

Script:

Inquire about Parental Attitudes

- When was the last time you were seen by your doctor?
- Where you ever hospitalized in the past? If so, what were the reasons you were hospitalized?

Ms. Casey’s Responses

- I saw him a few months ago. He gave me a prescription, but I never got the pills. He said that the pills would give me more energy.
- I was in the hospital for the birth of my children and a few other times when I needed a rest.
Inquire about Concrete, Specific Skills Needed

- Have you ever had a job?
- You agreed to work with Cathy to clean the house and to keep it clean. I understand that you did well in the beginning, but lately you have not been cooperating. Is there a problem?

Ms. Casey’s Responses

- I’ve had a lot of jobs, but it’s hard. All bosses care about is if you’re on time. Boy, they get mad when you’re late one time, and don’t get sick, they really hate that.
- I am just too tired to do anything. Besides, all Cathy wants me to do is clean, clean, clean. Whatever I do - it’s never enough.

Inquire about Relationships and Social Skills

- If you were a boss, would you treat your employees differently?
- Do you think that Cathy is too hard on you?

Ms. Casey’s Responses

- If I were a boss, I wouldn’t mind if people were late or got sick. A boss should be your friend and friends don’t fire each other.
- Cathy needs to be friendlier. She should just let me alone. She shouldn’t have “ratted” on me. Friends don’t tell on each other.

Inquire about Systemic Barriers

- Why did you miss your visit with your children?
- Why didn’t you take the pills that your doctor prescribed for you?

Ms. Casey’s Responses

- My car is broken and I do not have the money to get it fixed.
- I don’t have the money. The pills are really expensive. They did help me the last time that I took them.
Overcoming Barriers to Progress

Casey Scenario

Answer Sheet

- List the potential barriers based upon Ms. Casey's responses.

  Attitudes:

  Concrete, Specific Skills:

  Relationships and Social Skills:

  Systemic Barriers:

- List your actions to help remove the barriers.

  Attitudes:

  Concrete, Specific Skills:

  Relationships and Social Skills:

  Systemic Barriers:
Assessing Progress to Permanency

Materials

♦ Flipcharts: Module 2 Activity: Purposeful Contacts
♦ Johnson Family: Case Notes
♦ Johnson Family: Planning Worksheets (Case plan outcomes and tasks)

Objectives

• Review documentation to assess the family’s progress to permanency.
• Prepare for judicial review by assessing compliance with tasks and making a recommendation as to the continuation of the current permanency goal.

Directions

• Refer to the outcomes assigned to you by your trainer.
• Compare the documentation for your objectives to the mother’s tasks on the Johnson Planning Worksheets.
• Decide as a group if the mother complied with tasks and task timeframes.
• Then, mark the mother’s tasks on your planning worksheets re: level of compliance:
  • Compliance -"C"
  • Partial Compliance -"PC"
  • Not Compliant -"NC"
• Review the Case Manager tasks on the planning worksheets (your assigned outcomes only) and locate compliance documentation.
• Decide as a group if the Case Manager complied with tasks and task timeframes and mark the tasks on the planning worksheets (C, PC, NC)
• Report task compliance (mother and Case Manager) to the class by assigning each group member at least one task to present to the class.
  • Point out the documentation that provides proof of compliance.
• Following all group presentations, decide if you would recommend continuation of the current permanency goal.
**Update Procedures**

**Case Plan Amendments**

- **39.6013(2):** may be amended at any time in order to change the goal of the plan, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child’s health, mental health, and education records required by s. 39.6012, F.S.

- **39.6013(3):** may be amended upon approval of the court if all parties are in agreement regarding the amendments to the plan and the amended plan is signed by all parties and submitted to the court with a memorandum of explanation.

- **39.6013(4):** may be amended by the court or upon motion of any party at any hearing to change the goal of the plan, employ the use of concurrent planning, or add or remove tasks the parent must complete in order to substantially comply with the plan if there is a preponderance of evidence demonstrating the need for the amendment. The need to amend the case plan may be based on information discovered or circumstances arising after the approval of the case plan for:
  - A previously unaddressed condition that, without services, may prevent the child from safely returning to the home or may prevent the child from safely remaining in the home;
  - The child’s need for permanency, taking into consideration the child’s age and developmental needs;
  - The failure of a party to substantially comply with a task in the original case plan, including the ineffectiveness of a previously offered service; or
  - An error or oversight in the case plan.

- **39.6013(5):** may be amended by the court or upon motion of any party at any hearing to provide appropriate services to the child if there is competent evidence demonstrating the need for the amendment.
  - The reason for amending the case plan may be based on information discovered or circumstances arising after the approval of the case plan regarding the provision of safe and proper care to the child.

- **39.6013(6):** The case plan is amended as to the child’s health, mental health, and education records required by s. 39.6012 when the child’s updated health and education records are filed under s. 39.701(8)(a).

- **39.6013(7):** Amendments must:
  - include service interventions that are the least intrusive into the life of the parent and child,
  - focus on clearly defined objectives, and
  - provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child’s need for safe and proper care.

- A copy of the amended plan must be immediately given to the persons identified in s. 39.6011(6)(b).
• 39.603(1) - All case plans and amendments to case plans must be approved by the court.
• 39.603(2) - An amended case plan must be submitted to the court for review and approval within 30 days after the hearing.
  • A copy must be provided to each party at least 3 business days before filing with the court.
• 65C-30.006(6)(a) - The case plan must be updated or amended as necessary in the following circumstances:
  • court orders a change or makes decisions that affect the case plan
  • a change in the child’s placement, which affects the case plan
  • a significant change occurs in the family’s situation
  • child’s permanency goal changes
  • information concerning the child’s safety, health or well-being was not available at the time the previous case plan prepared
• 65C-30.006(6)(b) - Prior to amending the case plan, you must:
  • discuss the changes with the parents, GAL, current caregivers, appropriate service provider and CLS and when appropriate, the child.
  • update all necessary documentation in the child’s case file
  • obtain and review updates of all required documentation and incorporate necessary additions
  • schedule and participate in a case staffing, if necessary
  • provide CLS with modifications to the case plan for filing with the court

Types of Changes - How to Amend the Case Plan

Minor Changes

If the changes that need to be made involve “minor” parts of the plan, such as a different counseling or treatment service (that would accomplish the same objective), a slight change to the timeline for activities, enrolling in a different child care center, discovering better ways to have the family participate, or ways that barriers can be overcome, you must:

• make the changes right on the case plan (and all copies)
• initial and have others initial the part of the case plan that is their responsibility to change - parents, caregivers, the child, the guardian ad litem
• update the documentation in the case file, such as records of referrals and case notes
• notify any others involved, such as the previous service provider, the childcare director, the child’s teacher or counselor at school, medical personnel
• notify or staff with legal to ensure an amended case plan is not needed
**Major Changes**

For major changes being recommended (change in restrictiveness of placement, placement with a relative, change in permanency goal, additional crucial desired outcomes and tasks being added) as a result of ongoing assessment you must:

- discuss all such changes with parent(s), child, if age appropriate, and significant family members
- discuss all such suggested changes with your supervisor
- consult with CLS attorney as a team (with supervisor, others)
- explore possibility of mediation services (pre-adoption, voluntary relinquishment)
- decide if an extra court hearing is necessary (based on what must be done immediately for the child’s safety)
- schedule a hearing
- schedule and participate in a staffing so all crucial information is shared, before any regular or extra hearing
- decide what recommendations (regarding changes) will be made to the court
- notify all case participants about the hearing
- prepare and bring the judicial review social study and updated case plan

**Changes from Court Decisions**

- Changes required by the court are based upon:
  - recommendations made by the agency
  - statements and recommendations by others in attendance
  - what occurs during the formal hearing
- The kinds of decisions made by the court that are subject to change in the case plan are:
  - change of the child’s status or goal and if the case can be closed
  - reunification decision
  - extending the time limits based on “competent information”
  - authorization to file a petition for termination-of-parental-rights
  - review at 12 months to assess permanency, and if plan time limits can be extended with same goal
• Changes to the case plan that involve these kinds of decisions must be done through the court process.
• Once filed, these changes are legal documents with legal requirements. Therefore, the family has the right to counsel.
• **S. 39.0134** states:
  • A parent who has a child adjudicated dependent and/or parental rights are terminated is liable for payment of the assessed application fee and reasonable attorney’s fees when they have a court appointed attorney.
  • If attorney’s fees or costs are assessed, the court may make payment of the fees or costs part of any case plan in dependency proceedings.
  • The case plan may **not** remain open for the sole issue of payment of attorney’s fees or costs.
  • If the situation of the child is critical, a hearing must be requested immediately. If the child is not in imminent danger, these changes can be readied for and presented during the next scheduled judicial review.

**Implementing the Changes**

Amended case plans are implemented the same way the original case plan is implemented:

• Incorporate new Case Manager tasks into the work schedule.
• Notify all participants (caregivers, service providers, school personnel, medical personnel) of changes that impact them.
• Obtain input and prepare child and parents for changes.
• Make any new referrals, contacts, etc.
• Continue diligent search and home studies (when necessary); if the court has excused the agency, this is no longer necessary.
• Update case plan schedule and timelines.
• Update all case file information.
• Clarify to the parents, caregivers, child, etc., any new tasks, services, and timeframes required of them.
• Encourage/support the family; organize and prepare them for required changes.
## Permanency Options

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<th>Preferred Decision</th>
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| **Adoption**          | • The primary purpose of adoption is to help children who would not otherwise have a nurturing family, to become members of a family giving them the care, protection, and opportunities essential for their healthy personal growth and development.  
                          • It is the method provided by law establishing the legal relationship of parent and child between persons who are not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. | • when parents cannot or will not provide an environment free from maltreatment  
                          • when there are no family members who are a resource to provide care and parenting                                                                                                                                   |
| **Foster/Adopt**      | • Children are adopted by the foster parents with whom they have been living.  
                          • Placement has generally been ongoing over a period of time.                                                                                                                                                                                                 | • when child and foster parent have a strong relationship which demonstrates that removal would be detrimental to the child                                                                                                                      |
| **Permanent Guardianship 39.6221** | • Court decides reunification or adoption is not in the child’s best interest and places the child in a permanent guardianship with a relative/other adult approved by the court if all conditions are met:  
                          • Child has been in the placement for not less than the preceding 6 months;  
                          • The permanent guardian is suitable and able to provide a safe and permanent home  
                          • Child and the relative or other adult are not likely to need agency services  
                          • Permanent guardian has made a commitment to provide for the child until child reaches 18 and to prepare the child for adulthood and independence  
                          • Permanent guardian agrees to give notice of any change in residential address or the residence of the child by filing a written document in the dependency file of the child with the clerk of court | • when child is at low risk and no services by the agency or court are necessary  
Court Order must include:  
• why child’s parents are not fit to care for the child;  
• why reunification is not possible by referring to specific findings of fact made in the its order adjudicating the child;  
• reasons why a permanent guardianship is being established instead of adoption;  
• frequency and nature of visitation or contact between the child and parents, grandparents and siblings;  
• require that the permanent guardian not return the child to the physical care and custody of the person from whom the child was removed without the approval of the court. |
## Permanency Options

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| Permanent Placement with a Fit and Willing Relative 39.6231 | - Placement of child(ren) with related family members when return to the biological parents is not in the child’s best interest.  
- Placement with relatives must be considered early in the placement, rather than after the children have bonded with the substitute caregivers.  
- Some relatives might be an adequate short-term resource, helping to minimize the trauma of a child being placed with strangers on an emergency basis. Others might be more appropriate as a long-term permanent resource. (Vera Fahlberg, *A Child’s Journey Through Placement* 1991)  
Court finds that reunification/adoption is not in the best interests of a child.  
- Child must have been in the placement for at least the preceding 6 months  
- Relative has made a commitment to provide for the child until the child reaches 18  
- Relative is suitable and able to provide a safe and permanent home  
- Relative agrees to give notice of any changes in residence or the residence of the child | - A related family member is an available resource to provide long-term care for the child and has resources to provide care for the child until adulthood.  
- Does not rule out child returning to parent  
- Court and agency continue to supervise |
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<td>Maintaining and Strengthening</td>
<td>• If a child has not been removed from a parent, but is found to be dependent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.</td>
<td>• When a child has returned home to the parent, or the non-custodial parent, or when the child remains in home.</td>
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<td>• If a child has been removed from a parent and is placed with a parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.</td>
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<td>• If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.</td>
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| Another Planned Permanent Living Arrangement 39.6241                   | Court finds that a more permanent placement, such as adoption, permanent guardianship, or placement with a fit and willing relative, is not in the best interests of the child.  
  - Agency must document reasons why the placement will endure and how the proposed arrangement is more stable and secure than ordinary foster care.  
  - Court finds that the health, safety, and well-being of the child is not jeopardized.  
  - There are compelling reasons to show that placement in another planned permanent living arrangement is the most appropriate permanency goal.  
  - A custodian to whom legal custody has been given by the court has the physical custody and the right to determine the nature of care and treatment of the child, including ordinary medical care.  
  - Has the right/duty to provide for care, protection, training, education and physical, mental and moral welfare of the child.  
  - Must abide by the conditions/limitations of order and the remaining rights/duties of child’s parents/guardian as decided by the court.  
|                                                                        | Compelling reasons for such placement may include, but are not limited to:  
  - Parent and child have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child’s foster parents have committed to raising him or her to the age of majority and facilitate visitation.  
  - A significant person to the child is available to provide long-term care and resources for the child until adulthood.  
  - A child for whom an Indian tribe has identified another planned permanent living arrangement for the child; or  
  - A foster child who is 16 years of age or older who chooses to remain in foster care and the child’s foster parents are willing to care for the child until the child reaches 18 years of age  
  - Court and agency continue to supervise |                                                                                                                                                                                                                                                                               |
| Reunification                                                          | Returning children to the physical custody of their parent(s) after placement                                                                                                                                 | When family has utilized services and the case plan goals have been met; the conditions of intake no longer exist                                                                                                                                                        |
Permanency Decisions

- Read the scenarios and decide if a change in permanency goals is necessary.
- Be prepared to explain the rationale for your decision by using PG125-127, Permanency Options.

Scenario 1

Mr. and Mrs. Smith, 60 years old, have been foster parents of 2 1/2 year old Jerome since he was 12-months old. The conditions resulting in placement continue to exist. The Smiths have foster-parented a number of children throughout the past 25 years. Approximately 15 years ago, they adopted three of their foster children. These children are now in their late teens/early twenties; two of them graduated from high school. The other child quit school when she became pregnant. These children had a stormy adolescence due in part to the rigidity of their parents.

Jerome is healthy, but receives little to no stimulation in this home. It is only after reminders that the Smiths take Jerome to the doctor for his checkups and immunizations. He is often left to play alone with the TV on. Mr. Smith is on disability. Mrs. Smith spends much of her time sitting in the living room. Her health is ok. The Smith children are not a resource for Jerome. Jerome seems to have a warm affectionate relationship with both Mr. and Mrs. Smith.

What permanency decision would you make? Explain your rationale.

Scenario 2

Frank, age 14, has lived with his present caregivers, family friends, for two years. Prior to that, he lived in four foster homes after entering the child welfare system when he was eight years old. All of his homes have been in the same city area in which he grew up. His mother is a drug addict. After three inpatient attempts at rehabilitation, she has entered a halfway house where she is reportedly doing well. She recently resumed visitations with Frank every other week.

Frank's father is a very passive individual who rents a room in a boarding house and sees Frank about every other month. Parental rights were terminated two years ago. Frank's caregivers do not want to adopt him, but have indicated an interest in caring for him until he is 18 if they can receive financial assistance. An adoptive home in the country has been identified for him, but Frank is adamant that he does not want to be adopted. He wants to remain with his family.

What permanency decision would you make? Explain your rationale.
Scenario 3

Two children, ages 2 1/2 years and 18 months, were placed in foster care twelve months ago due to the mother's homelessness which is continually caused by poor relationship choices. Medical neglect of the baby has also been documented. Family preservation services were offered prior to entering care. Since placement, reunification services were offered. Mother has visited sporadically.

Chyanne, 18 months old and Robert, age 2 1/2, have had three unsuccessful foster home placements.

What permanency decision should be made? Explain your rationale.

Scenario 4

Krista, age 10 years, was placed in foster care when her father killed her mother in a violent rage. She loves her father and visits him regularly in prison. She also has regular visits with an older half-sibling (mother's child by another relationship). Both paternal and maternal grandmothers have said that Krista could come to live with them, but they do not wish to adopt her. Also, Krista is opposed to adoption.

What permanency decision should be made? Explain your rationale.
Module 5: Permanency

Preparations for the Permanency Staffing

- Review your entire case file and be familiar with the facts, evidence, and relevant dates.
- Complete the local permanency staffing form, designating which parent you are addressing in your responses.
- Complete the APPLA checklist (if applicable) see PG134-135.
- Review and discuss the information and form(s) with your supervisor.
- Discuss with your supervisor your recommended permanency choice for the case.
- Have your supervisor sign the permanency staffing form before submitting it to ARS Committee at the staffing.
- Bring enough copies of the staffing form to the Permanency Staffing so that all parties have a copy to review at the staffing.
- Be prepared to complete the following information on the Permanency Staffing Referral form:
  - children’s demographic information
  - reason for Permanency Staffing
  - if TPR, grounds for TPR for each parent
  - important dates
  - child’s placement history
  - verification that case record contains birth certificate and current diligent search
  - adoption issues
  - significant attachments and special needs of the child
  - parents’, siblings’, and significant others’ information
  - case plan compliance and visitation information
  - adjudications of dependency and disposition information
- Identify with your supervisor all key parties in the case and invite them to the staffing.
- Your supervisor must accompany you to the staffing.
- Be on time, be organized, and be prepared for the staffing.
- Be prepared to present documentation of services and referrals.
- Bring copies of the parents’ and the child(ren)’s psychological evaluations and the order accepting the case plan.
Reunification Criteria
CFOP 175-38 or appropriate agency protocol.

Prior to Recommending Reunification
- Collaborate with all involved persons to assess the
  - child’s safety, if reunified
  - readiness of the parents and child to live together on a full-time basis
- Risk factors must be reduced to a level of safety for the child as well as any other children in the family.
- Parents and children have successfully spent extended periods of time together including overnight and week-end visits without further maltreatment.
- Parents and child indicate verbally and by their actions that they are ready for reunification.
- The family has a well-established support system made up of individuals such as: family members, extended relatives, church members, neighbors, friends, substitute-care parents, employers, and providers.
- A positive Parental Reunification Readiness Assessment and Home Study must be completed and approved.

Court Approval
- When the court has awarded legal custody of a child to the agency or other custodian, the court must explicitly approve release of the child from custody.
- If the court orders the return of a child (and there is no judicial stay of the order), the child must be returned immediately regardless of the provisions of the reunification policy.

Voluntary Placement Reunification Criteria
- Child must be immediately released once a request is made in writing as long as it is verified that the person making the request is:
  - the same person who placed the child into voluntary placement
  - a person authorized by the person who placed the child into voluntary placement to receive custody of the child
- An exception to the above rule must be made if the person who is to accept custody of the child appears to present a threat to the safety or welfare of the child.
- For example, the:
  - person’s speech or actions demonstrate disorientation or confusion indicative of mental disturbance
  - person looks, smells, or acts as if under the influence of drugs or alcohol
  - person who is to accept custody presents a threat to the child, the Case Manager will detain the child and immediately contact CLS, and if necessary, law enforcement
Checklist for Reunification Staffing
Case Presentation

All case information, including all conflicting information:

☐ Initial and current risk assessments

☐ All intakes which resulted in removal and any subsequent intakes

☐ Prior history of maltreatment of the child, other children, and household members.

☐ Florida Department of Law Enforcement and city and county law enforcement criminal
  records checks on all adults and adolescents in the family

☐ Reports from service providers

☐ Psychological and medical assessments

☐ Parental Reunification Readiness Assessment and Home Study

☐ Predisposition study

☐ Guardian ad litem report

☐ Case plans

☐ Written opinion from the current caregiver concerning the proposed reunification

☐ Judicial review findings

☐ Proposed date of the return home

☐ Case plan for post placement supervision that has been negotiated with the family

☐ The results, both positive and negative, of brief unsupervised visits

Comments:
Post Placement Supervision Tasks

The Court requires 6 months supervision after reunification.

- The court is required to continue at least 6 months of jurisdiction after a child is returned home. F.S. 39.521(7); F.A.C. 65C-30.014
- When the court orders post-placement supervision, you must:
  - update FSFN to change out-of-home care to post-placement supervision;
  - develop a post-placement case plan with the child, parents, other household members, or other support persons identified by the parents or directed by the court who are to participate in the plan.

Supervision is not terminated until ordered by the court.

Note: Reunification with parent outside of Florida requires approval through ICPC.

Case Plan for Post-Placement Supervision, F.A.C. 65C-30.014(2)(3)

- Case plan must be completed, filed with the court, and served on all parties at least 72 hours prior to the hearing recommending reunification.
- If the court returns custody to the parents contrary to agency recommendations, the timeframe for the case plan is within 14 working days of the hearing.
- At a minimum, the case plan must include:
  - assessment of family strengths, protective capacities, safety and risk with recommendations that aim to alleviate possible risks;
  - services and activities necessary to remedy the initial problems that remain;
  - routine health care as well as follow-up care for physical/mental health or substance abuse needs;
  - specific provisions for child care or early education program needs;
  - specific provisions for visitation by the CM as per Rule 65C-30.007.

Post Placement Services and Supports, F.A.C. 65C-30.014(4)

Services in reunification cases include, at a minimum:

- regular contacts
- exchange of information with parents
- support, guidance, and referrals, as needed
- return to parents of original documents, i.e. SS card and birth certificate
- determine disposition of child’s Master Trust money
- provide copy of child’s resource record, including child’s IEP
- assistance in using community/family resources
- coordination with school district so child can continue attendance at current school
- evaluate the child’s and family’s progress
Contacts during Post-Placement Supervision 65C-30.014(3)(e)

- Your contacts must be in accordance with 65C-30.007, F.A.C.
- Frequency of contacts is based upon the
  - conditions in the home;
  - needs of the child;
  - level of safety and risk to the child, or
  - level of cooperation of the parents or relatives
- The purposes of the contacts are to:
  - monitor the child’s safety and well-being
  - observe and document the child’s condition, appearance, development
  - observe and document child/parent interaction
  - continue to implement case plan objectives
  - support the family in their reintegration
- If a parent or person responsible will not allow the child to be seen, the person making the home contact must immediately contact the supervisor for guidance as to possible law enforcement involvement to gain access to or remove the child.

Assessment of Case Status

- At every 6 month period of post-placement supervision, you must collaborate with the parent, child, and other involved persons/entities included in the post-placement case plan to assess status of the case. You must:
  - evaluate with the family their adjustment and progress with case plan tasks.
  - assess safety concerns and complete a family assessment.
  - prepare, file with the court, and serve on all parties a report addressing:
    - issues in the case plan
    - the current outcome of the family assessment
    - input from service providers
    - recommendation for case closure or extension of supervision
- If previously identified or new risk factors are present to the extent that continued supervision is warranted:
  - these risk factors must be specified with a recommendation for continued supervision; and,
  - a case plan update or amendment negotiated with the family to address the risk factors must be submitted to the court along with the recommendation for continued supervision.
Independent Living s. 409.1451, F.S.
QPS #44, 45, 46, 47

Independent Living as Planned Permanency

- The Independent Living Program is for youth 13 to 23 years of age, who have been placed in the care, custody, and control of the Agency.
- Question: “Can the permanency plan for a child when she/he is ‘placed in another planned permanency living arrangement’ include independent living in accordance with 475(5)(C) of the Social Security Act?”
- Answer: “Yes, on a case by case basis only. If the State identifies independent living as the permanency plan, it must document to the court a ‘compelling reason’ that it is not in the best interest of the child to return home, be referred for termination of parental rights, or be placed for adoption, placed with a legal guardian, or placed with a fit and willing relative.”

Another Planned Permanent Living Arrangement (APPLA), 39.6241, F.S., QPS #71

If a court finds that reunification is not in the best interests of a child, the court may approve placement of the child in another planned permanent living arrangement if the:
- court finds a more permanent placement such as adoption, permanent guardianship, or placement with a fit and willing relative is not in the best interests of the child;
- agency documents reasons why the placement will endure and how the proposed arrangement is more stable and secure than ordinary foster care;
- court finds that the health, safety, and well-being of the child is not jeopardized by such an arrangement; and
- case presents compelling reasons to show that APPLA is the most appropriate goal.
- The agency and GAL must provide the court with a recommended list and description of services needed by the child such as independent living services and medical, dental, educational, or psychological referrals and a list and description of services needed by his or her caregiver.
- The agency must continue to supervise the placement and the court will continue to review the placement at least once every 6 months.

Assessment Tasks

- Assess youth 13 or older in out-of-home licensed placements to identify strengths and needs.
- Youth ages 13 to 23 are eligible to receive services.
- Initiate a referral for services to the independent living (IL) coordinator.
- Send the IL coordinator a copy of the assessment.
- Document youth’s activities/services that will help to develop essential life skills.
- Reassess youth living in licensed out-of-home placements, prior to 16th birthday, to identify needed skills.

Best Practice Note: All youth in out-of-home care (age 16-18, licensed or unlicensed care) must be assessed and given a case plan with appropriate IL tasks. However, Chafee Foster Care Independence Program funds may only be used for youth in state custody who are in licensed out-of-home care.
Case Planning Tasks

- Consult with your supervisor about the choice of independent living as a permanency plan.
- If appropriate, conduct a permanency staffing.
- Initiate a referral for services to the Independent Living Coordinator.
- Amend the case plan prior to youth's 16th birthday or within 30 days of disposition into foster care if already age 16 or older.
- Add tasks to reflect the Independent Living services/training that will be offered/provided to the youth based upon the identified needs in the assessment.
- Amend the case plan prior to judicial review.

Court Reviews

- Statute requires court review until the child reaches age 18 when independent living is the plan for the child.
  - Judicial review or a citizen review is required every 6 months.
  - Judicial review must occur within 90 days after the child’s 17th birthday. 39.701(7)(a)
  - A judicial review must occur 6 months prior to a youth’s 18th birthday. 39.013(8)
- Fostering Connections Act: requires you to assist and support youth in developing a transition plan as he/she ages out of foster care. It must:
  - be developed with the youth at age 17 1/2 (during the 90 day period before the youth’s 18th birthday).
  - list specific goals and activities to be achieved prior to the youth leaving foster care.
  - be personalized at the direction of the youth.
  - be detailed including specific options regarding housing, health insurance, education, local opportunities for mentors and continuing support services.
  - be reviewed, approved and signed by the youth either 90 days prior to his/her 18th birthday, or 90 days prior to the date he/she leaves care.
  - be documented in FSFN that the transition plan was developed reviewed and signed by the youth.
- The John H. Chafee Foster Care Independence Program P.L. 106-169 provides services to both youth in foster care (starting at age 13 in Florida) and youth 18-21 who have already left foster care and need assistance.

National Youth in Transition Database (NYTD)

- Federal rule requires that States engage in data collection activities, one being a youth survey. Florida has adopted the National Youth in Transition Database Plus (NYTD). As a longitudinal model for assessing how foster youth and additional youth who are are progressing toward independence.
- For more background information on NYTD visit: http://www.acf.hhs.gov/programs/cb/systems/nytd/faq/
Another Planned Permanent Living Arrangement

APPLA Checklist

The APPLA checklist is a tool used at permanency staffings or when Another Planned Permanent Living Arrangement is being considered as a permanency goal for a youth. A comprehensive review of all children with a goal of Another Planned Living Arrangement (APPLA) is required. The review must be conducted in conjunction with Children’s Legal Services (CLS) and the Community-Based Care Agencies. The results of the review must document, for each child, the reasons why reunification, adoption and guardianship are no longer in the child’s best interest.

- Have other permanency options been fully considered and ruled out for valid reasons?
  - Assess permanency options at each judicial review.
  - Is a more preferred option possible?

Explain -

- What efforts has the agency made to identify and recruit a permanent placement for the child?
  - Has the agency thoroughly searched for relatives?
  - Are there any former or current caregivers/foster parents that are willing to commit to the child?
  - Have mentors, coaches, teachers or other persons been explored for permanent placement?
  - Assessment and planning of foster parent’s commitment to child (non-permanent long-term arrangements by default)

Explain -

- What are the child’s preferences?
  - Ongoing discussions with the child regarding placement preferences?
  - Input for child on support systems such as mentors or respite care providers to help cultivate life-long relationships.

Explain -
What are the compelling reasons why a more preferred permanency plan is not being selected?
- Convincing and persuasive reasons why a more preferred permanency option is not being pursued must be documented to the court.

Explain -

Is the proposed plan a “permanent living arrangement?”
- Ask how the proposed arrangement is more stable and secure than regular foster care.
- Is this a more family-like arrangement for the child?
- Which adults will maintain a continuing, close parent-child relationship with the child.

Explain -

What support structures are being put in place?
- Are there support structures in place to enhance the stability of the living arrangement such as mentoring or community based programs.
  - Involved in one or more extracurricular activity
  - Education support such as tutoring
  - Support for family connections/visitations

Explain -

Does the child have any special needs, and what services is the agency providing?
- Have the mental health or other needs of the child been met such that a preferred permanency option is now available.

Explain -

What efforts has the agency made to assess the safety, quality and stability of the APPLA?
- Ongoing assessment of the safety, quality stability, and appropriateness of the placement as child and caregiver factors often change.

Explain -
Case Closure

Closing a Case

In order to close a case and have it ready for supervisory review, you must ensure that the following have been completed:

- Document a discussion with all service providers and the GAL that you are considering closing the case.
  - Include school officials in the discussion if they have been actively involved with the family during the supervision period.
  - If the service provider or GAL disagrees with your decision, you may reconsider or schedule a staffing to further discuss the concerns.
  - Keep your supervisor informed.
- Document a contact with the family that includes a discussion with the caregiver and child that you are considering closing the case.
  - The family must agree that supervision is no longer needed as the risk of maltreatment is low.
  - The family must be informed about all available community resources and what to do if an emergency arises and the level of risk escalates.
  - The case plan may **not** remain open for the sole issue of payment of attorney’s fees or cost. **S. 39.0134**
  - At no time must closure of a case be considered without input from the family.
- Document a discussion or staffing with legal and prepare a termination summary for the court and case file.
  - The termination summary may be included as part of a judicial review hearing, and, therefore, in the JRSS/CPU/case plan update.
  - Or, it may be a separate motion or hearing with the court.
- Obtain a court order to close the case.
  - A case **cannot** be closed until you and CLS receive the court order terminating supervision.
  - The case **cannot** be closed on FSFN until the court order is documented in the case notes as being received.
  - With adoption supervision cases, you must document the date consents were provided and the date of the adoption finalization hearing before case closure can be completed.
- Continue monthly supervision contacts until the case is closed.
- Place a copy of the court order in the child’s file.
Closing the case on FSFN

- All case closing activities are managed from the Case Closure page. This page documents case closure information and initiates all case closure activities.

- Case closure page consists of the following:
  - Basic
  - Closing Information
  - Closure Summary
  - Case Closure Denial Message - reasons a closure request was denied by the system

- **Basic Information**: Case name; case number; open date

- **Closing Information**: Closure status; Request for Closure; Closed Date; Closing Checklist; Reason; Adopted By; Closing Checklist

### Closure Status:

<table>
<thead>
<tr>
<th>Pending</th>
<th>Not Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested</td>
<td>Denied</td>
</tr>
<tr>
<td>Accepted</td>
<td>Historical</td>
</tr>
</tbody>
</table>

- **Closure Summary**: Describes the closure process with the family and service providers and the family’s plan for meeting future service needs. Describes how any behaviors/conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.

- **Closure Denial Messages**: Lists the reasons a closure request was denied.

- **Case closure process in FSFN** involves two main steps:
  - First step - indicate that a case closure is requested for this case by checking the “Request for Closure” and selecting a Reason for closure
  - Second step - complete Closure Summary

- **Ongoing Case Closing Checklist**:
  - Submit a Case Evaluation or case note (as appropriate) to Supervisor for approval
  - Close case goals as appropriate
  - Update/End legal status as appropriate
  - Close all placement/living arrangements/removals
  - Notify family, collaterals and service providers as necessary
  - Prepare
    - paper file for closure
    - case closure/termination summary
    - final safety/risk assessment
    - final case notes
Accessing Records “Open Records Bill”

Key Implementation Requirements:

- DCF will make, keep and preserve reports and records of all cases under Chapter 39 pertaining to a child and family until the child who is the subject of the record is **30 years old**.

- The record must be available for inspection and a copy provided at no cost to the child, the child's caregiver, GAL, or attorney until the child reaches the age of 30 years.

- Within **90 days** after the child leaves DCF custody, DCF must give notice to the person having legal custody of the child or to the young adult who was in DCF custody how the records may be obtained. 39.202(7)(a)

- Licensed foster and prospective foster parents, prospective adoptive parents with approved home studies and their attorneys or adoption entity acting in their behalf, and relatives or non-relatives with whom the child may be placed are entitled to access records.
PowerPoint Slides

Slide 1
Ongoing Assessment and Permanency

Slide 2
Module 1: Introduction
Objectives
- Relate the case plan to ongoing case supervision tasks.
- Identify requirements & tasks for case supervision.
- Describe ongoing assessment events & documents.

Slide 3
Phases of Case Planning
Assess child & family
Plan & develop case plan
Implement case plan
Prepare for judicial review & permanency
Assess services/progress w/ case plan
Support child, parents, caregivers
**Slide 4**

**Ongoing Assessment Tasks**

- Plan/Implement tasks/services for child’s safety, permanence, & well-being. Services for parents/caregivers.
- Conduct contacts (every 30 days) with the child, parents, & caregivers.
- Document visitation between siblings, child(ren) & parents.
- Communicate with providers to assess services effectiveness.
- Assess progress with case plan tasks before judicial review.

**Slide 5**

**Ongoing Assessment Questions**

- Has the case plan been implemented?
- Is the permanency goal still appropriate?
- Is there progress toward child’s safety & well-being?
- Are case plan objectives (outcomes) being met?
- Is the case plan leading toward change?

**Slide 6**

**Most Common Events for Gathering Assessment Information**

- Contacts with children, parent(s), caregivers
- Contacts with service providers
- Visitation between parents and children
- Contacts with others who know about the family or involved in the case plan (i.e., teachers, GAL)
Module 2: Contacts

Objectives
- Determine how to prepare for & conduct contacts w/ child, parent(s), caregivers, & service providers.
  - Define and recognize the actions and tasks associated with ongoing safety management.
  - Name tasks for cases requiring ICPC, Interstate Compact for the Placement of Children.

Safety Plan: One Form, Not the Same

<table>
<thead>
<tr>
<th>When</th>
<th>First Contact</th>
<th>Conclusion of Family Functioning Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why</td>
<td>Control safety</td>
<td>Control safety</td>
</tr>
<tr>
<td>What</td>
<td>Present danger</td>
<td>Impending Danger</td>
</tr>
<tr>
<td>Purpose</td>
<td>Manage present danger while completing the Family Functioning Assessment</td>
<td>Manage Impending Danger while allowing services to occur</td>
</tr>
</tbody>
</table>

Managing the Safety Plan: Essential Skills of Safety Management
Safety Plans During Ongoing Case Management Are:

- Provisional
- Temporary
- Conditional
- Dynamic
- Interim
- Intervention

Parent Centered

Child Centered

Non-Negotiable

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

When to Take Action: Safety Plan Modification

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

It's Friday......And....

- A substance abuse counselor leaves a voicemail stating that the mother has not shown up for any appointments in the past month which suggests she is using cocaine again. The counselor, while not a Safety Service provider on the Safety Plan, is considering writing a letter to the judge stating that the children are no longer safe and the In-Home Safety Plan should dissolve and the children should be placed immediately. The service aide who is providing In-Home Safety Services (supervision and monitoring) has provided weekly notes to you without any reference to any problems she is observing. However, you know that she has become quite close to the mother, and she often makes disparaging comments about the substance abuse counselor in front of the mother.
Slide 13

ICPC - Supervision

Requires child to be seen within 30 days of arrival in receiving state and every 30 days thereafter

Requires supervision report to be sent every 90 days

F.S. 409.401 Regulation 11

Slide 14

Module 3: Parent/Child Visitation

Objectives

- Describe legal requirements for visitation.
- Explain the purpose of visitation.
- Determine how to plan & assess visits.
- Describe how to prepare the child, parent(s), & caregiver for visits.
- Demonstrate the concept of “Family Time” and visitation quality ratings.

Slide 15

Parent-Child Visitation Purposes

Reduce effects of separation/fuss
Enhance parent/child relationship
Assess for reunification & progress
Intervention
Document case plan progress
Sibling visitation
Slide 16

**Family Time/Visitation**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Routine</td>
<td>Adequate</td>
</tr>
<tr>
<td>Sporadic</td>
<td>Not Adequate</td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>Adverse</td>
</tr>
</tbody>
</table>

Slide 17

**Module 4: Assessing Progress**

- Identify indicators of behavioral change related to caregiver protective capacities.
- Recognize administrative, citizen, & judicial review requirements.
- Describe 4 barrier types to case plan progress & strategies to overcome them.
- Define the need for modification of safety plans and conditions for return.
- Assess family’s progress toward permanency via compliance with case plan tasks & outcomes.
- Determine how to review, renegotiate, & update case plans.

Slide 18

**CPI-FFA**

- Safety and CPC

**Ongoing FFA**

- Safety and CPC

**Evaluation/Update**

- Safety and CPC
Slide 19

Safety Plan: Level of Intrusiveness
Case Plan Progress: Caregiver Protective Capacities are enhanced to provide for safety

Slide 20

Goals are the Bridge Between the Case Plan and the Evaluation/Update

Slide 21

Once a Wrong Goal is Identified...Everything Else You Do Is Wrong
Outcome Evaluation

• Ms. Braddock will learn appropriate and effective parenting skills to deal with Freddie's behavior

Criteria for Evaluating

• How you assess progress
• How you consider change
• How you judge achievement

Measuring Progress

• No progress
• Minimal progress
• Significant progress
• Outcome achievement
Slide 25

Rules of Feedback: Scheduling the Progress Evaluation

Slide 26

Areas of Assessment During the Evaluation
- Caregiver Protection Capacities Assessment
- Child Needs Assessment
- Family Visitation
- Rule of Inference/Collaborative Documentation

Slide 27

Outcomes for Evaluation/Update

- Outcomes and Associated Actions and/or Documentation
Evaluation Outcomes

- No change—requires the evaluation/update to be documented
- Change in Case Plan—requires the evaluation/update and case plan to be updated
- Change in Safety Plan—requires the evaluation/update and safety plan to be updated
- Change in visitation plan—requires the evaluation/update and visitation assessment within the judicial review to be updated

Preparing for Judicial Review

Continuously:
- document all case activity
- assess safety
- assess case plan progress
- get service provider updates

Barriers to Successful Progress

- Attitudes
  - Lack of specific, concrete skills
- Relationships
  - Social skills
- Systems barriers
Modification of the Safety Plan

- Increase Intrusiveness: Safety Plan to meet "widespread panic in the home due to plan not implemented"
  - Increase (of new threat) has not been reviewed
- Decrease Intrusiveness: Conditions for plan have been implemented and there is no evidence that the threat is no longer present.

Conditions for Return

- Using the Safety Analysis for Developing Conditions for Return

Question #1: Are the parents/legal guardians willing to have an in-home safety plan developed and implemented and will they cooperate with all identified safety service providers?

Question #2: Is the home environment calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely?

Question #3: Are safety services available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home?

Question #4: Can an in-home safety plan and the use of in-home safety services sufficiently manage impending danger without the results of scheduled professional evaluations?

Question #5: Do the parents/legal guardians have a residence in which to implement an in-home safety plan?
Was the Case Plan Implemented?

- Were they carried out according to timeframes?
- Are barriers identified & addressed?
- Which have NOT started on time: Tasks?, Services?, Contacts?

Assess Progress towards the Children’s Safety and Well-being

- Is change occurring so risk has been reduced?
- Are the children safe in their current location?
- Are their needs (physical, educational, mental/behavioral) being met?
- Would case termination be safe for the children?
- What additional needs must be addressed?

Is the Case Plan Leading Toward Change?

- Are they building strengths, new skills, & lasting networks?
- Are they overcoming barriers?
- Are services/Interventions helping them meet goals?
- What deficiencies or omissions have you observed?
Slide 37

Outcomes

Are desired outcomes being met?

- Are parents complying with case plan tasks?
- Are you complying with case plan tasks?
- Are parents meeting the children's needs?
- How much progress has been made towards outcomes?

Slide 38

Is the Permanency Goal still Appropriate?

What issues might impact the children's safety and well-being?

How did you address these issues?

Slide 39

Permanency Options

- Permanent placement with a fit & willing relative
- Placement in another planned living arrangement
- Permanent Guardianship
- Adoption
- Reunification
- Maintaining and Strengthening
Module 5: Permanency

Objectives:
- Recognize legal requirements that guide permanency planning.
- Recognize permanency issues for children.
- Determine how to prepare for permanency staffing.
- Identify reunification criteria.
- Name post-placement supervisions tasks.
- Describe the tasks & services needed for youth ages 13-23 in the Independent Living program.
- Identify requirements & tasks related to services termination & case closure.
- Summarize strategies to reduce recidivism.

Case Manager Contact Purposes

- Observe & Document:
  - child’s condition
  - appearance, development
  - Child-parent interaction
- Monitor child’s safety & well-being
- Continue to carry out case plan objectives
- Support the family towards reintegration

Termination of Services

QPS #70   F.A.C.65C-30.022

What tasks must be completed prior to termination of services? Include ICPC cases.
What specific tasks must be completed prior to closing a domestic violence case?
What are the components of a termination summary? Who must be notified?
What needs to be done prior to discontinuing services for court ordered supervision cases?
What is the procedure for terminating In-Home Services – Non-Judicial and Judicial cases?
Critical Elements of the Termination Summary

- Completed risk assessment
- Current LE, abuse check
- Case plan compliance information

Strategies to Reduce Recidivism

- Define nature of casework relationship early.
- Implement case planning based upon quality assessments.
- Teach the family to access supports & resources within their environment.
- Transfer attachments from you to other relationships in the family & community.