Quality of Practice Standards
Case Management Services

Florida Department of Children and Families
Family Safety Program Office

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This booklet contains the Florida Department of Children and Families Quality of Practice Standards for case management services. Data collected utilizing these standards provides local administrations a “window into practice” in real-time, and helps focus quality improvement efforts at the local and state level.

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Note to Reviewers:
Unless otherwise noted, the period under review is nine (9) months prior to the sampling date
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Re-Abuse or Re-neglect – In Home

1.0 No child living in the home was re-abused or neglected. (applicable to in-home cases)

Requirement: The reviewer must determine if any child living in the home (all children whether they have an open services case or not) had “not substantiated” or “verified” findings of abuse or neglect during the period under review. If the case was closed during the period under review, consider if any new reports were received afterwards (but still within the period under review). The reviewer must search the automated information system to determine if any investigation was conducted during the period under review and was documented as “not substantiated” or “verified” findings. If the child was served through both in-home and out-of-home care during the period under review, the reviewer must address both standard 1 and 2.

Instructions and Considerations: The reviewer should not consider a child’s delayed disclosure about prior abuse or neglect as re-abuse or re-neglect. The events that occurred prior to the maltreatment that resulted in services should not be considered even if the delayed disclosure of abuse or neglect was investigated during the period under review.

Rating:

✓ Yes if no re-abuse or re-neglect occurred.

✓ No if a subsequent investigation of new abuse or neglect allegation documented “not substantiated” or “verified” findings.

✓ NA if the case was open to out-of-home care services for the entire period under review.

Reference: s. 39.001(3) (a) & Federal Child & Family Services Review, Safety Outcome 1, Item 2
Re-abuse or Re-neglect – Out-of-Home

2.0 The focus child was not re-abused or re-neglected. *(applicable to out-of-home cases)*

**Requirement:** The reviewer must determine if the focus child (the child identified in the sample set) in out-of-home care had “not substantiated” or “verified” findings of abuse or neglect during the period under review. The reviewer must search the automated information system to determine if any investigations were conducted and documented “not substantiated” or “verified” findings. If the child was served both through in-home and out-of-home-care during the period under review, the reviewer must address both standard 1 and 2.

**Instructions and Considerations:** The reviewer should not consider a child’s delayed disclosure about prior abuse or neglect as re-abuse or re-neglect. The events that occurred prior to the maltreatment that resulted in services should not be considered even if the delayed disclosure of abuse or neglect was investigated during the period under review.

**Rating:**

- ✓ Yes if no re-abuse or re-neglect occurred.
- ✓ No if a subsequent investigation of new abuse or neglect documented “not substantiated” or “verified” findings.
- ✓ NA if the child was “in-home” during the entire period under review.

**Reference:** s. 39.001(3) (a) & Federal Child & Family Services Review, Safety Outcome 1, Item 2
Initiation of Immediate Interventions

3.0 If a child was re-abused or re-neglected, immediate and ameliorative interventions were initiated on behalf of the child. *(applicable to all cases)*

**Requirement:** If there are indications a child is being abused or neglected action must be taken to protect the child either through in-home services, wrap-around services, removal, or change of placement.

*Instructions and Considerations:* If a re-abuse or re-neglect occurred during this time and resulted in “not substantiated” or “verified” findings, the reviewer must determine if the actions taken in response to the event were timely (that is, as soon as the need was identified) and appropriate to ensure the child(ren) was protected and received any needed services identified as a result of the re-abuse or re-neglect.

**Rating:**

- ✔ Yes if appropriate and timely action was taken.
- ✔ No if no action was taken or the action taken was not appropriate based on the assessed risk and identified needs.
- ✔ Enter NA if no re-abuse or re-neglect occurred.

Services to Protect the Child

4.0 Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child’s entry into out-of-home care. (applicable to in-home cases)

**Requirement:** Appropriate services include services provided or arranged for the family with the explicit goal of ensuring the child’s safety and preventing out-of-home care placement. The services could include homemaking services, family preservation services, anger management classes, substance abuse treatment services, mental health and domestic violence services, etc. The services should address the specific needs and circumstances that brought the family to the agency’s attention.

*Instructions and Considerations:* The reviewer must assess whether the agency appropriately identified services that would allow the child to remain safely in the home and actively pursued service engagement. In addition, the reviewer should consider the services provided or arranged for a non-custodial parent, if the non-custodial parent has ongoing, unsupervised contact with the child and has some identified needs. Appropriate services do not include assisting the non-custodial parent in becoming the primary caregiver. Concerted efforts include conducting a thorough safety assessment to identify the services necessary to ensure the child’s safety in the home, and the actions taken to facilitate a family’s access to and engagement with needed services.

**Rating:**

- ✓ Yes if appropriate and relevant services were provided or arranged to allow the child to safely remain in the home.
- ✓ Yes if the child was removed after careful consideration of providing in-home services and a determination the child would remain at imminent risk of harm.
- ✓ No if concerted efforts were not made by the agency to provide or arrange for appropriate and relevant services to keep the child safe.
- ✓ NA if the child was in out-of-home care during the entire period under review.
- ✓ NA if the case under review is post-placement supervision

*Reference:* s. 39.001(1) (f); 39.001(3) (a); 39.402 (7), F.S.; Florida Administrative Code 65C-30.009(1-2) & Federal Child & Family Services Review, Safety Outcome 2, Item 3
Initial Family Assessment

5.0  A thorough initial family assessment was conducted following the investigative safety assessment that sufficiently addressed child safety factors and emerging risks. (applicable to all cases)

   a) Caregivers’ (if removed from)/parents’ capacity to protect and nurture the child;
   b) Observations of interactions between the child and siblings and household members;
   c) Emerging risk factors;
   d) Actions needed to address emerging risk factors; and
   e) Implementation of a safety plan when needed.

   f) The initial family assessment was completed within 15 working days of ESI staffing/case transfer.

Requirement: An initial family assessment must address:

- Risk assessment analysis;
- Whether the child can live safely in the current home or placement;
- The family’s ability to provide a permanent and stable home;
- The changes, if any, the family must make to provide a safe and stable home for the child;
- An assessment of the family’s needs that hinder providing a safe and stable home; and,
- Identification of the family’s unique resources, strengths and protective capacities that contribute to improving the child’s and family’s well-being.

Instructions and Considerations: Each of the above six components (a-f) is critical to completing a thorough initial family assessment. The reviewer must provide a Yes or No response for each of the six components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the assessment activities overall.

Rating:

✓ Yes if the assessment thoroughly addressed case specific issues related to child safety and emerging risks and was approved in FSFN.

✓ No if an initial family assessment was required during the period under review, or was not appropriately documented in the record, or if significant child safety and emerging risk factors were not addressed, or was not approved in FSFN.

✓ NA if the initial assessment was previous to the period under review.

Service Referrals

6.0 Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety. (applicable to all cases)

Requirement: Timely services referrals, consistent with the findings of the assessments available to the services worker are necessary to engage the services needed to assist the family and ensure the child's safety, permanency and well-being.

Instructions and Considerations: The reviewer must determine if the services worker considered all available information about the family when identifying needs and matching needs with appropriate services. Information from investigative and case management documentation as well as other service providers should be considered, e.g. initial family assessment, Comprehensive Behavioral Health Assessment, Pre Dispositional Study (PDS), other service provider reports, etc. The services worker must arrange for appropriate services and documentation of referrals must be found in the case file.

Rating:

✔ Yes if the services worker considered the results of the completed assessments, and identified and completed referrals for appropriate services to address the needs.

✔ No if the services worker failed to appropriately address the identified needs or only addressed some of the identified needs.

✔ NA if no referrals were needed/required.

Reference: Florida Administrative Code 65C-30.008 (1)(3); Federal Child & Family Services Review, Safety Outcome 2, Item 3
Continuing and Ongoing Assessments

7.0 The updated family assessment was focused on the immediate and prospective safety of the child, as well as any changes and implications in the family's situation related to emerging concerns and service needs. *(applicable to all cases)*

   a) A review of changes in the family's condition or circumstances since the initial assessment that positively or negatively impacted the child’s safety;

   b) A review of the short and long-term implication of any changes in individual or family factors affecting family resources, strengths and/or protective capacities;

   c) An evaluation of signs of emerging danger and a plan to address them;

   d) A review of the case plan goals that were met or are remaining, and the plan to address any barriers that exist to fully meet the case plan goals;

   e) The family assessment was completed at least every six months and/or at critical changes in circumstances of the family unit.

**Requirement:** A family assessment must be documented at least every six months until services are terminated, and include a summary of casework activities. The child’s safety and risk factors must be continually assessed through contacts with the child and family, and through contact with others who have knowledge of or are providing services to the family.

**Instructions and Considerations:** The reviewer must determine if a six-month assessment was conducted and if each of the items outlined in a-e above were fully addressed. The changing circumstances of the family unit require updated risk assessments, e.g., a baby born into the family, parents divorce, household composition changes, injunctions for protection are lifted, absent or offending parent returns to the home, new abuse reports received or other changes in the family dynamics, case is closed, etc. When reviewing a case involving a child freed for adoption (parental rights terminated), the reviewer should assess the changing needs of the child. When reviewing a child in a pre-adoptive placement consider the changing needs of the pre-adoptive family.

Documenting the process of conducting an assessment should include case manager’s observations of family interactions, discussions with family, relatives, schools, day care, and/or other relevant collateral contacts, as well as reflective and critical thinking of all of the information obtained.

The reviewer must provide a Yes or No response for each of the five components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the six-month assessment overall.

**Rating:**

- ✓ Yes if the services worker conducted a quality updated family assessment(s) of and was approved in FSFN.

- ✓ No if there is no documentation to support a quality updated family assessment(s) was completed or was not approved in FSFN.

**Reference:** Florida Administrative Code 65C-30.005 (1-2) (4) & Federal Child & Family Services Review, Safety Outcome 2, Item 4
Immediate and Emerging Safety Concerns

8.0 All immediate and emerging safety concerns were addressed and additional needed interventions were provided to protect the child. *(applicable to all cases)*

**Requirement:** In addition to initial and six-month assessments of the child and family’s situation, ongoing assessments are required as well. The services worker’s decision-making and identification of additional interventions must be consistent with the immediate and ongoing assessment to ensure the child's safety and well-being.

*Instructions and Considerations:* The reviewer should consider this review element "Critical" when assessing current safety and ongoing risk. A thorough assessment is effective only if followed by actions designed to address identified safety and/or risk factors. The reviewer must consider if documentation reflected appropriate actions or interventions were taken based on the information obtained from the continuing/ongoing assessment(s). Evidence must be found that circumstances or factors that potentially placed the child in a dangerous situation were considered and acted upon (e.g. domestic violence, inadequate supervision, substance abuse relapse, new abuse report, incomplete background screens / home study, etc.).

**Rating:**

- ✓ Yes if the services worker sufficiently addressed immediate and emerging safety concerns through appropriate action or intervention.
- ✓ No if the services worker did not sufficiently address immediate and emerging safety concerns.
- ✓ NA if there were no immediate or emerging safety concerns requiring additional action or intervention.

*Reference: s.39.001(3)(a), F.S.; Florida Administrative Code 65C-30.001 (121-123); 65C-30.005 (3), FAC & Federal Child & Family Services Review, Safety Outcome 2, Item 3*
Safety Assessment

9.0 A thorough safety assessment of the home was completed prior to reunification or placement of the child in an unlicensed out-of-home care setting. (applies to cases involving post placement supervision, and where a child will be placed in an unlicensed [relative/non-relative] setting.)

Requirement: The placement of a child in an unlicensed out-of-home care setting or returning to the removal home must be preceded by a local and state criminal records check, a search of the Department’s abuse information system for all members of the household, and a completed home study as outlined in Children & Families Operating Procedure 175-79 Relative Caregiver. For children being reunified, the requirements outlined in Children & Families Operating Procedure 175-38 Reunification must be followed.

The reviewer should look for documentation that the case manager made concerted efforts to conduct an assessment prior to the physical reunification. If circumstances were beyond case management’s control, the reviewer should note the reason one was not conducted prior to reunification, but indicate the standard was not met.

Instructions and Considerations: The case record documentation should reflect a thorough safety assessment that is consistent with the information known and obtained, and completed prior to reunification with the caregiver removed from or prior to placement in an unlicensed out-of-home care setting, and documented in a completed home study. If the court ordered reunification or placement prior to the agency completing a home study or reunification review, the case record should document a home study and/or the reunification review was completed immediately following the court’s decision. (In FSFN this is named Unified Home Study)

In the event reunification was ordered against the agency’s recommendation and a home study cannot be completed immediately based upon out of state or out of county location, the reviewer should look for documentation that the case manager made concerted efforts to conduct an assessment prior to the physical reunification. If circumstances were beyond case management’s control, the reviewer should note the reason one was not conducted prior to reunification, but indicate the standard was not met.

Rating:

☑ Yes if a thorough assessment was completed prior to the child’s reunification or placement in an unlicensed out-of-home care setting.

☑ Yes if the court ordered reunification or placement in an unlicensed out-of-home care setting and the agency completed a thorough assessment immediately following the court’s order.

☑ No if a thorough safety assessment of the home was not completed prior to reunification or placement in an unlicensed out-of-home care setting or was not completed immediately subsequent to a court’s order.

☑ NA if the child was not reunified or placed in an unlicensed out-of-home care setting during the period under review.
✓ NA if the unlicensed out-of-home placement occurred prior to case transfer from the CPI to the case management agency.

Management of Risks

10.0 Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care. (applicable to in-home post-reunification cases)

Requirement: Needed services must be provided to keep the child safe, the family supported, and prevent the child’s re-entry into out-of-home care.

Instructions and Considerations: The reviewer must determine if the services worker provided the supervision, services and support necessary to ensure the child’s placement was safe and re-entry into out-of-home care was not warranted. When assessing concerted efforts, the reviewer should consider whether child safety was assessed consistently with the facts known and information obtained, whether the frequency of visits was consistent with the level of risk and the family’s circumstances, and whether the services worker was responsive to the requests of the child, parents or caregiver removed from, or other family members when issues arose.

Rating:

Yes if concerted efforts were made during post-placement supervision to manage the risks.

No if concerted efforts were not made during post-placement supervision to manage the risks.

NA if the case under review did not involve reunification and/or post-placement supervision or the reunification occurred in the final month of the period under review.

Reference: Florida Administrative Code 65C-30.014 (4-6); Children & Families Operating Procedure 175-38; & Federal Child & Family Services Review, Safety Outcome 2 Item 3
Safety Maintained After Discharge

11.0 The child remained **safe** in his/her home after being discharged from out-of-home care and did not re-enter out-of-home care at least 12 months following discharge. *(applicable to out-of-home cases-life of case)*

**Requirement:** A child is safely maintained in his or her home following reunification, and does not experience a re-entry into out-of-home care within 12 months of being discharged from an out-of-home care placement.

**Instructions and Considerations:** The reviewer must determine if a child re-entered out-of-home care within 12 months of being discharged from an out-of-home care placement. For example, if a child was discharged on January 2, 2008 and re-entered out-of-home care anytime between January 2, 2008 and January 1, 2009, the standard was not met. The date of discharge is the physical move from out-of-home care, not the date post placement supervision was terminated.

The CFSR protocol, which is the foundation for Florida’s system, states the purpose in assessing this standard is to, “assess whether children who entered [not those who were already in] foster care during the period under review were reentering with 12 months of a prior foster care episode.”

**Rating:**

- ✓ Yes if the child did not re-enter out-of-home care within 12 months of being discharged from an out-of-home care placement.
- ✓ No if the child re-entered out-of-home care within 12 months of being discharged from an out-of-home care placement.
- ✓ NA if the child was not in out-of-home care during the entire period under review.
- ✓ NA if no reunification occurred.
- ✓ NA if the child was reunified, and 12 months did not elapse since discharged from the out-of-home care placement.

**Reference:** Federal Child & Family Services Review, Permanency Outcome 1, Item 5
Multi-disciplinary Staffing/Assessment

12.0 A multi-disciplinary staffing/assessment for placement planning was conducted before each placement to ensure the placement or move was unavoidable. (applicable to out-of-home cases)

**Requirement:** A child should experience no more than two different placements during an episode in out-of-home care. To ensure placement moves are made only when necessary, the child’s needs and the appropriateness of each placement should be thoroughly assessed.

**Instructions and Considerations:** The intent of the Multi-Disciplinary Staffing (MDS) is to ensure placement stability of each child in out-of-home care and prevent disruptions. The Multi-Disciplinary Team means a team consisting of members, when applicable, from the Community Based Care agency placement staff, Case Management Organization staff (primary case manager and case manager supervisor), out-of-home caregiver, mental health agency staff, local school representative, and other members identified as appropriate to the child’s needs.

For children in non-relative or relative placements, the MDS staffing should consist of, at a minimum, the Case Manager and Case Manager Supervisor, the current relative/non-relative caregiver, as well as any additional parties related to the child’s identified needs (e.g.) when applicable; school representative, mental health provider, DJJ representative, etc.

The reviewer should look for evidence in the case file or FSFN that there is assessment and communication occurring prior to each placement or move. The staffing/assessment could be either a formal staffing or an informal staffing. The case file or FSFN should contain documentation that a formal or informal discussion/meeting occurred that included all appropriate parties to the child’s placement change or move. **To meet the quality needs of ensuring each child's placement stability, the assessment or staffing should include more than just the assigned Case Manager and Case Manager Supervisor.**

The reviewer should identify the number of placements the child had during the period under review. For each placement during this time, the reviewer should determine whether a staffing or assessment took place prior to the initial and any subsequent placements. Case Transfer Staffing that included a review of the reasons for out-of-home care at the time of initial placement are sufficient to satisfy this requirement. For subsequent moves, a disruption staffing, permanency staffing or staffing for therapeutic levels of care are sufficient to satisfy this requirement if the participants include minimally, the case manager, agency placement staff, the out-of-home care provider (or child placing agency representative), and a behavioral health staff working with the child or family. In the absence of a staffing, an assessment recommending the level of care or an out-of-home Care Plan may be used, e.g. current Psychological Evaluation and/or recommendations from a Licensed Mental Health Counselor. Additionally, an existing Assessment for Residential Group Care may satisfy this requirement for group care placements. Runaway episodes, hospitalizations, trial home visits, and other extended visits are not considered changes in placement.

**Rating:**

✔ Yes if there was only one placement during the period under review, and the staffing/assessment requirements prior to placement were met.
✓ No if a multi-disciplinary staffing/assessment for placement planning was not conducted before each placement regardless of late notice or emergency move.

✓ NA if no placement changes occurred or the child was served through in-home services for the entire period under review.

*Reference:* Federal Child and Family Services Review, Permanency Outcome 1, Item 6
Stability of Child’s Placement

13.0 The child's current placement is stable and appropriate to meet the child’s needs with no apparent or significant risks or projections of disruption. (applicable to out-of-home cases)

**Requirement:** Collaboration between the services worker and the out-of-home care provider must occur to support and ensure the stability of the child's placement. The services worker must appropriately manage any crises or threats of disruption to the placement.

**Instructions and Considerations:** The reviewer must determine if the current placement appears stable through a review of case file documentation. Consideration must be given to the provider’s commitment to maintaining the placement, the child’s adjustment, and the amount of support provided to the caregiver. The reviewer should identify significant risks to the current placement. Children will be moved from treatment (therapeutic levels of care, hospitalizations) or detention (Juvenile Justice) settings, once the treatment/sentencing requirements are met. These placements are not considered unstable unless the child remains in the facility beyond the indicated release date due to the unavailability of another setting; or the child's release is imminent and there is no evidence another placement was identified or is being pursued.

The reviewer must consider the stability of the placement, as well as whether the placement is appropriate based on the child’s needs and the family’s ability to meet those needs while assuring child safety and well-being.

**Rating:**

- Yes if based on professional judgment the placement is stable and appropriate with no risks of disruption.

- No if any of the following apply: child’s current placement is in a shelter or other temporary placement; current caregivers indicate they may not continue to care for the child; problems are threatening the stability of the placement and the problems are not addressed; or the child has run away from the placement on more than one occasion, or is on runaway status at the time of the review.

- NA if the current placement is in-home.

**Note:** Use professional judgment when assessing for a “runaway” episode.

**Reference:** Florida Administrative Code 65C-28.004; Florida Administrative Code 65C-28.005; Florida Administrative Code 65C-30.007; Florida Administrative Code 65C-30.011 & Federal Child & Family Services Review, Permanency Outcome 1, Item 6
Efforts to Locate Other Potential Placement

14.0 Concerted efforts were made to identify, locate and evaluate other potential relatives and possible permanent placements for the child. (applicable to out-of-home cases)

Requirement: Regardless of current placement stability, until permanency is achieved, ongoing concerted efforts must be made to locate other potential resources for the child especially with relatives or non-relatives as well continuing diligent searches to locate the parent(s) if applicable.

Instructions and Considerations: The reviewer must consider all documentation related to ongoing efforts to secure an appropriate placement for the child including: exploring relative/non-relative placements, ensuring diligent search efforts for missing or non-custodial parents, and staffings with placement, clinical or utilization management staff for needed levels of care.

Rating:

✓ Yes if the file documented efforts to identify new and appropriate placement resources.

✓ No if no efforts to identify, locate and evaluate other potential placements are documented.

✓ NA if child is in a permanent setting.

Number of Out-of-Home Placements

15.0 The child experienced no more than two out-of-home care placement settings during the period under review. *(applicable to out-of-home cases)*

**Requirement:** The child should experience no more than two different out-of-home placement settings during the period under review. Placement settings may include shelter care, treatment facilities, and juvenile justice commitment programs.

*Instructions and Considerations:* This standard applies to licensed and non-licensed out-of-home care settings. Moves that involve changes in status but not location do not count as placement changes. A placement change does **not** occur when a foster family moves and the foster child moves with them; the child is temporarily held in detention; a runaway episode; hospitalizations including mental health treatment, respite care, trial home visits, or other extended visits.

**Note:** *If a child initially spends the night in an assessment center or other similar setting (to exclude a non-custodial parent), and is subsequently placed elsewhere, this is considered a “move” and therefore is a change in placement.*

If the child experienced multiple episodes of out-of-home care during the review period, total the placement settings where the child resided during each episode. If the case involves a re-entry and the child returns to the most recent out-of-home care setting, do not count as a new placement setting.

**Rating:**

✓ Yes if the child had one or two placement settings during the period under review, or if the additional move was to an adoptive home.

✓ No if the child had more than two out-of-home care placement settings during the period under review.

✓ NA if the case was an in-home case for the entire period under review.

Planning Placement Changes

16.0 **If No was entered for #15, all placement changes were planned in an effort to achieve the child’s case goals or to meet the needs of the child.** *(applicable to out-of-home cases)*

**Requirement:** The child should experience no more than two different placements during his/her time in out-of-home care. To ensure placement moves are made only when necessary, the child’s needs and the appropriateness of each placement and whether they were in the child’s best interest and consistent with achieving permanency goals should be assessed.

**Instructions and Considerations:** The reviewer should consider the types of placement changes and the reasons for the moves. Placement settings may include shelter care, treatment facilities, and juvenile justice placements. The following moves are considered in accordance with case plan goals: between therapeutic levels of care, from emergency shelter settings to more permanent settings, from licensed care to an adoptive placement, from licensed care to relative/non-relative placement if the case plan goal is Permanent Guardianship; and moves that bring the child closer to family or siblings or community.

**Rating:**

- ✓ Yes if all moves during the period under review were made to achieve the child’s case goals or needs.
- ✓ No if any placement was for a reason other than to achieve case goals or meet the child’s needs.
- ✓ NA if placement changes were out of the agency’s control (for instance, death of a caregiver, relocation out of the area, natural disasters).
- ✓ NA if yes to response to prior question #15

Exit Interviews with Children

17.0 In cases involving a child in a licensed placement setting, an exit interview was conducted with the child when moved from one placement to another, and appropriate action was taken if the exit interview documented a concern. (applicable to licensed out-of-home cases)

a) An exit interview was conducted with the child when he/she was moved from one placement to another to discuss the previous placement experience.

b) Appropriate action was taken if the exit interview documented a concern.

Requirement: Chapter 65C-28.017, F.A.C., requires an exit interview on a child who “leaves a licensed out-of-home placement if the child resided in that placement for thirty days or more.”

The services worker must conduct an exit interview with a child age five to eighteen, when he/she exits a licensed care placement, if the placement lasted 30 days or more. An exit interview must also be conducted with an age appropriate youth when he/she was moved from one group home to another even if the group homes are overseen by the same provider.

Instructions and Considerations: For each placement the child exited during the period under review, the reviewer must first determine whether the child, placement, and length of stay qualified for an exit interview. Children, ages 5 through 18, must be interviewed if they resided in the home 30 days or more. The interview must be conducted timely after the child’s exit from the home. The interview is not to be conducted in the home the child just exited, but in a setting where the child feels comfortable and the conversation is private. For each qualifying placement, the reviewer must review the exit interview document and ensure it was completed and any concerns were acted upon.

Rating:

✔ Yes if an exit interview was completed for all exits and qualifying placement changes during the period under review and appropriate action was taken if concerns were identified.

✔ No, if an exit interview was not completed for each exit or qualifying placement change and/or appropriate action was not taken even if exit(s) conducted.

✔ NA if the case was considered an in-home case for the duration of the period under review period.

✔ NA if the child was under five years of age, or did not experience exits or qualifying placement changes or require appropriate action taken as defined in Children & Families Operating Procedure 175-61.

Notification of Parents

18.0 The parents were notified of all the child’s placement changes. *(applicable to out-of-home cases)*

**Requirement:** Parents are to be notified of any changes in the child’s placement to the extent it is safe and appropriate to do so, in order to maintain parental engagement and involvement and preserve connections. Parents should be notified within 72 hours of an emergency placement change or be notified prior to a planned placement move.

**Instructions and Considerations:** The reviewer must find evidence the parents were notified of any changes in the child’s placement. The evidence may be found in case notes, correspondence, and staffings when the parent is present. Evidence the caregiver’s names and addresses were provided is not required to enter Yes.

**Rating:**

- ✔ Yes if the case record documents the parents were notified of all of the child’s placement changes.
- ✔ No if the parents were not notified of each of the child’s placement changes and there was no child safety concern prohibiting the notification.
- ✔ NA if the child’s safety prohibited notification and the decision was supported with information in the record.
- ✔ NA if the case was considered an in-home case for the duration of the review period.
- ✔ NA if the parents’ rights were terminated or the parents were unable to be located or were deceased during the entire period under review.
- ✔ NA if there were no placement changes during the period under review.

**Reference:** 39.701(7) (a) 8, F.S. & Florida Administrative Code 65C-28.005(1) and (3)(f); Florida Administrative Code 65C.013; & Florida Administrative Code 65C-30.007; & Federal Child and Family Services Review, Permanency Outcome 2, Item 16
Court Notification

19.0 The court was informed of the child's placements and reasons for changes in placement. *(applicable to out-of-home cases)*

   a) Number and type of placement; and,
   b) Reason for the change in placement.

**Requirement:** The court must be updated regarding the number, type and reasons for changes in a child's placement.

**Instructions and Considerations:** This standard is intended to assess if the court was advised of the child’s current placement and made aware how many placement moves the child has undergone since the previous judicial review, and the reasons for these moves. Documentation may be found in the Judicial Review Social Services Report, or in verbal testimony as documented in case notes and/or court records.

The reviewer should ensure all placements (including the current one) are reflected in the Judicial Review Social Services Reports. The reviewer must ensure the most recent Judicial Review Social Services Report is the document filed for the most recent judicial review hearing. If the case record fails to document judicial reviews were held every six months, the reviewer may not be able to verify all placement changes were reported to the court.

The reviewer must provide a Yes or No response for each of the two components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the documentation that may or may not have informed the court overall.

**Rating:**

- **Yes** if the court was notified of the current placement, the number of placement changes the child has experienced during the period under review, if any, and the rationale for those changes.

- **Yes** if there is no documentation to support the court was advised of the current placement, or notified of all placement changes and/or was not provided the rationale for the placement change.

- **NA** if the case was considered an in-home case for the entire period under review.

- **NA** if there were no placement changes.

**Reference:** s. 39.701(7) (a) 8, F.S.; & Federal Child & Family Services Review, Permanency Outcome 1 Item 6
Supervisory Reviews

20.0 Qualitative supervisory reviews and follow through were conducted as needed and required. (applicable to all cases)

a) Reviews were completed quarterly;

b) Supervisor considered all aspects of the child’s safety, well-being and permanency; and,

c) Supervisor ensured follow through on guidance and direction or documented the reasons the guidance and direction were no longer necessary.

Requirement: Supervisory reviews are to be conducted and documented quarterly on 100% of the active service cases. The reviews should be focused on the quality of the casework and any gaps in services identified and corrected.

Instructions and Considerations: The reviewer must determine if each of the supervisory review components were completed sufficiently to address all aspects of child safety, well-being, and permanency, including a review of the case plan goal and relevant case plan tasks.

The reviewer should use a logical, common sense approach to assessing this process based on the understanding that supervisory reviews should occur regularly, but at a minimum of every 90 days. The review should also consider courtesy supervisory reviews (if applicable) when rating this standard since FSFN does not distinguish between courtesy supervisor reviews versus primary supervisor reviews.

The reviewer must provide a Yes or No response for each of the three components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of supervisory reviews.

Rating:

✔ Yes if supervisory review was qualitative, timely, thorough, and followed up on directives to the extent necessary to assure child safety, permanency and well-being.

✔ No if supervisory reviews were not conducted timely, or were not adequately thorough both in review and/or follow up.

✔ The reviewer may not document NA for this standard.

Case Plan: Timeliness

21.0 The case record contained a current (not expired) case plan. (applicable to all cases)

Requirement: In each case involving a child placed in out-of-home care, an initial case plan must be prepared within 60 calendar days of removal from the home. The case plan must be submitted to the court by the date of the dispositional hearing at the latest. For in-home cases, a case plan must be finalized within 30 days of the case being accepted for services.

Instructions and Considerations: This standard is not measuring if a case plan is actually signed by the parents in a judicial case, but a case plan must be signed by parents in a voluntary supervision case before it can be considered finalized and current.

Reviewers must determine if there is a current (not expired) case plan in the file as of the review date. The case plan’s compliance period expires no later than 12 months after the initial removal or no later than 12 months after the case plan was accepted by the court, whichever occurred sooner. A case plan may not be extended beyond 12 months unless extraordinary circumstances exist and it's in the child's best interest. The extension reasons must be factually documented and presented to the court, and made at the 12-month permanency review hearing with supportive documentation in the Judicial Review Social Services Report. The reviewer must distinguish between the extraordinary reasons for extending versus the reasons allowed for amending a case plan. The case plan may be amended to change the case plan goal, and/or employ the use of concurrent planning. A case plan must be amended due to an oversight or new information following case plan approval, i.e., unaddressed condition that may prevent the child from safely returning to or remaining in the home; child’s need for permanency, given age and developmental needs; a party's failure to substantially comply; or the ineffectiveness of a service previously offered.

The reviewer must consider the language in the requirement section to fully realize the intent of the standard. Since the requirement specifies the plan be prepared and submitted to the court within 60 days of removal (or 30 days if in-home) or dispositional hearing at the latest, the reviewer would have to show the standard was not achieved if the case plan is beyond the time frames and is not submitted to the court within the time frames.

Rating:

✓ Yes if the case plan is current (not expired) or there is documentation of an extension based on extraordinary circumstances.

✓ No if there is no case plan in the file and No if it is not current (has expired).

Case Plan: Goals

22.0 The current case plan goal was appropriate based on the child's, and family's circumstances. *(applicable to all cases)*

**Requirement:** For children in out-of-home care, the permanency goals, in order of preference per Chapter 39 are:

1. Reunification,
2. Adoption (if a petition for termination of parental rights has been or will be filed),
3. Permanent Guardianship of a dependent child,
4. Permanent placement with a fit and willing relative, and,
5. Placement in another planned permanent living arrangement (APPLA). The case plan goal for court ordered in-home or non-court ordered in-home cases is Maintain and Strengthen.

Services cases (regardless of in-home or out-of-home) must have a case plan goal. Reviewers are asked to assess the appropriateness of the goal in case reviews as to whether the goal reflects the family’s circumstances. If the case plan was expired or non-existent, then this standard was not met as it is directly related to the existence of a case plan.

If a child will not be reunified with a parent, then adoption is the primary permanency option. The reviewer should find evidence the goal of adoption was thoroughly considered before deciding on other less permanent goals (#3 - #5 above).

If the goal is Another Planned Permanent Living Arrangement (APPLA), the reviewer should find evidence other case plan goals were thoroughly considered before deciding on this one. The APPLA goal is appropriate only if there is reason to believe the placement will endure and be more stable and secure than ordinary foster care; that the health, safety, and well-being of the child will not be jeopardized; and that there are compelling reasons the living arrangement is most suitable to the specific child.

*Instructions and Considerations:* The reviewer must use professional judgment to determine if the case plan goal in an out-of-home care or post reunification case is appropriate. The reviewer must determine if the case plan goal appropriately matched the child’s individual needs for safety, permanency, and well-being. The reviewer should review the factors the agency considered in deciding on the case plan goal and whether the relevant factors were evaluated.

If the goal is Another Planned Permanent Living Arrangement (APPLA), the reviewer should find evidence other case plan goals were thoroughly considered before deciding on this one. Compelling reasons for the goal of Another Planned Permanent Living Arrangement include:

1. The 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 the child to the age of majority and to facilitate visitation with the disabled parent.

2. An Indian Tribe has identified the goal as being appropriate.

3. The child is 16 years of age or older and chooses to remain in foster care and the foster parents are willing to care for the child until the child reaches 18 years of age.
For non-court ordered or court ordered in-home cases with a case plan goal of Maintain and Strengthen, the reviewer should use professional judgment in assessing the appropriateness of the goal, and must consider the child's individual needs for safety and stability.

**Rating:**

- ✓ Yes if the current case plan goal was appropriate based on the child’s and family’s circumstances.
- ✓ No if the current case plan goal was not appropriate based on the child’s and family’s circumstances.
- ✓ NA if there was a change in the case plan goal within the last 60 days. Enter NA if the reviewer entered No for #21.

Case Plan: Parent Visitation Rights

23.0 The case plan specifically addressed visitation and other contact plans with all case participants. (applicable to out-of-home cases)

a) Mother
b) Father
c) Caregiver (removed from)
d) Between siblings

Requirement: The case plan must include a description of the parents’ visitation rights and obligations. The plan should also address sibling visitation if the child is separated from siblings who are also active to out-of-home care services. Visitation between the child and the child’s parents shall occur in accordance with court orders setting such visitation as reflected in the case plan. If there is only an expired or no case plan, then there is NO case plan to assess this standard; therefore, the reviewer would rate this standard as “NA”.

Instructions and Considerations: The reviewer must assess the current case plan and determine if visitation was addressed between the child and the parents, and the child and siblings. Minimally, visitation between the child and the child’s parents shall occur in accordance with court orders setting such visitation and as reflected in the case plan. A specific reason shall be provided to the court for recommending no visitation or less than monthly visitation. Weekly in-person visitation between separated siblings shall be recommended to the court unless it is deemed not feasible or not in the best interest of one or more of the children concerned. If weekly in-person visitation between separated siblings is not recommended to the court, the court shall be advised of the reasons for the recommendation. When there is a recommendation of no visitation or less than weekly visitation because it is not in the child’s best interest, the court shall be provided clinical documentation of those reasons, and the reasons shall be documented in the case record. The reviewer should consider the absent parent when the absent parent is a party to the case plan, or has a goal of reunification.

If the case plan for the review period addressed visitation, but a subsequent court order changed the visitation plan, the reviewer should consider if documentation in the Judicial Social Services Report/case plan update reflects the change.

The reviewer must provide a Yes or No response for each of the four components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the visitation and contact arrangements in the case plan.

Rating:

✔ Yes if the case plan specifically addresses a description of the parents’ visitation rights and obligations and a plan for sibling visitation if the child is separated from siblings who are in out-of-home care and under supervision.

✔ No if the case plan failed to specifically address a description of the parents’ visitation rights and obligations or failed to address a plan for sibling visitation.

✔ NA if:
- there is no current case plan;
- the child did not reside in out-of-home care during the period under review;
- the child was not separated from other siblings under supervision and in out-of-home care; visitation was not in the child’s best interest and documented;
- the whereabouts of the parents or caregiver was not known after concerted efforts were made to locate them; and/or,
- the parents’ rights were terminated before the period under review and they were not involved in the child’s life; or the parent(s) was deceased during the entire period under review.

✓ NA if No was entered for #21.

Reference: s. 39.6012(3) (b), F.S.; Florida Administrative Code 65C-28.002(1) (a)-(e) & (2) (a)-(b), Permanency Outcome 2, Item 13, Federal Child & Family Services Review, Systemic Factor #25
Case Plan: Permanency and Safety

24.0 The case plan is designed to achieve permanency (out-of-home cases) and safety and stability (in-home cases) through appropriate tasks for the case participants.

   a) Mother
   b) Father
   c) Child (if developmentally or age appropriate)
   d) Caregiver (removed from)

Requirement: The case plan tasks must be designed to improve the conditions in the home, aid in maintaining the child in the home, facilitate the child’s safe return to the home, ensure proper care of the child, or facilitate the child’s permanent placement.

Instructions and Considerations: The case plan must clearly match the child’s, parents’, and/or caregivers’ needs with services, contain realistic timeframes, and document appropriate strategies and adequate support for the child to successfully complete assigned tasks. The services offered must be the least intrusive possible; focus on clearly defined objectives; and provide the most efficient path to successfully achieve the Maintain and Strengthen case plan goal, timely reunification or permanent placement given the circumstances of the case, and the child’s need for safe and proper care.

The reviewer must assess whether the case plan specifically addressed the actions necessary to resolve the issues that lead to the family’s involvement with the agency. The tasks, services, and supports must be tailored to each individual family member to provide the necessary treatment and supports, formal and informal, needed to achieve case goals and mitigate factors affecting child safety, emerging risk and overall child and family well-being. The tasks should be realistic, achievable, and time limited, and the services should be available.

The reviewer must provide a Yes or No response for each of the four components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the case plan in designing tasks to achieve permanency goal(s).

Rating:

✓ Yes if the case plan addressed the tasks, services, and supports tailored to each individual family member to achieve the case goals and mitigate the factors affecting child safety, emerging risk and overall child and family well-being.

✓ No if the case plan lacked critical tasks, services and supports, or failed to address each individual family member critical to successfully terminating supervision services, quick reunification, or the achievement of permanency. No if appropriate tasks were not indentified or were not developmentally or age appropriate.

✓ NA if there is no current case plan, the parents’ rights were terminated or the parents were deceased for the entire period under review. If there is only an expired (or no) case plan, then there is no case plan to assess, therefore, the reviewer would rate this standard as “NA”.

NA if no tasks were needed.

NA if No was entered for #21.

Reference: s. 39.6012 (1)(a) & (b) 1-7, F.S, Federal Child and Family Services Review, Well-Being Outcome 1, Item 18
Communication with Service Providers

25.0 The services worker communicated with service providers about the effectiveness of services for involved case participants. *(applicable to all cases)*

a) Mother  

b) Father  

c) Child  

d) Out of Home Care Provider (includes relative/non-relative)

**Requirement:** The services worker must request attendance and progress reports to document the effectiveness of the service intervention, and share information with providers regarding significant changes in the family’s situation.

*Instructions and Considerations:* All provider contacts should be purposeful and directed toward achieving the case plan goal. The reviewer should look for evidence of oral and/or written communication with community service providers when community services were required. For cases involving services by the assigned services worker or other in-house provider, chronological and or progress notes will suffice. The reviewer should not consider the parents’ participation in services with community providers if it was based solely on the services worker’s report with no supporting contacts or documentation, or the parents’ self-report on participation and progress on case plan tasks. The case worker should address progress on the case plan tasks on a routine basis. This information may be captured on monthly home visit sheets, Judicial Review Social Services Report updates and/or chronological notes.

The reviewer must provide a Yes or No response for each of the four components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the service worker’s communication with providers on behalf of the case participants.

**Rating:**

- Yes if the case record contained evidence of periodic, meaningful, and focused contacts with providers to assess the child/parents/caregiver’s progress in completing the tasks.

- No if contact and communication with providers was minimal or only occurred when preparing for a six-month judicial review hearing.

- NA if there were no service providers involved with the family.

**Reference:** Florida Administrative Code 65C-30.007 (11-12), Federal Child & Family Services Review, Well-Being Outcome 1, Item 17
Placement Proximity

26.0 The child’s current placement was in close proximity to the parents to facilitate face-to-face contact between the child and parents while the child was in out-of-home care. *(applicable to out-of-home cases)*

   a) Mother  
   b) Father

**Requirement:** When the case plan goal is reunification, the child shall be placed as close as possible to the parent with whom reunification is planned.

**Instructions and Considerations:** The reviewer must look for documentation that shows consideration was given to the family’s home address; its proximity to the placement, and the impact on frequency of parent/child visitation. As a general rule, reviewers should consider a travel distance of less than one hour taking into consideration transportation barriers. If the child’s parents live separately, reviewers should determine which parent is most involved in case planning and most likely to be reunified with the child. If there are barriers, the reviewer should look for documentation of efforts to facilitate transportation or other means to ensure visitation takes place as planned. See the rating guidelines below regarding when the proximity of the placement is not considered.

The reviewer must provide a Yes or No response for each of the two components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the close proximity issues for the child and parents.

**Rating:**

- Yes if the child’s placement is close enough to the parent or other caregiver with whom reunification is planned to facilitate face-to-face contact with the parent.

- No if the child’s placement was not close enough to the parent or other caregiver to facilitate face-to-face contact and/or transportation barriers were not addressed.

- NA if:
  - the parents' history of frequent moves made it difficult to place the child in close proximity;
  - the parent is not the parent which reunification is not likely to occur;
  - both parents’ whereabouts were unknown despite documented efforts to locate them;
  - the parent’s rights were terminated and they were not involved in case planning or the parents were deceased for the entire period under review; or the court determined continued contact between the child and parents was not in the child’s best interest;
- parents are incarcerated long term; and/or,
- this was a post placement case during the entire period under review.

Placement Based on Child's Needs

27.0 If No was entered for #26, the location of the child's current placement was based on the child's needs and achieving the case plan goal. (applicable to out-of-home cases)

Requirement: When the case plan goal is reunification, the child shall be placed as close as possible to the caregiver/parent with whom reunification is planned. When an assessment documents substance abuse, special physical, medical, developmental, educational or emotional needs, the child shall be placed in the most appropriate, and least restrictive setting that can meet the child's needs.

Instructions and Considerations: The reviewer should look for documentation the agency considered the child's needs, particularly if the court determined continued contact between the child and parents was not in the child's best interest. A placement not in close proximity may be necessary to meet the child's needs for specialized services such as medical foster care, highly specialized medical or mental health treatment, or placement with an appropriate relative who can best meet the child's needs and achieve the case plan goals. The reviewer should look for documentation the agency addressed the child's needs and made the appropriate placement based on meeting those needs.

Rating:

✓ Yes if the case record supports the child's current placement, regardless of proximity, is based on the child's needs and achieves the case plan goal.

✓ No if the case record does not support the child's current placement is based on the child's needs and achieve the case plan goal.

✓ NA if Yes was entered for #26; or if #26 was NA

Placement with Siblings

28.0 The child was placed with siblings who were also in licensed and/or non-licensed out-of-home care. (applicable to out-of-home cases)

Requirement: Every possible effort must be made to place siblings in the same home, when two or more siblings are in licensed or non-licensed out-of-home care.

Instructions and Considerations: This standard is assessed only when the focus child has siblings in licensed or non-licensed out-of-home care. The reviewer must determine if every possible effort was made to place all of the siblings together.

Rating:

✓ Yes if the child was placed with all siblings also in licensed or non-licensed out-of-care.

✓ No if the child was not placed with all siblings also in licensed or non-licensed out-of-home care.

✓ NA if the child had no siblings or the siblings under supervision did not reside in licensed or non-licensed out-of-home care.

Reference: s. 39.001 (k), F.S.; & Federal Child & Family Services Review, Permanency Outcome 2, Item 12
Placement Based on Needs

29.0 If No was entered for #28, there was clear evidence separation was necessary to meet the child’s needs. *(applicable to out-of-home cases)*

**Requirement:** Every possible effort must be made to place siblings in the same home unless there is a compelling reason to separate them.

**Instructions and Considerations:** If siblings were not placed together, the reviewer must look for evidence of the circumstances requiring the siblings to be separated. For example, was separation necessary to meet the child’s needs, safety concerns of one or more siblings or accommodate a large sibling group? Is there documented consideration that separation was necessary because the child needed a specialized treatment setting, or because one sibling was abusive toward the other(s) or because a sibling with a different father was placed with a paternal relative? The reviewer should consider whether the specialized needs or circumstances required ongoing separation. If the needs or circumstances changed and separation of siblings was no longer an issue, the reviewer should look for documentation of the agency’s concerted efforts to reunite the siblings in one placement setting. Lack of placement resources is not a valid reason for separation unless there is clear documentation the size of the sibling group (five or more) necessitated separation because there was no foster home able to provide care for the sibling group.

**Rating:**

- ✓ Yes if the circumstances required the children to be separated or the child or sibling had specialized needs; or the size of the sibling group (five or more children) made finding a single placement difficult.

- ✓ No if the case record did not document circumstances or special needs requiring separation.

- ✓ NA if Yes or NA was entered for #28.

**Reference:** s. 39.001 (1)4(k), F.S.; & Federal Child & Family Services Review, Permanency Outcome 2, Item 12
Visitation with Parents

30.0 Concerted efforts were made to ensure visitation (or other contact) between the child and parents were sufficient to maintain or promote the continuity of the relationship between them. *(applicable to out-of-home cases)*

- a) Mother
- b) Father

**Requirement:** Parents and children are to be provided regular visitation at least once a month, unless the court orders otherwise.

**Instructions and Considerations:** The reviewer must look for information in the Judicial Review Social Services Report, case file notes, visitation forms, and assessments to determine if the frequency of visitations occurred as planned, or if other forms of contact are provided if the child and his or her parents are not able to have a face-to-face contact. The case plan should specify visitation plans for the mother and father. If face-to-face visitation was not feasible due to the mother or father being incarcerated or residing out of state, the agency must ensure other forms of contact between the mother, father and child by means of telephone calls or letters. Based on the current goal and information about the child’s and parents’ circumstances, the reviewer must determine if the frequency of visits is sufficient to promote continuity in the parent/child bonding and development of an enduring relationship. Visitation with an infant or a child who has special needs or is in a specialized placement may also require more frequent visitation to ensure the continuity of parent/child relationship. If the mother and father are separated, divorced or otherwise disengaged, the reviewer should look for evidence of the agency’s efforts to involve the absent parent in promoting a relationship with the child.

The reviewer must provide a Yes or No response for each of the two components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering if concerted efforts were made to maintain familial relationships.

**Rating:**

- Yes if the visitation between the child and parents occurred minimally consistent with the court order, or more often if the family’s circumstances warranted, e.g., preparation for reunification.
- Yes if the mother or father was incarcerated and visitation was not in the child’s best interest, and the case record documented evidence of the agency’s concerted efforts to engage the mother or father in other forms of communication, e.g. telephone calls, letters, etc.
- No if visitation between the child and parents was not consistent with the court order or more often if warranted, or if there was no evidence the agency made concerted efforts to ensure visitation or other forms of contact between the child and the parents.
✓ NA if the whereabouts of the parents was unknown despite concerted efforts to locate them, or the parents' rights were terminated and the parents were not involved in case planning or the parents were deceased for the entire period under review.

✓ NA if the court determined continued contact between the child and parents was not in the child’s best interest.

✓ NA if the case was in post placement supervision for the entire period under review.

Visitation with Siblings

31.0 Concerted efforts were made to ensure visitation (or other forms of contact if visitation was not possible) between the child and his or her siblings and it was of sufficient frequency to maintain or promote the continuity of the relationship.  
(applicable to out-of-home cases)

**Requirement:** Face-to-face contact is to be maintained with separated siblings in out-of-home care and under supervision unless the visitation compromises the safety or well-being of any of the children. Weekly face-to-face visitation shall be recommended to the court unless it is not feasible or not in the best interest of one or more of the children concerned.

*Instructions and Considerations:* The reviewer should look for information in the Judicial Review Social Services Report, case file notes, visitation forms, and assessments to determine if the frequency of visitations occurred at a minimum of once per week unless otherwise ordered by the court, or if other forms of contact were provided if the child and his or her siblings were not able to have face-to-face contact. If visitation is not occurring, the reviewer should determine if the agency documented the reasons visitation was not in the child’s best interest. For example, one sibling may present a physical threat to the other sibling(s) or there may be a history of physical or sexual abuse of the sibling(s).

**Rating:**

- Yes if the case record contained evidence of concerted efforts to ensure visitation or other forms of contact between the child and his separated siblings in out-of-home care and under supervision.

- No if the case record did not contain concerted efforts to ensure visitation or other forms of contact between the child and his siblings in out-of-home care and under supervision.

- NA if the child was placed in out-of-home care with all of the siblings; or had no siblings in out-of-home care under supervision; or was not placed in out-of-home care during the period under review; or the case record documented contact between the child and siblings in out-of-home care and under supervision was not in the child’s best interest.

Maintaining Community Connections

32.0 Concerted efforts were made to maintain the child’s important connections. (applicable to out-of-home cases)

**Requirement:** Concerted efforts are required to maintain the child’s connections to his or her neighborhood, community, faith, extended family, tribe, and friends. The most appropriate available out-of-home care placement should be chosen based on the child's community ties and school placement. Concerted efforts are required to maintain the child within the same school, if at all possible.

*Instructions and Considerations:* The reviewer should not rate this item based on the child's connections to parents or siblings in out-of-home care, or whether an inquiry was conducted to determine if the child was a member or eligible to be a member of an Indian tribe, because these connections are addressed in other standards. The reviewer must determine whether the agency considered the connections important to the child. For example, are there extended family members or significant others with whom the child wants to maintain contact, e.g., grandparents, siblings not in care, a close friend, teacher, or coach with whom the child wants to maintain contact, community or school activity? Did the agency make efforts to maintain the connection through ensuring the child continued a particular community activity or hobby?

**Rating:**

- Yes if the case record contained evidence the agency considered the connections important to the child and made efforts to maintain them.
- No if the case record lacked evidence the agency considered or made efforts to maintain the connections important to the child.
- NA if the case did not involve an out-of-home care placement or involved an abandoned infant and there was no information about the child’s extended family or connections.

Indian Child Welfare Act (ICWA): Inquiry of Native American or Alaskan Native Heritage

33.0 An inquiry was made to determine if the child was of Native American or Alaskan Native heritage. (applicable to out-of-home and court ordered supervision cases - life of case)

**Requirement:** When removal or court ordered supervision occurs, an inquiry of the mother or father (or a maternal or paternal relative if the mother or father could not be located) about whether they are of Native American or Alaskan Native descent is required to be documented in the case management record. The state has an obligation to comply with federal policy regarding ICWA and, where the eligibility form (CF-FSP 5323 or similar form) is incomplete or non-existent, it is the service agency’s responsibility to ensure that the child who is receiving services has been appropriately identified as to heritage. If TPR occurred, then an inquiry shall be made with any known relatives.

**Instructions and Considerations:** The CPI is required to complete this inquiry during an investigation and provide this documentation to the case management agency. If there is no documentation that an inquiry has been made, case management must complete the eligibility form (CF-FSP 5323 or similar form) and obtain the signature of at least one parent, or in cases where parents’ whereabouts are unknown, the signature of a maternal or paternal relative. No assumptions should be made about ancestry based on the child’s or family member’s physical appearance or surnames.

**Rating:**

- ✓ Yes if the case file reflects a completed inquiry of heritage on an ICWA eligibility form (CF-FSP 5323 or similar form) and it was signed by a parent or by a maternal or paternal relative if the mother or father could not be located.

- ✓ No if the case file did not reflect a completed inquiry of heritage on an ICWA eligibility form (CF-FSP 5323 or similar form). Documentation is not considered complete unless there is a parental signature (or maternal or paternal relative signature if parents’ whereabouts are unknown).

- ✓ NA if the case was only active to in-home services during the entire life of the case including the current period under review.

- ✓ NA if there are no known living relatives that could verify heritage.

Indian Child Welfare Act: Tribe Notification

34.0 If the child is of Native American or Alaskan Native heritage, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking court ordered supervision, an involuntary out-of-home care placement or termination of parental rights. (applicable to out-of-home and court ordered supervision cases - life of case)

**Requirement:** The agency is required to timely initiate the search process by calling the designated tribe or Bureau of Indian Affairs if American Indian or Alaskan Native descent is claimed and the child is in out-of-home care.

*Instructions and Considerations:* There is no established timeframe for notifying the Bureau of Indian Affairs if Native American or Alaskan Native descent is claimed, and removal or court ordered supervision occurred. To ensure consistency among reviewers, the reviewer should consider the notification timely if it was completed within 30 calendar days of accepting the case for ongoing supervision services.

**Rating:**

- Yes if there was a report the child was Native American or Alaskan Native and there was timely notification by calling the designated tribe or Bureau of Indian Affairs.

- No if there was a report the child was Native American or Alaskan Native and the search process was not timely initiated.

- NA if there was no report the child was Native American or Alaskan Native or the case was served through in-home non judicial services during the life of the case to include the current period under review.

- NA if No for #33.

Indian Child Welfare Act: Placement Preferences

35.0 Concerted efforts were made to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences if the child was of Native American or Alaskan Native heritage. *(applicable to out-of-home and court ordered supervision cases - life of case)*

**Requirement:** If the child was of Native American or Alaskan Native heritage the case management record must document concerted efforts to place the child in out-of-home care in accordance with the Indian Child Welfare Act placement preferences.

**Instructions and Considerations:** The Indian Child Welfare Act, Placement of Indian Children (Subsection 1915) directs, “Any child accepted for foster care or pre-adoptive placement shall be placed in the least restrictive setting which most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child.”

In any foster care or pre-adoptive placement, in the absence of good cause to the contrary, preference shall be given to a placement with:

a) A member of the Indian child’s extended family;

b) A foster home licensed, approved, or specified by the Indian child’s tribe;

c) An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or,

d) An institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child’s needs.

Note: If the Indian child’s tribe establishes a different order of preference by resolution, the agency or court effecting the placement shall follow such order as long as the placement is the least restrictive setting appropriate to the particular needs of the child. When appropriate, the preference of the Indian child or parent shall be considered.

**Rating:**

- ✓ Yes if evidence of compliance was found.
- ✓ No if no evidence of compliance was found.
- ✓ NA if the case management record contained evidence the inquiry determined the child was not of Native American or Alaskan Native heritage; no removal occurred; or No was entered for #33 because there was no evidence an inquiry occurred.

**Reference:** Florida Administrative Code 65C-28.013(9), Federal Child and Family Services Review, Permanency Outcome 2, Item 14
Mother’s Participation

36.0 The mother was encouraged and supported to participate in making decisions about her child’s needs and activities. *(applicable to out-of-home cases)*

**Requirement:** Concerted efforts are required to promote, support and/or maintain positive relationships between the child in out-of-home care and mother and or other primary caregiver(s) removed from, through participating with the child in activities other than visitation; and making decisions about the child’s needs (school functions, special occasions, medical appointments, etc.).

**Instructions and Considerations:** The reviewer must determine whether concerted efforts were made to promote, support and maintain positive relationships between the child in out-of-home care and the child’s mother or other primary caregiver(s) the child was removed from, through allowing the parent or primary caregiver removed from to make decisions about the child’s needs and activities and participate with the child in activities other than visitation. The reviewer should not assess this standard based on the efforts or lack of efforts to ensure frequent and quality visitation between the parent and child, as this is addressed in another standard.

Regardless of the mother’s location (i.e. out-of-state, incarcerated, etc.) and/or involvement, the reviewer should look for evidence the mother or primary caregiver removed from was encouraged to participate in:

- Decision-making and school activities and case conferences;
- Attendance at doctor's appointments with the child;
- Engagement with mental health and substance abuse providers;
- Engagement in the child’s after school or sports activities.

Additionally, the reviewer should consider whether:

- The agency provided or arranged for transportation or provided funds for transportation so the mother or primary caregiver removed from could attend the child’s special activities and doctor appointments.
- The agency provided therapeutic opportunities, including substance abuse and mental health services, to help the mother and child strengthen their relationship.
- The foster parents provided mentoring or served as role models to assist the mother or primary caregiver in appropriate parenting.
- The agency encouraged or facilitated contact with the incarcerated mother or primary caregiver removed from (when appropriate) or not living in close proximity to the child.

**Rating:**

- Yes if the case record documented evidence of the efforts outlined above.
- No if the case record did not document efforts beyond ensuring the appropriate frequency and quality of visitation between the mother or primary caregiver removed from and the child.
✓ NA if:

- the child did not reside in out-of-home care at any time during the period under review,
- the parental rights were terminated before the period under review and there were no efforts made to involve the mother in the child’s life or ongoing planning for the child;
- the child was abandoned and the mother could not be located;
- the mother was deceased or the parent's whereabouts were unknown despite concerted efforts to locate them; or

Reference: Federal Child & Family Services Review, Permanency Outcome 2, Item 16
Father’s Participation

37.0 The father was encouraged and supported to participate in making decisions about his child’s needs and activities. (applicable to out-of-home cases)

**Requirement:** Concerted efforts are required to promote, support and/or maintain positive relationships between the child and father or primary caregiver removed from, through participating with the child in activities other than visitation; and making decisions about the child’s needs (school functions, special occasions, medical appointments, etc.).

**Instructions and Considerations:** The reviewer must determine whether concerted efforts were made to promote, support and maintain positive relationships between the child in out-of-home care and the child’s father or other primary caregiver removed from, through allowing the parent or primary caregiver to make decisions about the child’s needs and activities and participate with the child in activities other than visitation. The reviewer should not assess this standard based on the efforts or lack of efforts to ensure frequent and quality visitation between the parent and child, as this is addressed in another standard.

Regardless of the father’s location (i.e. out-of-state, incarcerated, etc.) and/or involvement, the reviewer should look for evidence the father or primary caregiver removed from was encouraged to participate in:

- Decision-making and school activities and case conferences;
- Attendance at doctor’s appointments with the child;
- Engagement with mental health and substance abuse providers;
- Engagement in the child’s after school or sports activities.

Additionally, the reviewer should consider whether:

- The agency provided or arranged for transportation or provided funds for transportation so the father or primary caregiver removed from could attend the child’s special activities and doctor appointments?
- The agency provided therapeutic opportunities, to include substance abuse and mental health services, to help the father or primary caregiver removed from and child to strengthen their relationship?
- The foster parents provided mentoring or served as role models to assist the father or the primary caregiver (removed from) in appropriate parenting.
- The agency encouraged or facilitated contact with the incarcerated father or primary caregiver removed from (when appropriate) or not living in close proximity to the child.

**Rating:**

- Yes if the case record documented evidence of the efforts outlined above.
- No if the case record did not document efforts beyond ensuring the appropriate frequency and quality of visitation between the father and child.
NA if:
- the child did not reside in out-of-home care at any time during the period under review,
- the father’s parental rights were terminated before the period under review and he did not make any efforts to be involved in the child's life or ongoing planning for the child;
- the child was abandoned and the father could be located;
- the whereabouts of the father was unknown despite concerted efforts to locate them; or
- the father was deceased during the entire period under review.

Reference: Federal Child & Family Services Review, Permanency 2 Outcome, Item 16
Interstate Compact for the Placement of Children: Home Study Request

38.0 For cases in which an out-of-state placement was or is being explored for the focus child, a complete Interstate Compact for the Placement of Children (ICPC) packet requesting a home study was submitted within the required timeframe. (applicable to out-of-home cases)

**Requirement:** The ICPC packet requesting a home study on a prospective out-of-state placement should be submitted within five days of issuance of a signed Order of Compliance or other applicable order.

*Instructions and Considerations:* This standard applies to ICPC requests initiated during the period under review. The reviewer must determine if the packet was submitted to DCF Central Office ICPC unit within five days of the date the judge signed the Order of Compliance (required for a child in emergency shelter status) or other order directing the agency to request an out-of-state home study. The submitted packet should include all required documents. ICPC checklists CF-FSP 5282, 5286, and 5288 list the documents that must be included in the packet. Before assessing this standard, the reviewer should look at the case file and FSFN notes to determine if the ICPC Unit returned the packet due to it being incomplete.

**Rating:**

- Yes if the packet was submitted within five days of the date that the judge signed the order and it was not returned due to being incomplete. The reviewer may rate this Yes if in his/her professional judgment the packet was sent no later than 10 days from the signed order, AND the child’s placement was not delayed.

- No if the packet was not submitted within the five day timeframe or was returned as incomplete.

- NA if an out-of-state placement was not explored during the period under review, or the ICPC request was for a priority home study.

**Reference:** s. 409.401, F.S.; Children & Families Operating Procedure 175-54 6.c; Children & Families Operating Procedure 175-54 7.c-d & 7.m; 8.d (2); 10.a; & 10.c, Federal Child and Family Services Review, Permanency Outcome 2, Item 14.
Interstate Compact for the Placement of Children: Home Study Request Sufficiency

39.0 The information provided in the ICPC packet regarding the focus child was sufficient to enable the receiving state to make an appropriate decision concerning approval of the proposed placement for the focus child. *(applicable to out-of-home cases)*

**Requirement:** Each child shall receive the maximum opportunity to be placed in a suitable environment with persons having appropriate qualifications to provide a necessary and desirable degree of care.

*Instructions and Considerations:* This standard applies to all out-of-home cases in which an ICPC home study request was initiated during the period under review. In order to ensure child safety and avoid future placement disruption, the receiving state must be provided with sufficient information to determine whether the proposed placement is appropriate to meet the child’s needs. The reviewer should consider whether the ICPC packet contained sufficient information about the child’s, and family’s situation to enable the receiving state to thoroughly assess the placement and make an informed decision. A summary of the child’s medical, behavioral, mental health, and other service needs, such as childcare, must be provided. The receiving state should be advised of any special requirements that will be imposed on the placement resource, as well as the services and level of supervision requested. In most cases, monthly supervision of the placement by the receiving state should be requested.

**Rating:**

- Yes if the packet contained sufficient information to enable the receiving state to make a thorough assessment and an informed approval decision concerning the proposed placement.
- No if the information provided was not sufficient, or critical information about the child’s needs was omitted.
- NA if an ICPC home study request was not initiated for the focus child during the period under review.

Termination of Parental Rights (TPR) Petition

40.0 If the child was in out-of-home care for at least 12 of the most recent 22 months or met other Adoption Safe Families Acts (ASFA) criteria for terminating parents’ rights, a TPR petition was filed or joined. (applicable to out-of-home cases – life of case)

**Requirement:** The reviewer must determine if: a child was in out-of-home care for 12 of the past 22 months; a child was abandoned; or the parent met the following criteria set forth in Section 475(5)(E) of the Social Security Act and F.S. 39.806(2)(h):

- committed murder of another child of the parent; committed voluntary manslaughter of another child of the parent;
- aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter, or committed a felony assault that results in serious bodily injury to the child or another child of the parent.

**Instructions and Considerations:** The reviewer should not consider the reason a Termination of Parental Rights petition was or was not filed when assessing this standard, as the exception to filing is addressed in #41. Neither should the reviewer consider the timeliness of the filing in making a determination to rate this standard with a Yes or No response. If the petition was not filed in a timely manner, the reviewer should note that in the comments section.

The reviewer must begin counting the 12 months with the date the child was adjudicated or 60 days after the child’s removal from the home and placement in an out-of-home care setting, whichever occurred earlier. The reviewer should look for evidence of the case manager’s efforts to pursue termination of parental rights, which includes but is not limited to participating in a CLS, permanency, or interagency staffing. The reviewer will need to determine if a petition was filed or joined if a child was adjudicated dependent or entered out-of-home care and remained in care for 12 months of the last 22 months. Additionally, if the child met this standard, the reviewer must determine if there were multiple entries into out-of-home care during a 22-month period. For example, the agency would be required to file or join a petition if a child was adjudicated dependent or entered out-of-home care on June 1, 2006 and exited on February 1, 2007 (8 months in out-of-home care), re-entered out-of-home care on April 1, 2007 and continued in care until May 31, 2008 (14 months in out-of-home care).

**Rating:**

- Yes if there is evidence of filing or joining a petition for termination of parental rights.
- No if there is no evidence a petition was filed or joined.
- NA if the child was not in out-of-home care for 12 of the last 22 months.

**Reference:** s. 39.8055(1), F.S. and Florida Administrative Code 65C-30.012(2) (a-b) & Federal Child & Family Services Review, Permanency Outcome 1, Item 9, CFSR Systemic Factor #28
**Termination of Parental Rights Exceptions**

41.0 **If a Termination of Parental Rights petition was not filed, there were compelling reasons and an exception for not filing the petition was documented.** (applicable to out-of-home cases)

**Requirement:** The state is required to file or join a Termination of Parental Rights petition unless there were compelling reasons for not filing. The reviewer must assess if the child welfare agency did not file a TPR petition, did they clearly specify a justifiable reason for not having filed one? The child welfare agency must document that they have reported to the court why a TPR petition was not filed.

**Instructions and Considerations:** One of the following compelling reasons for not filing the Termination of Parental Rights petition must be met:

1) Child is being cared for by a relative under s. 39.6231; or

2) A Termination of Parental Rights petition was not in the child's best interest for one of the following compelling reasons:

   a. Adoption was not the appropriate permanency goal for the child.
   b. No grounds existed to file a Termination of Parental Rights petition.
   c. The child is an unaccompanied refugee minor as defined in 45 C.F.R. 400.111;
   d. There are international legal obligations or compelling foreign-policy reasons that preclude terminating parental rights;
   e. Services deemed necessary for the child's safe return to the home were not provided to the family consistent with the time period in the case plan.

**Rating:**

✓ Yes only if the “exception” or compelling reason for not seeking Termination of Parental Rights was noted in a court order documenting the exception.

✓ No if there is no evidence a petition was filed or joined or a compelling reason adopted by the court.

✓ NA if the answer to #40 is Yes or NA.

*Reference:* s. 39.8055(2), F.S.; & Federal Child & Family Services Review, Permanency Outcome 1, Item 9, CFSR Systemic Factor #28
Recruitment of Adoptive Family

42.0 Appropriate steps were taken to identify and recruit an adoptive family that matched the child’s needs. (applicable to out-of-home care cases)

   a) if TPR has occurred, appropriate steps have been taken to identify and recruit an adoptive family.

   b) if TPR has not occurred, there is evidence recruitment efforts have been initiated.

Requirement: Appropriate concerted efforts are required to recruit an adoptive family and achieve a timely finalized adoption.

Instructions and Considerations: When assessing this standard, the reviewer must consider if TPR has occurred; then whether the following actions have been taken:

   1) A comprehensive study of the child was completed (if goal of adoption) and used to assist in identification of an adoptive family who could best meet the child’s special needs.

   2) The child was registered on the Adoption Exchange within 30 days of Termination of Parental Rights. (If TPR is on appeal, child should still be registered with a reason of “on hold for TPR on appeal.”)

   3) The child was web authorized on the following exchanges if not placed in an adoptive home within 90 days of the Termination of Parental Rights order:
      a) the state adoption exchange;
      b) the regional/national adoption exchange.

   4) Other adoption resources for waiting children with special needs were used such as the Children Awaiting Parents (CAP) Book, local Heart Gallery, if available, Wednesday’s child or local newspaper columns.

   5) A child specific recruitment plan or the chronological notes documents that the counselor completed a comprehensive review of the child’s case record for previous caregivers who should be contacted and notified of the availability of the child for adoption. Previous caregivers include all paternal and maternal relatives, all foster parents or group care providers, and all non-relatives such as teachers, neighbors or coaches.

In the event TPR has not occurred, the reviewer must consider whether or not there is evidence of advanced planning when the goal is adoption. Depending on the length of time since the goal was changed to adoption, activities should include:

   1) Obtaining all medical (including birth and delivery) and mental health records for the child.

   2) A comprehensive study of the child was completed (if goal of adoption) and used to assist in identification of an adoptive family who could best meet the child’s special needs.

   3) A child specific recruitment plan or the chronological notes documents that the counselor completed a comprehensive review of the child’s case record for previous caregivers who
should be contacted and notified of the availability of the child for adoption. Previous caregivers include all paternal and maternal relatives, all foster parents or group care providers, and all non-relatives such as teachers, neighbors or coaches.

4) Documentation to support discussions were held with the child (if developmentally and age appropriate) around his or her wishes pertaining to adoption (e.g. single parent, two parent household, etc)

5) Review of available adoption home studies for potential matches.

Rating:

✓ Yes if appropriate steps were taken to identify and recruit an adoptive family that matched the child’s needs.

✓ No if there is no evidence timely recruitment efforts were in process or made.

✓ Enter NA if the goal is adoption, but the case record documented it was contrary to the child's best interest to be placed in an adoptive home at this time. Note: This should be a documented decision made by all of the professionals involved with the child.

✓ NA if the child is currently residing in a relative/non-relative placement or licensed foster home identified as a pre-adoptive home.

✓ NA if APPLA or Reunification

Reference: PL 103-82; 409.167(2) (a-b); & Florida Administrative Code 65C-16.004 & Federal Child & Family Services Review, Permanency Outcome 1, Item 9
Approving Adoptive Family

43.0 Appropriate steps were taken to process and approve an adoptive family that matched the child’s needs. (applicable to out-of-home cases when TPR has occurred)

**Requirement:** Concerted efforts are required to approve an adoptive family and achieve a timely finalized adoption.

**Instructions and Considerations:** When assessing this standard, the reviewer must consider whether:

1) The family received education and preparation through a group or individual study process.

2) A study which involved careful observation, screening and evaluation was completed on the adoptive applicants prior to the placement of the child. The aim of this evaluation is to select families able to meet the physical, emotional, social, educational and financial needs of a child, while safeguarding the child from further loss and separation from primary caretakers. The adoptive home study assesses information gathered through:

   a) Application to Adopt.

   b) Family Profile.

   c) Background checks to include fingerprints, FDLE and local law enforcement and Florida abuse history checks. When the applicant or adult household member lived in another state within five years of the request for a home study, a child abuse/neglect check of the other State was completed.

   d) Five references with two of the five references being from non-relatives.

   e) Interviews conducted with the applicants, their children and all household members.

   f) Licensing violations if the adoptive applicant was a foster parent.

   g) A copy of the Adoption Review Committee’s recommendations (when one was necessary or requested). A request to the Committee is required when:

      1. applicant is experiencing a serious or chronic medical condition,
      2. abuse history reveals verified findings or not substantiated,
      3. criminal history reveals the applicant was convicted of a felony listed in Chapter 39.0128(3) F. S. five years before application, and/or
      4. in any complex case.

In determining which applications for adoption should be approved, all of the following criteria, not listed in any order of priority, must be considered and assessed:

   a) The child’s choice, if the child is developmentally able to participate in the decision;
b) The ability and willingness of the adoptive family to adopt some or all of a sibling group, but the needs of each individual child must be promoted and no individual child shall be impeded or disadvantaged in receiving a loving and nurturing home due to the inability of the adoptive family to adopt all siblings;

c) The adoptive family is committed to value, respect, appreciate, and educate the child regarding his or her racial and ethnic heritage and will allow the child the opportunity to know and appreciate that ethnic and racial heritage;

d) The family’s child rearing experience. (Applicants with previous child-rearing experience who exhibit the energy, physical stamina, and life expectancy which would allow them to raise the child to adulthood and who have a demonstrated history of having provided consistent financial support to other minor children, either birth or adopted, will be considered. Applicants who do not have previous child rearing experience but who demonstrate the capacity to parent a special needs child will also be considered.);

e) Marital Status (Adoption applications will be accepted from married couples and from single adults. Couples married less than two years must be carefully evaluated.);

f) Residence (Florida families must be prepared to remain in Florida long enough to have the adoption study completed, the child placed, and the adoption finalized.);

g) Income (The family must have income and resources to assure financial stability and security to meet expenses incurred in adequate care of the family);

h) Housing and neighborhood (Housing and neighborhoods must provide adequate space and the living conditions necessary to promote the health and safety of the family.);

i) Health (Applicants will be required to fully disclose health history, current health status, including any condition that is progressive and debilitating in its course, and any past and current treatment and services received for such condition, regarding themselves and each member of the household. The physical, mental and emotional health of the prospective adoptive household members must not jeopardize the safety and permanency of the child’s placement and will be considered in determining the best interest of the child.);

j) Other Children in the Family (When families have children by birth or adoption, the anticipated impact of a new child on the family must be considered.);

k) Working Parents - The willingness and ability of prospective adoptive parents who are employed outside the home to make arrangements to be with the child during the transition period must be considered. It is desirable that one parent be free to devote full time to the care of the child for a period of time after placement. The exact length of time is determined by the needs and the age of the child, and the needs of the child must be given priority over the employment situation of the parent;

l) At the conclusion of the preparation and study process, the counselor and supervisor will make a decision about the family’s appropriateness to adopt. That decision will be reflected in the final recommendation included in the written study.
Rating:

✓ Yes if there is evidence of timely and appropriate steps to process and approve an adoptive family that matched the child’s needs.

✓ No if the case record fails to document timely and appropriate steps to process and approve an adoptive family.

✓ NA if the goal was adoption and no families were identified and there were particular circumstances beyond the agency's control. For example, a TPR is on appeal, but there is evidence the agency made concerted efforts to find an adoptive home for a child with special needs, but the appropriate family was not yet found, or a pre-adoptive placement disrupted despite the agency's concerted efforts to support the placement.

✓ NA if APPLA or Reunification

Pre-Independent Living Assessment

44.0 If the case involves a youth who has reached 13 but not yet 15 years of age and he/she is living in a licensed, out-of-home placement, a Pre-Independent Living Assessment was completed that identified service needs and services were provided. *(applicable to licensed out-of-home cases)*

**Requirement:** Pre-Independent living services that include but are not limited to, life skills training, educational field trips, and conferences are required to be provided to youth ages 13 but not yet 15 years of age. The specific services provided are determined based on the Pre-Independent Living Assessment.

**Instructions and Considerations:** Information regarding Independent Living services may be maintained in a separate Independent Living file. The Pre-Independent Living assessment should address the adolescent’s individual needs, life skills, education, and social skill development to prepare the child to live independently and have a quality of life appropriate to the youth's age. The reviewer should find evidence the assessment and needed services were discussed with the child. The child’s signature on the assessment is not sufficient to conclude a discussion occurred. The services should address the Pre-Independent Living skills and educational deficiencies identified in the Pre-Independent Living assessment, and the child’s progress and/or continuing areas of concern. The documentation may include staffing summaries, case notes, provider reports, school reports, and report cards. Services may include life skills training, employment counseling, educational field trips, and conferences, etc. If the adolescent was not assessed, the reason should be documented.

**Rating:**

- ✓ Yes if an assessment was conducted and addressed the necessary components to the extent that service needs were identified and were either provided or were in process of being engaged.

- ✓ No if some or none of the necessary components were not addressed and there is no identification of service needs.

- ✓ NA if the child did not meet the age requirements or was not in licensed out-of-home care during the period under review or was in out-of-home care less than 60 calendar days during the period under review.

**Reference:** s. 409.1451(4) (a), F.S.; Florida Administrative Code 65C-28.009(5) and Federal Child & Family Services Review, Well-Being Outcome 1, Item 17
Independent Living Plans

45.0 If the child is 13 years of age or older and in licensed foster care, the case management agency provided guidance and assistance in developing an educational and career path that is based on the child's individual abilities and interests. *(applicable to licensed out-of-home cases)*

**Requirement:** For children in foster care between the ages of 13 and 15, the case management organization must ensure there has been detailed discussion of the following:

- Child’s interest’s and any appropriate hobbies;
- Listing of careers that that interest them; and
- Awareness of need to participate in developing a more detailed educational and career path plan when they turn 16 years of age.

For children ages 16 and 17, the case management organization must ensure the child’s case plan includes an educational and career path that was developed with input from the child, foster parents, and school member to the fullest extent possible. The child can choose one of four postsecondary goals:

- attend college or military academy;
- obtain 2-year postsecondary degree;
- attain postsecondary career and technical certificate or credential; or
- begin immediate employment.

The process must be child-centered. If the child is enrolled in the Exceptional Student Education program, such goal setting must be coordinated with the school and agree with the Individual Educational Plan transitional plan. The case plan must be written simply and clearly in English, or if English is not the child’s principal language, a copy of the case plan shall be prepared in the child’s language.

**Instructions and Considerations:** Reviewers should look for documentation that supports conversations and negotiations occurred between case management, the child, foster parents and school member(s) during the development of the child’s educational and career path plan. In addition, the educational and career path should be well documented in the case plan and reflect decisions that are specific to the focus child’s individual abilities and interests.

**Rating:**

- Yes, if the child is 16 and 17 and the case plan documents the educational and career path was determined through discussions by involved parties and the path is clearly in conjunction with the child’s abilities and interests.

- Yes, if the child is ages 13 -15 and there is detailed documentation of discussion regarding child’s interests and hobbies as well as the child’s understanding of the need to develop a more detailed plan upon their 16th birthday.
✓ No, if the case plan does not address the educational and career path requirement at all, or if it is addressed, it insufficiently reflects conversations and negotiations and/or appropriate goal setting based on child’s abilities and interests.

✓ NA if the focus child is not in foster care or has not reached 13 years of age.

Reference: s.409.1451(3)(a)1, F.S., Florida Administrative Code 65C-29.009 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17 and 18
**Independent Living/Teen Plan**

46.0 The teen-aged focus child is afforded opportunities to participate in normal life skills activities in the foster home and community that are reasonable and appropriate for his/her respective age or special needs. *(applicable to licensed out-of-home cases)*

**Requirement:** To prepare a teen-aged child in foster care to ultimately live independently, they must have opportunities to participate in life skills activities in their homes and communities that are reasonable and appropriate for their age or any special needs they might have (previously referred to as the normalcy plan or a plan for age-appropriate activities). It is the case management agency’s responsibility to ensure these opportunities are available so that the child can increase his/her ability to eventually live independently and become self-sufficient. Clear documentation specific to the negotiation of, and agreement to, the teen’s plan should be recorded in the case file and signed by the teen, the foster parent and case manager.

**Instructions and Considerations:** Reviewers must determine if appropriate opportunities are available for the focus child to:

- Participate in age appropriate activities and manage age appropriate responsibilities;
- Interact with mentors;
- Learn nutritional and financial skills;
- Socialize and have normal life experiences; and
- Receive allowances, etc.

Since the state does not require a standardized “Teen Plan” format, some case management agencies may opt to use different formats to document the negotiation of, and the agreement to, the teen’s plan; therefore, reviewers will need to inquire as to local practices when rating this standard. The “Teen Plan” must be updated quarterly.

**Rating:**

✔ Yes if documentation in any written format, and signed by the teen, the foster parents (caregiver or residential child-caring agency) and the case manager, clearly reflects an age appropriate plan is in place to assist the teen toward independence, and the documentation supports the child was afforded opportunities to participate in normal life skills activities.

✔ No there is minimal documentation of a teen plan, or no teen plan was found in the file, or the teen plan was not signed by all required participants, or no documentation the child was afforded opportunities to participate in normal life skills activities.

✔ NA if focus child is not a teenager living in a foster care placement.

**References:** s.409.1451 (3)(a)-4; Florida Administrative Code 65C-30.007(1) (a-d), August 31, 2005 Memorandum, Well-Being Outcome 1, Item 1
Independent Living/Transition Planning

47.0 For youth 15 years of age but not yet 18, the agency appropriately monitored the youth’s progress towards successfully transitioning from foster care to independence through regular informative staffings.

**Requirement:** The agency must conduct a staffing on the youth’s progress, or lack thereof, at least once every six months to ensure that the appropriate independent living training and services as determined by the independent life skills assessment are being received and are effective.

**Instructions and Considerations:** Although the minimal requirement of oversight through staffings is once every six months, the reviewer must assess if once every six months was appropriate for the youth in transitioning planning, or because of the specific needs of the youth, additional oversight through staffings should have been provided.

Additionally, for those youth who have reached their 17th birthday, the agency should have assessed his/her skills and abilities to live independently and become self-sufficient during the calendar month of the birthday. Reviewers should, therefore, also consider this aspect when rating performance.

Reviewers should look for documentation that clearly reflects input from the youth and reflection on what is working or not working in moving the youth toward independence. If issues or barriers were identified, reviewers must evaluate if those issues were appropriately managed and resolved or on their way to being resolved.

**Rating:**

- Yes, if there is clear documentation that appropriate and timely staffings (to include within the month of the 17th birthday if applicable) were held that addressed the youth’s specific needs (including adult services) toward successfully preparing for transition from foster care to independent living. Documentation supports input from the youth solicited and considered.

- No, there is minimal or no documentation to reflect the agency monitored progress toward independence as needed to ensure quality service provision, or there is no evidence to support the youth was actively involved with transition planning.

- NA if the focus child was younger than 15 years of age.

**References:** s.409.1451(4)(b), Well Being Outcome 1, Item 17
Ongoing Assessment of the Child’s Needs

48.0 An ongoing assessment of the child (ren)’s needs was conducted to provide updated information for case planning purposes. (applicable to all cases)

Requirement: Concerted efforts are required to assess the ongoing needs of the child specific to identifying the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family. This standard differs from earlier and later assessment standards as it relates to family engagement in case planning.

Instructions and Considerations: An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, service providers, e.g., Comprehensive Behavioral Health Assessment professional evaluations, and ongoing family assessments, etc. The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the child’s needs, regardless of whether the needs were assessed in a formal or informal manner.

This standard asks if the child’s needs other than education, physical health, and mental/behavioral health (including substance abuse), were addressed. (Education, physical/dental and mental health are addressed later.)

If the child was in out-of-home care, the reviewer must determine whether the agency assessed the ongoing needs of the focus child in the case related to normalcy issues, e.g. did the child have opportunities to join in extra curricula activities; did the child have appropriate clothing and allowances? For in-home cases, the reviewer must consider the ongoing needs of all children in the home and evaluate how each was engaged in case planning individually and/or within the family context.

Rating:

✓ Yes if evidence of an ongoing assessment was completed and adequately addressed the child’s needs.

✓ No if there is no evidence of an ongoing assessment or the assessment was not adequate.

✓ NA if the case was open less than six months during the period under review.

Assessment for Residential Group Care

49.0 An assessment for residential group care was completed when required. (applicable to out-of-home cases)

**Requirement:** Children are to be placed in the least restrictive, most family-like environment possible. However, to ensure stability of a child’s placement, assessments must be conducted to determine if a child’s needs could be best met in a Residential Group Care setting.

If the child is over 11 years of age; living in a licensed family foster care for six months or longer, has experienced more than one placement; has serious behavioral problems and extraordinary needs, a child specific assessment for Residential Group Care is required.

*Instructions and Considerations:* The reviewer must first assess whether the child meets the criteria for an assessment for residential group care. If the child meets all of the criteria during the period under review, the reviewer must find evidence it was completed. Evidence may include a placement staffing, staffings for therapeutic levels of care, permanency staffings, or an assessment that recommended a level of care. The assessment must incorporate prior mental health and educational evaluations, historical information from service providers and others with knowledge of the child and history. Children placed in therapeutic group homes or residential treatment centers following a suitability assessment, are not required to have this assessment. If the child was removed prior to the review period the assessment may have been completed prior to the period under review. If the assessment was completed prior to the period under review, the reviewer should determine whether the assessment is still consistent with the child’s strengths and needs. An assessment of the child at 12 may not be relevant at age 17.

**Rating:**

- Yes if the assessment was completed prior to or during the period under review.
- No if the child met criteria, but an assessment was not completed.
- NA if the child did not meet all of the criteria for the assessment, or was placed in a therapeutic group home or residential treatment center following a suitability assessment for the duration of the period under review.

Ongoing Assessment of the Mother’s Needs

50.0 An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes. *(applicable to all cases)*

**Requirement:** Concerted efforts are required to assess the mother’s ongoing needs specific to identifying the services necessary to achieve case goals, and to adequately address the issues relevant to the agency’s involvement with the family.

*Instructions and Considerations:* An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the mother, family, service providers, e.g., Comprehensive Behavioral Health Assessment, professional evaluations, and ongoing family assessments. The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the mother's needs, regardless of whether the needs were assessed in a formal or informal manner. Regardless of the mother’s location (i.e. out-of-state, incarcerated, etc.) and/or her level of involvement, an assessment of the mother's needs must include environmental, mental and physical health needs to include substance abuse and treatment needs. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the mother’s needs to ensure the safety and well-being of her children through a formal or informal assessment. The reviewer should evaluate based on whether an assessment was conducted and its adequacy when assessing this standard if the adoption is finalized.

The child welfare system is obligated to assess the mother's needs even when she is incarcerated (regardless of a no contact order with the child). If the assessment was not completed only because of the court ordering no contact with the child, then this is an insufficient reason. One may not have been able to engage the mother in service delivery (standard #51), but the case management agency must still assess her needs.

If the service case was activated during the period under review, the reviewer should consider whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether an ongoing assessment was conducted as appropriate. If the case was opened before the period under review, the reviewer should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning. In cases involving a non-custodial parent, the reviewer should look for evidence of ongoing assessments of the parent's capacity to protect or if there are any unidentified services that need to be addressed to ensure child safety. Note: The reviewer should consider the adoptive mother when assessing this standard if the adoption is finalized.
Rating:

- Yes if there is evidence of an ongoing assessment.
- No if there is no evidence of an ongoing assessment or the assessment was inadequate.
- NA if the mother's parental rights were terminated, the mother's whereabouts were not known during the entire period under review, despite efforts to locate, or the mother was deceased during the entire period under review.

Engaging the Child’s Mother

51.0 Concerted efforts were made to support the mother’s engagement with services.  
(applicable to all cases)

**Requirement:** Engaging families in services is critical to achieving permanency goals. The mother, father, out-of-home caregiver and the child, if age and developmentally appropriate, should participate in identifying services.

*Instructions and Considerations:* The reviewer must determine once appropriate services were identified whether efforts were made to address any identified barriers to parent engagement, e.g. ongoing resistance on the part of the parent, transportation, wait lists, cost, etc. and whether the services worker advocated on the parents' behalf.

**Rating:**

✓ Yes, if evidence of concerted efforts to support the mother’s engagement in services was found.

✓ No if there were limited or no concerted efforts to support the mother’s engagement in services.

✓ NA if there are no service providers, Termination of Parental Rights was achieved before the period under review, the parent's whereabouts were unknown, despite concerted efforts to locate, or the parent was deceased during the entire period under review.

**Reference:** Florida Administrative Code 65C-30.006, Federal Child & Family Services Review, Well-Being Outcome 1, Item 17
Ongoing Assessment of the Father's Needs

52.0 An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes. (applicable to all cases)

**Requirement:** Concerted efforts are required to assess the father's ongoing needs specific to identifying the services necessary to achieve case goals, and to adequately address the issues relevant to the agency's involvement with the family.

**Instructions and Considerations:** An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the father, family, service providers, e.g., Comprehensive Behavioral Health Assessment, professional evaluations, and ongoing family assessments. The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the father's needs, regardless of whether the needs were assessed in a formal or informal manner. Regardless of the father’s location (i.e. out-of-state, incarcerated, etc.) and/or his level of involvement, an assessment of the father's needs must include environmental, mental and physical health needs to include substance abuse and treatment needs. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the father’s needs to ensure the safety and well-being of his children through a formal or informal assessment. The reviewer should evaluate based on whether an assessment was conducted and its adequacy when assessing this standard if the adoption is finalized.

The child welfare system is obligated to assess the father's needs even when he is incarcerated (regardless of a no contact order with the child). If the assessment was not completed only because of the court ordering no contact with the child, then this is an insufficient reason. One may not have been able to engage the father in service delivery (standard #53), but the case management agency must still assess his needs.

If the service case was activated during the period under review, the reviewer should consider whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether an ongoing assessment was conducted as appropriate. If the case was opened before the period under review, the reviewer should focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning. In cases involving a non-custodial parent, the reviewer should look for evidence of ongoing assessments of the parent's capacity to protect or if there are any unidentified services that need to be addressed to ensure child safety. Note: The reviewer should consider the adoptive father when assessing this standard if the adoption is finalized.

**Rating:**

- ✔ Yes if there is evidence of an ongoing assessment.
- ✔ No if the case record lacks evidence of an ongoing assessment or the assessment was inadequate.
✓ NA if the father’s parental rights were terminated, the father’s whereabouts were not known during the entire period under review despite efforts to locate him, or the father was deceased during the entire period under review.

Engaging the Child’s Father

53.0 Concerted efforts were made to support the father's engagement with services. (applicable to all cases)

**Requirement:** Engaging families in services is critical to achieving permanency goals. The mother, father, out-of-home caregiver, and the child, if age and developmentally appropriate, should participate in identifying services.

*Instructions and Considerations:* The reviewer must determine once appropriate services were identified whether efforts were made to address any identified barriers to parent engagement, e.g. ongoing resistance on the part of the parent, transportation, wait lists, cost, etc. and whether the services worker advocated on the parents' behalf.

**Rating:**

- ✔ Yes, if evidence of concerted efforts to support the father’s engagement in services was found.
- ✔ No if there were limited or no concerted efforts to support the father’s engagement in services.
- ✔ NA if there are no service providers, Termination of Parental Rights was achieved before the period under review, the parent's whereabouts were unknown, despite concerted efforts to locate, or the parent was deceased during the entire period under review.

**Reference:** Florida Administrative Code 65C-30.006 & Federal Child & Family Services Review, Well-Being Outcome 1, Item 17
Ongoing Assessment of Out-of-Home Care Providers

54.0 An ongoing assessment of the out-of-home care providers or pre-adoptive parent’s service needs was conducted in order to ensure appropriate care for the child. (aplicable to out-of-home cases)

Requirement: Concerted efforts are required to assess the services needed to achieve case goals, and adequately address the issues relevant to the agency’s involvement with the family.

Instructions and Considerations: An out-of-home caregiver includes a licensed or unlicensed caregiver and pre-adoptive parent. An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the out-of-home care provider or pre-adoptive parent, family, service providers, e.g., Comprehensive Behavioral Health Assessment, professional evaluations, and ongoing family assessments, etc. The reviewer must determine whether the ongoing assessments addressed an in-depth understanding of the out-of-home care provider's or adoptive parent's needs, regardless of whether the needs were assessed in a formal or informal manner.

An assessment of the out-of-home care providers or adoptive parent's needs should include mental and physical health needs, as well as substance abuse issues. The reviewer must determine whether the agency made concerted efforts to achieve an in-depth understanding of the out-of-home care provider's or adoptive parent's needs to ensure the safety and well-being of the children through a formal or informal assessment. The reviewer should evaluate based on whether an assessment was conducted and its adequacy. The reviewer must determine whether an assessment was conducted to identify the out-of-home care provider's needs to enhance their capacity to provide appropriate care and supervision to the children in their home. Needs may include respite care, assistance with transportation, counseling to address the child’s behavior problems, etc.

Rating:

✓ Yes if there is evidence the out-of-home care provider's or pre-adoptive parent’s needs were assessed to ensure appropriate care and supervision was provided to the child in care.

✓ No if there was no evidence the agency assessed the needs of the out-of-home care provider or pre-adoptive provider at any time during the period under review.

✓ NA if the child was placed in a residential facility, e.g., juvenile justice commitment program, residential treatment facility, residential group care, during the entire period under review.

Case Planning Process: Family Involvement

55.0 Concerted efforts were made to actively involve all case participants in the case planning process: (applicable to all cases)

   a) Mother
   b) Father
   c) Child (if developmentally or age appropriate)
   d) Out of Home Providers

Requirement: Involving families in the development of case plans and identifying service needs is critical to achieving permanency goals. The mother, father, and child, if developmentally and age appropriate, should participate in the case planning process. This standard looks at a different set of circumstances other than if there is a current case plan. If there is evidence the family was actively involved in the case planning process, regardless of if the case plan was filed timely or if the case plan is current or not, the review can justify a Yes response, giving credit where it is due.

Instructions and Considerations: If the initial case plan was developed before the period under review, the reviewer should focus on the mother, father, child and out-of-home provider’s (if in out-of-home care) involvement during the period under review in the ongoing case planning process, particularly with regard to evaluating progress and making changes in the types and level of services needed. The capacity of the child to participate in case planning must be assessed on a case-by-case basis, but as a guideline most children, elementary school age or older, may be expected to participate to some extent. The reviewer should not assume a child’s knowledge about his or her case plan is an indicator of active involvement, and the parents’ signature on the case plan does not imply active involvement. If there is no case plan in the file, the reviewer should determine whether the case file documented the extent to which all parties were involved in the case planning process.

Active involvement means the parent 1) identified strengths and needs, 2) identified services and services providers, 3) established goals in case plans, 4) evaluated progress toward goals, and 5) discussed the case plan in the case-planning meeting. The active involvement of the child, if developmentally appropriate, includes consulting with the child about the goals and services, explaining the plan and terms used in the plan in language the child can understand, and including the child in periodic case planning meetings, particularly if any changes are going to be considered in the plan.

The reviewer must provide a Yes or No response for each of the four individuals for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the engagement efforts overall.

Rating:

✔ Yes if concerted efforts were made to actively involve the mother, father, and child (if developmentally appropriate) in the case planning process.

✔ No if there is no evidence concerted efforts were made to actively involve the mother, father, and child or concerted efforts were not made to locate a parent whose whereabouts were unknown.
✓ NA if the parents’ whereabouts were unknown, and concerted efforts, including a diligent search were made to locate the parents.

✓ NA if the parent's rights were terminated or the parent was deceased for the entire period under review.

✓ NA if the child was not developmentally appropriate.

**Service Worker Visits: Frequency of Visits**

56.0 The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child. *(applicable to all cases)*

a) Mother  
b) Father  
c) Child  
d) Caregiver (out-of-home)

**Requirement:** Contact with the child and caregiver, regardless of the case goal, must occur at a minimum of every 30 days (without exceptions) or more often if needed. Face-to-face contacts shall occur more frequently than every thirty days when the child's situation dictates more frequent contact, as determined by the services worker's supervisor based on a review of the case and assessed safety and risk level or as determined by the court. At least once every three months, the case management agency shall make an unannounced visit to the child’s place of residence. The reviewer must determine the most typical pattern of visiting during the period under review because the actual frequency may vary in a specific time period. The reviewer should consider the frequency of visits necessary to ensure the child’s safety, permanency, well-being, and the achievement of case goals.

**Instructions and Considerations:** The reviewer should consider the frequency of visits necessary to effectively address child safety, permanency, and well-being; and the achievement of case goals. When the goal is Reunification or Maintain and Strengthen the reviewer must assess whether face-to-face contacts with the mother and the father occurred at a minimum of every 30 days or more often if needed. Contact with the child and caregiver, regardless of the case goal, must occur at a minimum of every 30 days or more often if needed. At least once every three months, the case management agency shall make an unannounced visit to the child’s place of residence. Weekly contact is required for a child in shelter status, and an increased frequency of contacts is required for the first three months following reunification depending on the child’s age, special needs and assessed risk.

If the child is in a placement out-of-state, the reviewer must determine whether the services worker from the jurisdiction in which the child is placed, or the services worker from the jurisdiction from which the child was placed, visited with the child in the placement on a schedule consistent with the child’s needs and no less frequently than once per year, as required by Federal law.

If the parent resides out-of-state, in lieu of a face-to-face contact, the documentation shall support other forms of contact (e.g. telephone calls, letters, emails, etc.) by the case management agency.

The reviewer must provide a Yes or No response for each of the four individuals for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the frequency of the service worker’s visits overall. Due to the implications of child safety and well-being, if the rating for child is “No”, then the overall standard must be rated “No.”
Rating:

- Yes if the case manager’s contacts with the mother, father, child, and caregiver when applicable, were consistent with their respective needs.

- No if the contacts with the mother, father, child, and caregiver when applicable were not consistent with their respective needs.

- No if the mother’s or father’s whereabouts were unknown, and concerted efforts to locate the mother or father were not documented.

- NA if the location of the parent was unknown during the entire period under review, despite documented concerted efforts to locate the parent.

- NA if parental rights were terminated before the period under review.

- NA if the mother and father were not involved in the child’s life; or during the entire period under review.

Reference: Florida Administrative Code 65C-30.007 (1) (a-b); (2) (a-d); (3) (a-b), 4 (a), (5) (a-b), & (7), Federal Child & Family Services Review, Well-Being Outcome 1, Items 19 & 20
Service Worker Visits: Quality of Visits

57.0 The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being. (applicable to all cases)

   a) Mother
   b) Father
   c) Child
   d) Caregiver (out-of-home)

Requirement: Services worker contacts with the parents and caregiver are to address case plan progress, child's progress, development, health and education. Contacts by the services worker with the child shall be purposeful and focused on the reasons for supervision and progress with tasks and services in the case plan or safety plan. Some visits with the child should be independent of the caregiver.

Instructions and Considerations: The reviewer should consider: length of the contact (for example, was it of sufficient duration to address key issues with the mother, father, child, and out-of-home caregiver or was it a brief, non-substantive visit); location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a more formal or public environment, such as a restaurant or court house); and, whether the case manager saw the child alone or whether the parent or foster parent was usually present during the case manager’s contacts with the child. The reviewer should assess the quality of contacts with infants and toddlers, e.g. services worker's interaction with the child, child's interaction with the caregiver and surroundings, assessment of child's development, etc.

The reviewer must provide a Yes or No response for each of the four individuals for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of the service worker’s visits overall.

Rating:

✓ Yes if there is evidence the case manager addressed issues pertaining to the child, mother, father and out-of-home caregiver’s needs, services, and case goals during the visits, regardless of frequency (including discussion regarding Independent Living services and progress toward achieving independence with age appropriate youth in licensed care).

✓ No if the reviewer determines the quality of the visits with the parent, child and caregiver were not of sufficient quality to address key issues.

✓ No if the services worker never saw the child independent of the caregiver.

✓ NA if the response to #56 was NA or if there were no contacts during the review period.

Reference: Florida Administrative Code 65C-30.007(2) (d); (5) (a), (9) (a-d) & Federal Child & Family Services Review, Well-Being Outcome 1, Item 19 & 20
Educational Needs Assessment

58.0 Concerted efforts were made to assess the child’s educational needs during out-of-home placement. *(applicable to out-of-home cases and in-home cases if relevant)*

**Requirement:** Concerted efforts identified needs were appropriately addressed in case planning and case management activities. The reviewer should assess this standard for all out-of-home cases and in-home cases if educational issues are relevant to the agency's involvement with the family and/or it is reasonable to expect the educational issues to be addressed given the circumstances of the case.

Education needs may include academics as well as truancy, suspension or expulsion.

**Instructions and Considerations:** All out-of-home cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this standard. In-home services cases are applicable for an assessment when this issue is relevant. For example, the agency should address educational issues in a case involving a child with a verified maltreatment report during the period under review and the maltreatment was affecting the child’s school performance. Additionally, educational issues should be addressed if physical abuse occurred due to performance problems in school. If a child is two years old or younger and identified as having developmental delays, the case may be applicable in both out-of-home and in-home cases if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach.

**Rating:**

- ✓ Yes if there was evidence of an educational assessment.
- ✓ No if there was no evidence of an educational assessment in an out-of-home case, or an in-home case if relevant.
- ✓ NA if the out-of-home case, or the in-home case if relevant, involved a child age two or younger and there were no apparent developmental delays.
- ✓ NA for the in-home services case if the reviewer determines during the period under review, there was no reason to expect the educational issues for any children in the family to be addressed, given the reason for agency involvement or the circumstances of the case.

**Reference:** s. 39.6012(2) (b), F.S.; Florida Administrative Code 65C-30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 21
Educational Services

59.0 If educational needs were identified, necessary educational services were engaged.
(applicable to out-of-home cases and in-home cases if relevant)

**Requirement:** The engagement of necessary educational services to address identified needs are required for the focus child in out-of-home cases, and for children in in-home service cases when the educational issue is relevant to the reason for the agency’s involvement with the family. Education services should be addressed in the case plan.

*Instructions and Considerations:* The reviewer must determine if the child had identified educational needs and determine if services were provided to address those needs. For example, did the child need special education services, extra help or tutoring with school work, advocacy with the school system, early intervention through a preschool program, etc.? Were appropriate services provided to address the identified needs? Did the agency advocate for the youth remaining in the school of origin if that was in the child’s best interest? The reviewer should assess the efforts, even if the efforts were not successful due to factors beyond the agency's control.

The reviewers should document “Yes” based on an assessment being done, identifying the services needed and the services being provided. If services are not working, and there is an ongoing assessment, and no additional interventions are identified by the experts, it would not be appropriate to rate “No,” without documenting the additional interventions needed. However, if an additional assessment was indicated, based on the concerns not being reduced or resolved, and not done, a “No” rating would be appropriate.

**Rating:**

✔ Yes if necessary educational services were addressed in the case plan and engaged to address identified needs.

✔ No if the case file failed to document concerted efforts to address identified educational needs.

✔ NA if no needs were identified or the reviewer entered NA for #58. Enter NA if the case record documented the parent or caregiver obtained needed educational services for the child.

*Reference:* s. 39.6012(2) (b); & 39.701(7) (a) 8, F.S.; Florida Administrative Code 65C- 30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 21
Educational Service Outcomes

60.0 Services effectively reduced or resolved the issues that interfered with the child’s education.  *(applicable to out-of-home cases and in-home cases if relevant)*

**Requirement:** Appropriate services are identified to effectively reduce or resolve the issues that interfere with the child's education, with a goal of positively impacting the child's school performance and success in life.

**Instructions and Considerations:** Evidence of the outcome of service provision may be found in report cards and other school documents located in the file or in case note documentation.

The reviewers should document “Yes” based on an assessment being done, identifying the services needed and the services being provided. If services are not working, and there is an ongoing assessment, and no additional interventions are identified by the experts, it would not be appropriate to rate “No,” without documenting the additional interventions needed. However, if an additional assessment was indicated, based on the concerns not being reduced or resolved, and not done, a “No” rating would be appropriate.

**Rating:**

- ✓ Yes if the service provided reduced or resolved issues interfering with the child’s education in out-of-home care cases, or if the service provided reduced or resolved issues interfering with the child’s education in an in-home case if the educational issue was relevant to the reason for the agency’s involvement.

- ✓ No if the needed services were not provided to address the issues interfering with the child’s education in all out-of-home cases and in in-home cases if the educational issue was relevant to the reason for the agency’s involvement.

- ✓ NA if there were no identified educational needs or the educational needs were not relevant to the agency’s involvement with the child and family in in-home cases.

**Reference:** 39.6012(2) (a-b); 701(7) (a) 8, F.S.; Florida Administrative Code 65C- 30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 21
Physical Health Needs Assessment

61.0 Concerted efforts were made to assess the child’s physical health care needs. (Applies to all out-of-home cases. (applies to in-home cases when relevant to why the child and family are involved with the dependency system)

a) If the child was removed during the period under review, or if not removed but brought into the dependency system due to health related issues, he/she received a medical screening within 72 hours.

b) After the removal episode or health issues that resulted in interventions by the dependency system, and the medical screening was not done within 72 hours, a medical screening was completed within a week.

c) Documentation reflects that the services agency complied with the periodicity schedule pertinent to the child’s age and needs.

Requirement: A child’s physical health needs must be assessed within 72 hours if he/she is removed from the home, or if health issues are the reason why the dependency system has intervened. Health assessments are important at the time of the initial contact and on an ongoing basis. This applies to all out-of-home cases and for children in in-home cases when the physical health issue is relevant to the reason for the agency's involvement.

Instructions and Considerations: Applicable cases include all out-of-home cases, in-home service cases if physical health issues were relevant to the reason for the agency's involvement with the family, and/or it is reasonable to expect the agency to address the physical health issues given the circumstances of the case. In-home service cases are not applicable for an assessment if the reviewer determined there was no reason to expect the agency to address physical health issues for any child in the family, given the reason for agency involvement or the circumstances of the case. Evidence includes but is not limited to: an initial health care screening, or other comprehensive medical examination upon entry into out-of-home care; ongoing periodic health screenings; physical health needs as identified in the Comprehensive Behavioral Health Assessment or ongoing needs assessment conducted to guide case planning. Additional evidence includes a medical discharge summary for a newborn or a medical discharge summary for a child discharged from a medical inpatient unit. See healthcare periodicity schedule.

Rating:

✓ Yes if removed or health needs resulted in intervention by the dependency system, and there is evidence of an assessment of a child's physical health care needs either within 72 hours or within a week thereafter, or if the removal episode was beyond the period under review, the child had other physical health assessments during the period under review.
✓ No if there is no evidence the child's physical health care needs were assessed and no diagnoses are documented, or if screenings were later than a week in removals or when otherwise needed, i.e., non-removals but health needs were the reason for intervention.

✓ NA if the child was not removed or his/her physical health care need was not relevant to the agency’s reasons for involvement with the child and family.

**Physical Health Services**

**62.0 Concerted efforts were made to provide appropriate services to address the child's identified physical health needs.** *(applicable to out-of-home cases and in-home cases if relevant to the reason the agency is involved)*

a) The diagnoses from physical health care screenings are documented in the case file.

b) Documentation reflects that the services agency followed-up on treatment plans that the doctor ordered.

**Requirement:** Concerted efforts are required to ensure appropriate services were obtained to address the child's physical health needs are identified. This applies to all out-of-home cases and for children in in-home cases when the physical health issue is relevant to the agency's reason for involvement.

**Instructions and Considerations:** For out-of-home cases only, the reviewer should determine if there is evidence of the following:

1) Child health records are up to date and included in the case file, to the extent they are available and accessible;

2) Case plan addressed health care needs;

3) Caregivers are provided with the child’s health records (Child Resource Record), to the extent they are available and accessible; and,

4) Health records included the names of the child’s health care providers, a record of the child’s immunizations, child’s known medical problems, child’s medications, and any other relevant health information.

For in-home cases with an identified physical health care need relevant to the agency's involvement, the reviewer must determine if the need was appropriately addressed.

**Rating:**

- ✔ Yes if appropriate services were provided based on periodicity schedules and the doctor’s treatment plan.

- ✔ No if appropriate services were not provided based on periodicity schedules or the doctor’s treatment plan.

- ✔ NA if the child had no identified physical health care need or the physical health care need was not relevant to the agency’s involvement.

**Reference:** s. 39.001(1) (a); 39.6011(8); 39.701(8) (a)12; 39.6012(2) (a) (b) 1-8; F.S.; Florida Administrative Code 65C-13.029(1) (f-h); Florida Administrative Code 65C-28.003; Florida Administrative Code 65C-30.006(5) (f) 1-4, F.A.C., Social Security Act s. 474 (5) (D); Social Security Act s. 475(1) (c); & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22
Dental Health Needs Assessment

63.0 Concerted efforts were made to assess the child’s dental health care needs. (applicable to out-of-home cases and in-home cases if relevant)

   a) Documentation reflects that the child’s dental health care needs were assessed

   b) Documentation reflects that the services agency complied with the periodicity schedule pertinent to the child’s age and needs.

**Requirement:** Concerted efforts are required to assess the child’s dental health needs. This applies to all out-of-home cases and in-home cases when the dental health issue is relevant to the agency's reason for involvement.

**Instructions and Considerations:** The reviewer must determine if concerted efforts were made to arrange for an assessment of the child’s dental care needs both initially and on an ongoing basis. The reviewer should consider the assessment of dental needs in the initial comprehensive needs assessment, or the ongoing dental needs assessment conducted to guide the case planning. Refer to the Glossary regarding the standards for dental care.

**Rating:**

- Yes if the child's dental health needs were assessed.
- No if the child's dental health needs were not assessed.
- NA if the child was under the age of 3 and had no identified dental health need or the dental health need was not relevant to the agency’s reasons for involvement.

Dental Health Services

64.0  Appropriate services were provided to address the child’s identified dental health needs.  (applicable to out-of-home cases and in-home cases if relevant)

**Requirement:** Concerted efforts are required to address the child’s dental health needs once the needs are identified. If a child is Medicaid eligible, these services shall be obtained through a Medicaid provider. If a child is not Medicaid eligible, these services shall still be provided.

**Instructions and Considerations:** The reviewer must assess this standard based on the child(ren)’s dental health needs and whether services were provided to address those needs during the period under review. Documentation reflects that the services agency followed-up on treatment plans that the doctor ordered. Needs that were identified prior to the period under review and not resolved or needs that were ongoing should be considered when assessing this standard. For out-of-home cases, the reviewer must determine if the following were met:

1) Child’s dental records are up to date and included in the case file to the extent available and accessible;

2) Case plan addresses the issue of dental care needs; and,

3) Caregivers are provided the child’s dental records to the extent they are available or accessible.

**Rating:**

✓ Yes if identified dental health needs were addressed.

✓ No if identified dental health needs were not addressed.

✓ NA if no dental health needs were identified or the issue was not relevant to the agency's reason for involvement.

**Reference:** Social Security Act s. 474(5)(D) & 475(1) (C); 39.001(1)(a); 39.6011(8); 39.701(8)(a)12, & 39.6012 (2) (a) (b) 1-8; F.S.; 59G-4.060; Florida Administrative Code 65C-13.029(1) (f-h); Florida Administrative Code 65C-28.003; Florida Administrative Code 65C-30.006(5)(f) 1-4; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 22
**Mental and Behavioral Health Needs Assessment**

65.0 **An assessment(s) of the child’s mental/behavioral health needs was conducted.**

*(applicable to out-of-home cases and in-home cases if relevant)*

**Requirement:** An assessment of the child’s mental/behavioral health needs is required initially and on an ongoing basis to inform case planning decisions. Out-of-home cases are applicable if the reviewer determined the child has a mental/behavioral health need, including a substance abuse treatment need. In-home cases are applicable if mental/behavioral health issues are relevant to the reason for the agency's involvement.

*Instructions and Considerations:* Out-of-home cases are applicable if the reviewer determined during the period under review, the child had a mental/behavioral health need, including substance abuse issues.

The reviewer should determine whether the agency conducted a formal or informal mental/behavioral health assessment on the child either at the time the child entered into out-of-home or in an in-home case if the mental/behavioral health issue is relevant to the agency's reason for involvement.

For example a mental/behavioral health assessment may be required for an in-home child who is the subject of a verified maltreatment report and there is reason to suspect the maltreat affected the child's mental health; a service case is activated due to inappropriate parenting of a mentally ill child and treatment would be relevant to reduce the risk to the child, etc.

**Rating:**

- Yes if an assessment was completed.
- No if an assessment was not completed.
- NA if the mental/behavioral health services needs were not the reason for in-home supervision.

**Reference:** s. 39.407(1); & 39.6012(2)(a), F.S.; Florida Administrative Code 65C-28.014; Florida Administrative Code 65C29.008; Florida Administrative Code 65C-30.002(1); Florida Administrative Code 65C-30.006(1)(a), (2), (3)(b), & (5)(g)1, Children & Families Operating Procedure 155-10; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 23
Mental and Behavioral Health Services

66.0 Appropriate services were provided to address the child’s mental/behavioral health needs. (applicable to out-of-home cases and in-home cases if relevant)

a) Documentation reflects that the services agency matched the needed services specific to the child’s mental/behavioral concerns.

b) Documentation reflects that the services agency followed-up on all treatment plans that the doctor ordered.

Requirement: Appropriate services must be provided to address the child’s mental/behavioral health. These services may include screenings and diagnostic tests to determine finite or long term needs.

Instructions and Considerations: The reviewer should consider the identified mental/behavioral health needs and services provided to address those needs, including screening, assessment, outpatient treatment, inpatient mental health treatment, substance abuse treatment, and individual, group and family therapy, etc.

Rating:

✓ Yes if appropriately matched services were provided and follow up was conducted to ensure compliance with treatment plans.

✓ No if services were needed, but not provided, and no follow up occurred regarding the treatment plans.

✓ NA if the mental/behavioral health service needs were not the reason for in-home supervision.

Psychotropic Medications Express and Informed Consent or Court Authorization

67.0 Express and Informed consent or court authorization was obtained for the use of each psychotropic medication deemed necessary by a physician to address the child’s mental/behavioral health needs. (applicable to out-of-home cases)

a) The case management organization involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning.

b) Prior to seeking a medical evaluation to determine the need to initiate or continue a psychotropic medication, the case manager provided the prescribing physician all pertinent medical information known to the agency at the time.

c) The case manager documented communication with the child’s parent or guardian to ensure parental awareness of the need to provide express and informed consent for the prescription of each psychotropic medication.

d) When express and informed consent could not be obtained from the child’s parents, the case management organization submitted a request for court authorization to Children’s Legal Services.

e) When there was a need for a court order, one was obtained.

Requirement: If parental rights have not been terminated, parents (birth or adoptive) and/or a legal guardian are authorized to provide informed consent that the child receive psychotropic medication(s). If a child does not have a birth or adoptive parent, or a legal guardian, authorization to treat with psychotropic medications must be pursued through a court order. The child, if age appropriate, also has a right to be advised about the prescribed medication and to agree to take the medication.

Instructions and Considerations: For children in foster care whose parents’ rights have not been terminated, case management and the prescribing physician must attempt to obtain written express and informed consent from the child’s parent or legal guardian. Case management must take necessary steps to facilitate the inclusion of the parent in the child’s consultation with the prescribing physician.

Reviewers should find documentation that case management facilitated contact with the parent and the prescribing physician as soon as possible upon learning of the recommendation for psychotropic medications. When express and informed consent cannot be obtained from the child’s parents, the investigator must refer the situation to the Children’s Legal Services attorney who will then petition the court.
“Express and informed consent” means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. Sufficient explanation and disclosure includes:

- The reason for admission or treatment;
- The proposed treatment;
- The purpose of the treatment to be provided;
- The common risks, benefits and side effects;
- The specific dosage range for the medication;
- Alternative treatment modalities;
- The approximate length of care;
- The potential effects of stopping treatment;
- How treatment will be monitored; and,
- Any consent for treatment may be revoked orally or in writing before or during the treatment period by the parent or legal guardian.

**Rating:**

- Yes if there is clear documentation that when a prescribing physician recommended the child be placed on psychotropic medications, case management facilitated communication between the parents, the child and the physician to obtain their express and informed consent.

- Yes if express and informed consent by the parents or legal guardian was not obtained or their whereabouts were unknown, but case management immediately referred to Children’s Legal Services to obtain a court order.

- No if there is limited documentation that supports case management appropriately pursued obtaining Informed Consent or notified Children’s Legal Services to petition the court in a timely manner, or if there is no evidence that case management attempted to obtain Informed Consent or worked with Children’s Legal Services to obtain a court order.

- NA if there were no recommendations to place the child on psychotropic medications.

**Reference:** F.A.C. 65C-28.016; F.A.C. 65C-35; s.394.455, CFOP 175-98, s. 39.001(4) (c) & 39.6012 (2) (a-b), F.S.; Well-Being Outcome 3, Items 22 and 23
Psychotropic Medications – Florida Safe Families Network (FSFN) Data Accuracy

68.0 All data fields in the Florida Safe Families Network related to psychotropic medications appropriately and accurately documented the child’s prescribed medications. (applies to out-of-home cases)

   a) Name of medication and dosages prescribed
   b) If the medication is for psychotropic purposes
   c) Prescription begin and end dates
   d) Dates of expressed and informed parental consent or court order
   e) Name of prescribing physician
   f) Reason the medication was prescribed

Requirement: When a child in out-of-home is prescribed psychotropic medication(s), FSFN must accurately reflect the process that is involved in the consent for, and administration of these drugs. As the official system of record for all case management activities, the data maintained in FSFN regarding all psychotropic medications prescribed must be accurate, current and modified as necessary, to include adding new medications when prescribed and terminating prior medications as deemed appropriate by the prescribing physician.

Instructions and Considerations: The reviewer must compare the hard file with information maintained in FSFN by viewing each Medication Information pop-up page within the Medications tab of the Medical/Mental Health profile. If the documentation in FSFN does not match the information documented in the hard file or elsewhere within FSFN, a Request for Action must be completed in order to facilitate correction of the missing or erroneous documentation.

Rating:

✓ Yes if all of the data on each Medication Information pop-up page within the Medications tab in FSFN is correct and complete and matches the information maintained in the hard file and elsewhere within FSFN.

✓ No if correct and complete data is not found on each Medication Information pop-up page within the Medications tab in FSFN, or if the data does not accurately reflect the information maintained in the hard file or elsewhere within FSFN.

✓ NA if the child is not on psychotropic medications.

Reference: FSFN Requirements, Well-Being Outcome 3, Items 22 and 23
Judicial Review (Timeliness and Quality)

69.0 Judicial Reviews were held in a timely manner and Judicial Review Social Study Report’s (JRSSR’s) provided a thorough investigation and social study concerning all pertinent details relating to the child.

   a) JRSSRs were held in a timely manner
   b) JRSSRs were thorough

Requirement: The initial Judicial Review must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing at which the court approves the case plan, whichever comes first, but in no event later than 6 months after the date the child was removed from the home. The court shall review the status of the child and hold a hearing at least every 6 months until the child reaches permanency status. If the child is placed in the custody of the department or licensed child-placing agency for the purpose of adoptive placement, judicial reviews must be held at least every 6 months until the adoption is finalized. Regularly scheduled judicial review will be held on missing children until the child reaches the age of majority or the court terminates jurisdiction. Judicial Reviews will be held within 90 days after a child in out-of-home care reaches his or her seventeenth birthday. Judicial Reviews will be held in the month that begins the six-month period before a child reaches his or her eighteenth birthday to assist the child in transitioning from care. A Judicial Review Social Study Report must address:

   • 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 the appropriateness of the placement.
   • Documentation of the diligent efforts made by all parties to comply with each applicable provision of the case plan.
   • Current status of prescribed psychotropic medications, if applicable.
   • 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.
   • A statement that either:
      a) The parent, though able to do so, did not comply substantially with the case plan, and the agency recommendations;
      b) The parent did substantially comply with the case plan; or
      c) The parent 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 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 visitation.

• 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.

• 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.

• If the child 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.

• 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.

• Copies of the child’s current health, mental health, and education records as identified in s. 39.6012, to include information related to psychotropic medications the child may be prescribed.

• Children referenced in court by the same case number should be addressed individually in the JRSSR.

Instructions and Considerations: The reviewer should rate this standard as to what occurred during the period under review. Each of the components above is critical to completing a thorough Judicial Review Social Study Report. The reviewer must use professional judgment in providing a final rating to the standard after carefully considering the quality of the report overall.

Rating:

✓ Yes if a thorough JRSSR was completed and the Judicial Review was held timely.

✓ No if a Judicial Review was due and was not completed or was not completely timely.

✓ No if the JRSSR did not contain a thorough investigation and social study concerning all pertinent details relating to the case.

✓ N/A if the case reviewed was a voluntary case or a Judicial Review was not due during the Period Under Review

Reference: s.s. 39.701, F.S., Florida Administrative Code 65C-30.013 (4), CFSR Systemic Factor #26
Achieving Outcomes

70.0 Based on all of the information reviewed, it is likely the child will live in a safe and nurturing environment with his/her needs being met on a permanent basis during the next 12 months.

Instructions and Considerations: To address this standard, the reviewer must consider each of the discrete responses to all of the previous standards as it relates to the whole. The reviewer must use subjective, yet professional judgment when evaluating this standard and document the rationale for the answer given. The reviewer needs to reflect on all of the information gathered during the review process and offer a professional assessment of the work performed and its likelihood to being successful.

Rating:

✓ Yes if the reviewer believes the casework and practice decisions are on the right track.

✓ No if the reviewer found casework and practice decisions were not on the right track.

Note: Either way, the response must be accompanied by a summary that clearly identifies specific barriers to success as noted during the review as well as appropriate pathways noted to achieving positive outcomes.

Reference: Chapin Hall Model
Another Planned Living Arrangement

71.0 For children with the goal of “Another Planned Permanent Living Arrangement,” the agency made concerted efforts to ensure the child is adequately prepared to transition into independent living and is living in a “permanent” arrangement until he/she reaches the age of majority. (applicable to Another Planned Permanent Living Arrangement [APPLA] cases)

a. The agency has made or is making concerted efforts to adequately prepare the child to transition from foster care into independent living upon being emancipated or reaching the age of majority.

b. The living arrangement is deemed “permanent” based on a commitment on the part of the foster parent, relative or non-relative caregiver.

c. The child is in a long-term facility and will remain in that facility until transition into an adult care facility.

Requirement: Permanency goals include reunification, adoption, permanent guardianship, permanent placement with a fit and willing relative, or another planned permanent living arrangement. If the first four permanency goals are ruled out, the court may find the best option to be “another planned permanent living arrangement (APPLA).” The APPLA permanency goal is appropriate only if there is reason to believe the placement will endure and be more stable and secure than ordinary foster care; that the health, safety and well-being of the child will not be jeopardized; and that there are compelling reasons the “another planned permanent living arrangement” is most suitable to the specific child.

Compelling reasons include, but are not limited to, a 15 year-old living in foster care remains in touch with and closely bonded to a parent, but the parent is unable to provide for or protect the child; the Indian tribe has identified another planned permanent living arrangement; or the foster child is at least 16 years of age and chooses to remain with the foster parents who are committed to caring for the child until he/she reaches 18 years of age.

In addition, there must be a commitment on the part of the foster parent, relative or non-relative that the living arrangement is permanent until the child reaches 18 or is emancipated.

Instructions and Considerations: Reviewers should not rate this standard based on whether or not the APPLA goal was appropriate since that issue is addressed in Standard #22. Rather reviewers should determine if there is evidence that the agency made concerted efforts to prepare the child with the APPLA goal to transition into adulthood upon reaching 18 years of age and that there is a commitment on the part of all parties involved that the child remain in the APPLA placement until reaching majority or emancipation.

Similar to the Standard # 47 that addresses all youth living in licensed care in general, this standard asks the reviewer to specifically identify service provision for the child with the APPLA goal that will assist the child to transition to adulthood.
When the APPLA goal has been achieved, the judicial review should contain information showing the commitment and endurance of the placement. If the goal is aspirational, i.e., not yet actually achieved, the case plan should provide clear tasks designed to achieve a placement with the commitment and endurance of a permanent placement.

The reviewer must provide a Yes or No response for each of the three components for “accounting” purposes, but must then use professional judgment in providing a final rating to the basic standard that will be the bottom-line score after carefully considering the quality of concerted efforts and commitment.

**Rating:**

- ✓ Yes if there is documented evidence that services specific to the child’s needs to successfully transition into adulthood are/were provided, and the caregiver is committed to providing a home for the child until his/her 18th birthday or emancipation.

- ✓ No if there is no documented evidence that appropriate services were provided, or documented evidence the caregiver is committed to providing a home until the child’s 18th birthday or emancipation.

- ✓ NA if the child is not under an APPLA permanency goal; not living in a long term facility.

Reference: s.s. 39.6241, F.S., Florida Administrative Code 62C-28.009, CFSR Permanency Outcome 1, Item 10,
GLOSSARY OF DEFINITIONS

Actively Involved:

- The agency involved the parent in: (1) identifying strengths and needs, (2) identifying services and service providers, (3) establishing goals in the case plans, (4) evaluating progress toward goals; and (5) discussing the case plan in case planning meetings.
  - For in-home services cases, “parents” are defined as the child’s biological parents or primary caregivers with whom the child lives, or a non-custodial parent who is involved or wishes to be involved in the child’s life. See definition of caregiver.
  - For out-of-home cases parents would include (1) the child’s biological parents, (2) the primary caregiver, other than a biological parent, from whom child was removed or (3) the pre-adoptive parents or persons designated to be guardians for those cases in which, during the period under review, the only plan for the child was adoption of guardianship.
- The agency consulted with the child (as developmentally appropriate) regarding: (1) the child’s goals and services, (2) explained the plan and terms used in the plan using language the child can understand; and (3) included the child in periodic case planning meetings, particularly if any changes were being considered in the plan.

Behavioral Health Needs: Needs related to a child’s behavioral problems not always specified as mental health needs. Specifically:

- Extraordinary Needs – A dependent child with serious behavioral problems or determined to be without the option of reunification with family or adoption.
- Serious behavioral problems in a child assessed by a licensed master’s-level human services professional and determined to minimally need intensive services but not meeting the criteria in 394.492(7), F.S.
- A child with an emotional disturbance as defined in 394.492 (5) or (6), F.S. may be served in residential group care unless a determination is made by a mental health professional that the setting is inappropriate.
- A child having a serious behavioral health problem must be determined, in the assessment, to have at least one of the following risk factors:
  1. An adjudication of delinquency and be on conditional release status with the Department of Juvenile Justice.
  2. A history of physical aggression or violent behavior toward self or others, animals, or property within the past year.
  3. A history of setting fires within the past year.
4. A history of multiple episodes of running away from home or from placements within the past year

5. A history of sexual aggression toward other youth

**Cites:** 39.407, 39.523 and 409.1676, F.S.

- A child qualifies for residential group care if all of the following criteria apply:
  - 11 years of age or older;
  - In licensed care 6 months or longer;
  - Experienced more than one placement during the current removal episode;
  - Has serious behavioral health problems as defined above;
  - Has a case plan/permanency goal of Another Planned Permanent Living Arrangement; and
  - Is not placed in therapeutic group homes or residential treatment centers. (39.523, F.S. excludes children provided for in 39.407, F.S., when they are placed under the recommendation of a suitability assessment, in therapeutic group and residential treatment centers).

**Caregiver:** Defined as the person, other than a biological parent, with whom the child was living at the time of removal and placement in out-of-home care. This may be a relative, adult sibling, legal guardian, adult household member or other person responsible for a child’s welfare. For the purpose of this review, caregiver refers to the person from whom the child was removed and does not apply to the out-of-home care provider defined on page 7.

**Case File:** [65c-30.001(13), F.A.C.] All information for a case contained in the department’s statewide automated child welfare information system (SACWIS), the Florida Safe Families Network (FSFN), as well as the supporting paper documentation gathered during provision of services to that family. The “case file” may also refer to a duplicate paper copy of the electronic case file and the supporting paper documentation. The department’s SACWIS is the primary record for each investigation and case.

**Case Plan:** This is a document, as described in 39.6011, F.S. which is prepared by the department or a community-based care provider with input from all parties. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

**Child Health Check-up:** [59G-4.080, F.A.C.; 65c-30.001(17), F.A.C.] This screening shall take place within 72 hours of initial removal unless the child is returned to the home from which he or she was removed within 72 hours of removal. This includes a child removed from his or her home who was placed with relatives or non-relatives in an unlicensed setting. Additional check-ups shall be repeated in accordance with the Medicaid periodicity schedule.

**Close Proximity:** As a general rule, the reviewer should consider a travel distance of less than 1 hour as being close enough for face-to-face visitation/contact between parent and child. However, the reviewer should consider all relevant circumstances in determining whether the location of the child’s placement allows parents to visit the child on a frequent basis.
**Compliance Period:** The designated time frames for accomplishing the provisions of a case plan. The plan’s compliance period expires no later than twelve (12) months after the date the child was initially removed from the home or the date the case plan was accepted by the court, whichever occurs first.

**Comprehensive Assessment (or Comprehensive Behavioral Health Assessment):** [59G-4.080, F.A.C.; 39.01(18), F.S.] The information gathered for the evaluation of a child’s and caregiver’s physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family environment, as they relate to the child’s and caregiver’s need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services as appropriate.

**Concerted Efforts:** Defined as reasonable efforts on the part of the agency to:

- Provide the assessment and services necessary to ensure children are safe and to assist children and their families in achieving goals, and
- Assist in overcoming any internal or external barriers that may interfere with achieving goals.

**Concurrent Planning (or Concurrent Case Plan Goal):** [39.01(19), F.S.] Establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following:

1. Adoption when a petition for termination of parental rights was filed or will be filed
2. Permanent guardianship of a dependent child under 39.6221, F.S.
3. Permanent placement with a fit and willing relative under 39.6231, F.S.
4. Placement in Another Planned Permanent Living Arrangement under 39.6241, F.S.

**Critical Junctures:** [65c-30.001(41), F.A.C.] The times during an investigation or services case when fundamental decisions are being made for the child or children, or when critical events are occurring in the case. Critical junctures may include the following:

1. Prior to court hearings (adjudicatory, dispositional, review)
2. At the birth or death of a sibling
3. Addition of a new family member, including paramours
4. Before changing the case plan to include unsupervised visits
5. At case transfer between Service Workers
6. At receipt of a new CPI report of domestic violence in the home
7. Before a child is returned home from substitute care
8. Before a case is closed or dismissal of court jurisdiction is recommended
9. When a case is no longer designated as “high risk”
10. As needed, based on professional judgment

**Dental Care:** When answering the standards related to dental health care, the reviewer should consider the following information as a guide. The Agency for Health Care Administration, Florida Medicaid Summary of Services 2006-07, Section VI Medicaid Covered Services July 2006 provides:

“A dental referral is provided for recipients beginning at age three, or earlier if indicated. Subsequent examinations by a dentist are recommended every six months or as prescribed by a dentist or other authorized provider.”
**Diligent Search:** Efforts of a social service agency to locate a parent or prospective parent whose identity or location is unknown. Diligent search is initiated as soon as the social service agency is made aware of the existence of such parent, with the search progress reported at each court hearing until the parent is identified and located or the court excuses further search.

**Discharge from Foster Care:** The point when the child is no longer in foster care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from foster care unless the trial home visit is longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

**Emergency Placement Change:** [65c-28.005, F.A.C.; 65c-30.007, F.A.C.] A change to the child’s placement which must be made immediately due to the child’s safety or well-being needs or when the caregiver cannot wait until a more appropriate placement can be located and prepared for the child. Parents, caregivers, and Guardian ad Litem or Attorney ad Litem must be notified within 72 hours of an emergency change in placement.

**Entry into Foster Care:** A child’s removal from his or her normal place of residence and placement in a substitute care setting under the care and placement responsibility of the state or the local Title IV-E/IV-B agency. Children are considered to have entered foster care if the child was in substitute care for 24 hours or more.

**Express and Informed Consent:** [39.407(3)(a)1., F.S.; 65c-35.001(10), F.A.C.] The voluntary written consent from a competent person (parent or legal guardian) who has received full, accurate, and sufficient information and explanation about a child’s medical condition, medication, and treatment, which enables the person to make a knowledgeable decision without being subjected to any deceit or coercion.

**Extraordinary Medical Care and Treatment:** [65c-30.001(49), F.A.C.] This represents the care and treatment of a child outside of routine medical and dental care, such as any invasive procedures. This includes surgery, anesthesia, administration of psychotropic medications, and any other procedures not considered routine or ordinary by objective professional standards of medical care for children.

**Father:** For in-home services cases, the biological or adopted father with whom the child lives or a non-custodial father who is involved, or has indicated a desire to be involved, in the child’s life. For out-of-home cases, the biological or adopted father from whom the child was removed.

**Focus child:** The child in an out-of-home case who is the focus of the case review.

**Indian Child Welfare Act (or ICWA):** [65c-28.013, F.A.C.; 65c-30.001(67), F.A.C.] Refers to the federal act that governs child custody proceedings involving American Indian or Alaskan Native children in state courts. ICWA protects the best interests of American Indian and Alaskan Native children, preserves the integrity of Indian families, and promotes the stability and security of Indian tribes and families by establishing minimum federal standards for the removal of American Indian or Alaskan Native children from their families; placing Indian children in out-of-home care or in adoptive homes that will reflect the unique values of Indian culture; and by providing assistance to Indian tribes in the operation of child and family service programs.

**Immediate (or Immediately):** [65c-30.001(65), F.A.C.] This refers to responding as soon as possible, but not to exceed two (2) hours.
Informed Consent: When considering the use of psychotherapeutic medications, the following guidelines are provided:

1. Used only when the expected benefit of the medication is greater than the potential risk of possible side-effects.
2. Psychotherapeutic medications should not be the only medical/behavioral service provided because these medications are best utilized in conjunction with other services both natural and provider based.
3. Psychotherapeutic medications should only be administered after informed consent has been given by the child’s biological parents or legal guardian or a court order has been obtained authorizing the administration of the medications to the child.

These guidelines are intended to assist foster parents and other caregivers to be well-informed when caring for those children in the department's care and custody who are prescribed a psychotherapeutic medication by their attending healthcare physician.

Florida law requires the agency to obtain informed consent to protect the child and make sure the family understands and agrees with the medical evaluation and treatment. There are many parts to informed consent. Consent for children and youth living at home with their parents is different than the laws that direct consent for children and youth in the custody of the state.

- There are three types of medical care and treatment, each of which requires a different method to receive consent for medical treatment. The primary care physician will determine the type of care needed. Methods of obtaining consent include:
  
  a) **Routine Medical Care and Treatment.** If the health care provider determines that an illness or injury requires routine treatment, but providing such treatment is not an emergency, the consent of the child’s parent for the treatment must be sought. If the parent is unavailable, unable, or unwilling to provide informed consent for the medical care, the department or agency must seek and obtain a court order authorizing the treatment, before the treatment is given. Routine treatment - means ordinary and necessary medical and dental examinations and treatments; included in this definition are blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care.

  b) **Emergency Medical Care and Treatment.** Although parents should be involved whenever possible, obtaining consent is not required for emergency care and treatment. If the emergency care and treatment is provided without parental consent, the family services counselor must make sure the parent is notified as soon as possible after the treatment is completed. Emergency - care or treatment of a child who has been injured or is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of medical care or treatment would endanger the health or physical well-being of the child.

  c) **Extraordinary Medical Care and Treatment.** Prior to a child in care receiving any extraordinary medical treatment, the child’s parent must give a specific consent. If the parent cannot be located or refuses to give consent, a court order must be given prior to the extraordinary medical procedure. Extraordinary medical treatment - care or treatment of a child that is outside of the routine medical and dental care included in the definition of medical care and treatment. Included in this definition are surgery, anesthesia, or
psychotherapeutic medications and any other procedures not considered by the child’s medical provider as routine

- **What Is Included in Informed Consent?** Informed consent should include information about the child or youth’s condition and the proposed treatment. Clinicians must share the medical information that would lead to a decision by the family, or whomever is responsible for giving the consent to treat the child or youth, as to whether or not to go forward with a proposed treatment. This information should include:
  - symptoms,
  - possible and expected benefits of treatment,
  - risks of the medication, including side effects
  - what might be expected without treatment,
  - other options to the proposed treatment,
  - results of stopping the treatment, and
  - how the treatment will be monitored.

- **How Is Informed Consent Documented?** The medical record needs to document the consent process, including who participates, what information has been shared, any concerns, and the giving of consent for the treatment itself. The consent should be specific to that child or youth and their particular needs.

- **When Is Informed Consent Done?** Consent for treatment must be done before treatment is begun, unless the treatment is an emergency. If treatment is an emergency, consent must be obtained as soon as possible; treatment cannot continue beyond an emergency without consent. New consent must also be obtained before a different medication is started. Such changes include new side effects, the development of a medical problem, or other developments affecting the risk/benefit of the treatment. Consent for treatment is not a one-time event, but a process that requires ongoing discussion with parent, consenting child or youth, or other consenter.

- **Where Is Informed Consent Done?** Consent should be given by the parent in a face-to-face visit with the treating clinician. This will allow careful discussion of the questions needing attention. Sometimes, however, it is necessary to discuss the treatment and get consent by telephone.

- **To Whom Is Informed Consent Given?** Consent should be given to the clinician prescribing medication.

- **Involuntary Treatment** Although this guideline is written as if medication treatment always occurs through consent by the child, youth or guardian to a proposed treatment, involuntary treatment also happens, under specific circumstances. A child’s parent/guardian has the right to not give their consent for treatment. In cases when a child is in the care and custody of the Department of Children and Families and the parent or legal guardian is not available to give consent, or refuses to give consent, treatment may only be given when the court has found that the treatment is in the best interest of the child. In cases such as this, the child welfare case worker responsible for the child will seek a court order to approve the medication treatment.

Involuntary treatment is given through an order from the court system by a judge when determined to be necessary to protect the safety or health of an individual without the consent of the parent, child, or youth.
**Life of Case:** The entire length of time a case is known to a state child welfare agency. The life of the case begins with the first recorded maltreatment report received by the agency on any child in the family.

**Mother:** For in-home services cases, the biological or adopted mother with whom the child lives or a non-custodial mother who is involved, or has indicated a desire to be involved, in the child’s life. For out-of-home cases, the biological or adopted mother from whom the child was removed.

**Ordinary Medical Care and Treatment:** [65c-30.001(89), F.A.C.] This defines standard necessary medical and dental examinations and treatments. Included in this definition are blood testing, preventive care (including ordinary immunizations), tuberculin testing, and well-child care.

**Other Responsible Party:** Contracted service provider who has full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to a contract agency).

**Out-of-Home Care:** A placement outside of the home of the parent(s).

**Out-of-Home Care Episode:** The timeframe between a child’s entry into out-of-home care and the child’s discharge from out-of-home care and termination of supervision services.

**Out-of-Home Care Providers:** Related or non-related caregivers who are given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents.

**Period Under Review:** This represents the nine (9) month period prior to the beginning of the review quarter. If the service recipient left services during this period, the “period under review” is from the beginning of the nine (9) month period to the service end date. The reviewer may review performance up to the first day of the on-site review.

**Permanent Guardian:** A relative or other adult having permanent guardianship of a dependent child under 39.6221, F.S.

**Permanent Guardianship of a Dependent Child:** The legal relationship a court creates under 39.6221, F.S., between a child and a relative or other adult approved by the court, which is intended to be permanent and self-sustaining through the transfer of parental rights with respect to the child relating to protection, education, care and control of the person, custody of the person, and decision-making on behalf of the child.

**Placement:** [65c-30.001(100), F.A.C.] The supervised placement, licensed or unlicensed, of a child in a setting other than the child’s own home.

**Planned Placement Change:** [65c-28.005, F.A.C.; 65c-30.007, F.A.C.] This describes a foreseeable change to the child’s placement. A planned change occurs when the Services Worker has explored other possible placements, completed a home study, obtained all background checks, and staffed the case with their supervisor and/or other multi-disciplinary professionals to determine if the placement change is in the child's best interests. Parents, caregivers, and Guardian ad Litem or Attorney ad Litem must be notified at least two (2) weeks prior to moving a child from one out-of-home placement to another.

**Preventive Health Care:** See attachment “Recommendations for Preventive Pediatric Health Care”.
**Professional Judgment:** Discretion used by the reviewer based on his/her experience, education and knowledge of the field of child welfare. Use of professional judgment occurs when considering the following factors:

1. Results or outcomes of services or interventions for children and families
2. Extent to which the children’s critical needs were met
3. Appropriateness of the agency’s actions relative to the child’s and family’s needs

**Psychotropic Medication:** [65c-30.001(106), F.A.C.; 65c-35.001(18), F.A.C.; 394.455, F.S.] Any chemical substance prescribed with the intent to treat psychiatric disorders; and those substances, which though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry or involve any of the medications in the following categories:

1. Antipsychotics
2. Antidepressants
3. Sedative Hypnotics
4. Lithium
5. Stimulants
6. Non-stimulant ADHD medications
7. Anti-dementia medications & cognition enhancers
8. Anticonvulsants and alpha-2 agonists
9. Other meds to stabilize/improve mood, mental status, behavior, or mental illness

**Relative:** Grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by whole or half blood, by affinity, or by adoption. The term does not include a step-parent.

**Risk:** The likelihood a child will be maltreated in the future.

**Safety Assessment:** The process developed by the agency and the family to ensure the child(ren) is safe and the strategies to address safety threats. Specifically, it is the ongoing manner by which it is managed by the caregiver, the caregiver’s capacity to implement the safety plan and report safety issues to the agency, and the family’s involvement in the implementation of the safety plan.

**Safety Plan:** An approach to evaluate the emerging danger, potential safety threats, and the likelihood of serious harm before they become immediate, serious, and pose a present danger. The approach should assess the underlying conditions and contributing factors and their future likelihood to re-emerge as present danger, as well as identifying conditions and contributing factors that lead to effective case planning.

**Siblings:** Children with one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his/her foster care placement or with whom child would be expected to live if the child was not in foster care.

**Visit:** Face-to-face contact between the case manager or other responsible party and the child. Visits also defined as face-to-face contact between the case manager or other responsibility party and the parent(s), and/or the out-of-home care provider as relevant.