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Applicable to:	BFP and its subcontracted Case Management Agencies	

PURPOSE:

A safety plan controls and manages danger threats to a child when a parent/legal guardian is unavailable, unable, or unwilling to protect his or her child. The child welfare professional responsible for the case has primary responsibility for developing and managing the safety plan. A safety plan will be established in response to present or impending danger that meets the threshold criteria in OP-1203, Chapter 2, paragraph 2-2, Present Danger, and paragraph 293, Impending Danger. A safety plan addresses specific parent behavior, emotion, or condition that results in a child being unsafe. A safety plan must use the least intrusive means appropriate to manage the danger. A safety plan will be in effect as long as a case remains open and parent(s)/legal guardian(s) do not have sufficient protective capacity to protect the child from the out of control conditions in the home that would otherwise qualify as danger threats.

PROCEDURE:

References

- **a. BFP OP 1038 Reunification and Conditions for Return Staffings**
- **b.** Section 39.301 (9)(a)(6), Florida Statutes (F.S.).
- **c.** 65C-29.003(3), Florida Administrative Code (F.A.C.) Safety Planning Requirements.
- **d.** 65C-30.002, F.A.C., Safety Planning and Case Transfer.
- **e.** 65C-30.007, F.A.C., Case Management Responsibilities After Case Transfer.
- **f.** 65C-30.009, F.A.C., Least Intrusive Interventions
- **g.** 65C-30.013, F.A.C., Judicial Reviews and Court Reports.
- **h.** 65C-30.014, F.A.C., Post-Placement Supervision and Services.
- **i.** 65C-30.022, F.A.C., Termination of Services

Definitions

DEVELOP AND MANAGE SAFETY PLANS

This operating procedure establishes the policy for developing and managing safety plans. Safety plans protect a child when a parent is unavailable, unable, or unwilling to protect his or her child. A safety plan manages or controls the condition that results in a child being unsafe. Active safety management of a safety plan involves diligent monitoring activities by the child welfare professional to determine that the safety plan is working dependably to keep the child safe. Safety management includes timely modification of safety plans as needed. A safety plan will be in effect as long as a case remains open and parent(s)/legal guardian(s) do not have the protective capacity necessary to protect the child from identified danger threats.

This operating procedure applies to all staff responsible for child protection investigations and case management activities for on-going services cases involving unsafe children.

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

This new operating procedure replaces material about safety planning and management published June 13, 2016. The major changes made include:

- Allowing the creation of multiple safety plans in FSFN.
- Creating confidential safety plans in FSFN in cases involving intimate partner violence.
- Collecting financial information in Other Parent Home Assessments.
- Clarifying when the Other Parent Home Assessment must be documented.
- Clarifying that child welfare professional in-home contacts every 7 days only apply to the initial safety plan created.
- Updating FSFN documentation requirements to align with recent FSFN changes.
- Changes guidance for safety plans involving a family-made arrangement including the approval process.
- Changes guidance for background screening of informal safety plan providers.

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(a) Chapter 1

(b) GENERAL REQUIREMENTS

1-1. Purpose. A safety plan controls and manages danger threats to a child when a parent/legal guardian is unavailable, unable, or unwilling to protect his or her child. The child welfare professional responsible for the case has primary responsibility for developing and managing the safety plan. A safety plan will be established in response to present or impending danger that meets threshold criteria in CFOP 170-1, Chapter 2, paragraph 2-2, Present Danger, and paragraph 2-8, Impending Danger. A safety plan addresses a specific parent behavior, emotion or condition that results in a child being unsafe. A safety plan must use the least intrusive means appropriate to manage the danger. A safety plan will be in effect as long as a case remains open and parent(s)/legal guardian(s) do not have sufficient protective capacity to protect the child from out of control conditions in the home that would otherwise qualify as danger threats.

1-2. Authority. The following provide the legal authority for the establishment of safety plans in response to present or impending danger.

a. Section 39.301(9)(a)(6), Florida Statutes (F.S.).

b. 65C-29.003(3), Florida Administrative Code (F.A.C.), Safety Planning Requirements.

c. 65C-30.002, F.A.C., Safety Planning and Case Transfer.

d. 65C-30.007, F.A.C., Case Management Responsibilities After Case Transfer.

e. 65C-30.009, F.A.C., Least Intrusive Interventions.

f. 65C-30.013, F.A.C., Judicial Reviews and Court Reports.

g. 65C-30.014, F.A.C., Post-Placement Supervision and Services.

h. 65C-30.022, F.A.C., Termination of Services.

1-3. Non-Negotiables. The need for the establishment of a safety plan is non-negotiable with the family when present danger (CFOP 170-1, Chapter 2, paragraph 2-2) or impending danger is identified (CFOP 170-1, Chapter 2, paragraph 2-8). A determination of impending danger also requires a case plan. The child welfare professionals responsible for the investigation and subsequent case management must explain to the parent(s)/legal guardian(s) how their action, choice, or arrangement compromises the child's safety.

a. The child welfare professional will also determine if there are any "non-negotiable" conditions of the safety plan. To the degree possible, "non-negotiables" must only reflect essential safety actions needed to keep the child(ren) safe.

b. Safety actions that are non-negotiable include, but are not limited to, the following:

(1) Supervision in the home at times when the parent(s)/legal guardian(s)' behavior is known to be out of control. The behavior of one parent/legal guardian is so out of control and unpredictable that they must not be in the home. The parent/legal guardian should still be encouraged to assist in developing a child visitation plan. When there is intimate partner violence, feedback from each parent as to child visitation will be gathered and used to develop a visitation plan as described in Chapter 4 of this operating procedure.

(2) The behavior of both parent(s)/legal guardian(s) is so out of control that conditions in the home are unpredictable and preclude an in-home safety plan. The child welfare professional should ask the parent(s)/legal guardian(s) for their placement preferences.

(3) In a court-supervised case, child(ren) aged 0 to 6 years and already enrolled in a licensed childcare setting must continue enrollment and attendance five days a week (s. 39.604, F.S.). Depending on local resources, the child welfare professional may offer licensed childcare program choices. The court has the discretion to rule otherwise. The child welfare professional responsible must notify the operators of the childcare program that the child is in a safety plan and expectations for contacting the child welfare professional responsible if the child has unexcused absences.

1-4. Identification and Selection of Least Intrusive Safety Actions.

a. Depending upon how the danger threat is manifesting in the home, the child welfare professional will choose the least-intrusive safety actions necessary to protect the child. "Least instrusive" is defined in CFOP 170-1, Chapter 2, paragraph 2-6.

b. Two safety plans will be created and active at the same time for either of the following situations:

(1) There is intimate partner violence and certain information must be kept confidential from the perpetrator per requirements in Chapter 4 of this operating procedure.

(2) As a result of a timesharing custody agreement, the child is residing in two households where safety actions are necessary.

c. The child welfare professional has the following possible safety actions to consider:

(1) Safety actions that involve the use of an "In-Home" Safety Plan in order of least intrusive to most intrusive are as follows:

(a) Responsible adult routinely monitors the home at the times when danger manifests.

(b) When less than full-time supervision is necessary, a responsible adult moves into the home.

(c) Alleged perpetrator temporarily leaves the home.

(d) The non-maltreating parent/legal guardian temporarily leaves the home with the child.

(2) Safety actions that involve the use of an "Out-of-Home" Safety Plan are as follows:

(a) Release of child to another parent/legal guardian after approval of an Other Parent Home Assessment is generally the preferred placement. There will be situations when the child does not have a relationship established with the other parent/legal guardian and it is determined that there will be less trauma for the child to be placed with someone in the family network that they know and with whom they are comfortable. In such situations, the child welfare professional must still ask the non-removal parent/legal guardian if they agree with placement of the child with the relative/non-relative.

(b) Child temporarily resides with someone in the family network under an approved "family-made arrangement" when no restrictions on parental access are necessary.

(c) Child placed with a relative/non-relative.

(d) Child placed with the adoptive parent of the child's sibling after an approved relative/non-relative home study unless the home is a licensed foster care setting.

(e) Child placed in a licensed emergency shelter/foster care placement due to no appropriate relative/non-relative placement being known or available.

(3) The child welfare professional has the following possible safety actions to consider:

(a) Combine the use of in-home and out-of-home actions as appropriate.

(b) Choose one or more safety management service providers that can best address the identified danger threat. This includes communicating with the provider about the danger and the provider's role in managing the danger.

(c) Approve a parent/legal guardian and child(ren) moving into the home of a relative/non-relative, or a relative/non-relative moving into the parent/legal guardian's home on a full-time basis when the specific times during which supervision is necessary can be identified and are feasible. This option is not appropriate when the parent/legal guardian's behavior is so out of control that "24/7" supervision is necessary.

1-5. Family Input.

a. To the fullest extent possible, the parent(s)/legal guardian(s) will be engaged in developing the safety plan and identifying members of their resource network who might be willing and able to participate as safety management providers. The child welfare professional must follow the confidentiality and safety provisions outlined in Chapter 4 of this operating procedure when the dynamics of domestic violence are present.

b. The child welfare professional will consult with the child, the parent(s)/legal guardian(s), relatives or persons who know the family to learn about the following:

(1) Child's need to be protected by persons with whom the child is most familiar and comfortable.

(2) Child's need for routines and surroundings that are "normal" to the extent possible.

1-6. Removing Children from Parent(s)/Legal Guardian(s).

a. The child welfare professional must make reasonable efforts to prevent a child's removal from their parent(s)/legal guardian(s) unless there are no actions that could mitigate the danger to the child. To provide reasonable efforts to prevent removal of the child from their household the child welfare professional must show diligence in offering, arranging, and providing all needed in-home safety plan services. This includes documentation of all safety plan services offered, arranged, and provided to the family.

(1) When there is a determination of present danger, the Present Danger Assessment will document the reasonable efforts made to prevent the child(ren)'s removal.

(2) When there is a determination of impending danger, the reasonable efforts made to prevent the child(ren)'s removal or continue an out-of-home safety plan will be based on thorough analysis of the five criteria for an in-home safety plan and documented in the Safety Analysis section of the FFA-Investigation, FFA-Ongoing or Progress Update.

b. An out-of-home safety plan must be created:

(1) In response to present danger when the provision of in-home safety management services is not feasible given information known at the time.

(2) In response to impending danger when the child welfare professional, based on assessment of the five safety analysis criteria in paragraph 3-2 of this operating procedure, determines that an in-home safety plan cannot adequately control or manage the danger.

c. An out-of-home safety plan may involve any of the following:

(1) The child welfare professional releases the child to a non-maltreating parent after completing and receiving approval of an Other Parent Home Assessment as required in Chapter 5 of this operating procedure.

(2) Per s. 39.401, F.S., the child welfare professional places the child in twenty-four hour out-of-home care provided by a relative/non-relative or licensed provider. The department

must seek court approval for sheltering the child and assuming care responsibility within 24 hours of the child's placement.

(a) When a medical facility is detaining a child, the investigator responsible for the investigation will make every reasonable effort to notify the parent/legal guardian.

(b) If the investigator determines that the child's detainment should exceed 24 hours, he/she will immediately notify Children's Legal Services (CLS) as to the need to seek a shelter order.

(3) Prior to the placement of child(ren) under court jurisdiction with a relative/non-relative in another state, the placement must be approved through the Interstate Compact on the Placement of Children (ICPC) per CFOP 175-54.

(a) If there are concerns about placement of a child with a non-maltreating parent/legal guardian, the ICPC includes provisions for home studies.

(b) An ICPC home study must be requested and approved prior to the child's placement.

(c) The receiving state will provide supervision when the ICPC approves the placement.

d. There may be some situations involving present danger when the parent(s)/legal guardian(s) have already placed, or want to place their child to be with a relative/non-relative who is willing and able to assume the role of a short-term safety management provider. A family-made arrangement must be approved per Chapter 6 of this operating procedure.

e. An out-of-home safety plan will document all safety actions, including who is keeping the child safe and how; and how visitation with the parent(s)/legal guardian(s), siblings and other persons important to the child, will occur.

f. The child welfare professional will establish Conditions for Return when impending danger is established and he/she has completed the safety analysis.

g. Per requirements in Rule 65C-30.003, F.A.C., the investigator will initiate a diligent search to identify and locate any absent parent/legal guardian within 30 calendar days of a child's removal. If the child remains in out-of-home care following closure of an investigation, the case manager will continue diligent search activities until released by the court. In addition, the investigator will initiate and the case manager will continue diligent efforts to locate and provide notice to the following relatives: all adult grandparents, all parents of a sibling of the child, where such parent has legal custody of such sibling, and other adult relatives of the child (including any other adult relatives suggested by the parents).

h. When the diligent search involves an American Indian or Alaskan Native child, documentation of written correspondence with the child's tribe and to the Secretary of the Interior through the Eastern Regional Office of the Bureau of Indian Affairs will be included in the case file by the case manager and included in the court record.

1-7. Judicial Actions Related to Child Safety.

a. During the course of the investigation or ongoing services, judicial action may be necessary to impose court jurisdiction over daily care and supervision or contact with the child.

b. Judicial actions related to child safety include one or more of the following:

(1) When a perpetrator of a pattern of coercive control is not the parent or legal guardian, the child welfare professional ***must*** seek an injunction pursuant to s. 39.504, F.S., and implement a safety plan to impose any other conditions to protect the child. The child welfare professional may seek an injunction for a parent or legal custodian.

(2) Section 39.395, F.S., allows a hospital, physician or other licensed health care professional to detain a child without the consent of the parent/legal guardian when the child's return to the parent presents imminent danger to the child's life or physical or mental health.

(3) A petition for dependency per s. 39.501, F.S.

(4) A petition for shelter per s. 39.501, F.S.

(a) In all cases involving a child's detainment or a removal, the department must petition the court within twenty-four (24) hours of the removal for a shelter hearing.

(b) The twenty-four (24) hour timeframe starts from the time of the actual removal, and includes when the investigator puts a "hold" on the discharge of a child from a hospital, including a newborn.

(5) In an on-going services case involving an in-home safety plan, the child welfare professional with primary responsibility for the case must request a staffing with CLS to detemine legal actions necessary when either of the following occur:

(a) The family no longer meets the criteria for an in-home safety plan based on an in-home safety analysis per paragraph 3-2 of this operating procedure.

(b) When the parent(s) are not demonstrating efforts to achieve case plan outcomes that address the child's need for safety.

1-8. Staffings with Children's Legal Services (CLS). Staffings with CLS must be held in order to determine that the level of evidence for the court proceeding is adequate and that all court requirements are addressed.

a. CLS will staff all cases where a child welfare professional is seeking court action or is seeking assistance to prepare for a court hearing.

b. A supervisor is required to attend a staffing if the child welfare professional has not achieved certification.

c. Staffings will be face-to-face or another venue based on local procedures.

d. Unless there are emergency circumstances, the child welfare professional must complete a FFA-I, FFA-O, or Progress Update prior to the CLS staffing.

e. All participants in the staffing are responsible for a thorough and complete discussion. At a minimum, the following will be discussed:

(1) The persons interviewed and other information gathered, including case and criminal history to:

(a) Identify significant caregivers.

(b) Identify danger threats.

(2) The current maltreatment incident in question or reason for failure of an in-home safety plan.

(3) The criteria that supports the present danger determination or the impending danger threshold criteria.

(4) The safety analysis for impending danger including:

(a) Whether each of the criteria for an in-home safety plan is met.

(b) Reasonable efforts to keep the child in the household.

f. Participants in the staffing should reach consensus as to the next steps necessary for court action including whether additional information needs to be gathered and by whom to strengthen the assessment of family conditions.

g. The attorney will be responsible for drafting and preparing the legal documents necessary for presenting the case in court.

h. The child welfare professional must be prepared for and available to testify at the hearing.

i. The attorney will document in a court pleading or in a legal staffing decision form, the legal analysis and conclusion reached at the staffing, including material facts behind a conclusion.

j. When a dispute arises that participants cannot resolve at a CLS staffing, the issues must be escalated to the next of level supervision until resolution is achieved. Participants will follow any local procedures established for resolution of disputes. The Regional Director for Children's Legal Services and the Regional Managing Director for the department must serve as the final arbiters for disputes when necessary.

k. A staffing with CLS, the child welfare professional responsible and the supervisor must be conducted when shelter of a child is denied by the court to determine:

(1) The best options to develop and implement an in-home safety plan.

(2) Whether additional information should be gathered to improve an understanding of danger threats, when they are operating, and the analysis of caregiver protective capacities.

1-9. Scope and Dependability of Safety Plans. The child welfare professional creating, monitoring, or modifying the safety plan will determine that:

a. The safety plan controls the behavior, emotion, or condition that results in the child being unsafe.

b. The effect of a safety plan is immediate, and/or continues to protect the child every day.

c. The safety plan describes each specific action necessary to keep the child(ren) safe, including:

(1) The person responsible for each specific action;

(2) Resources or people who will help with each action;

(3) The frequency of the action, including times and days of the week; and,

(4) The person responsible for monitoring that each action is occurring as planned.

d. The safety plan may be exclusively an in-home plan, an out-of- home plan, or a combination of both.

e. The safety plan will not include promissory commitments by the parent/legal guardian who is currently not able to protect the child. Examples of inappropriate safety plan actions include, but are not limited to:

(1) Mom will not spank.

(2) Parents will remain sober.

(3) Mom will file an injunction and will not let the batterer back in the home.

(4) Dad will not use drugs.

f. The child welfare professional will develop separate safety plans with the perpetrator of domestic violence and the parent/legal guardian who is a survivor of domestic violence in accordance with Chapter 4 of this operating procedure.

1-10. FSFN Documentation.

a. The child welfare professional will document reasonable efforts to prevent a child's removal from their parent(s)/legal guardian(s) as follows:

(1) When there is a determination of present danger, the Present Danger Assessment will document the initial reasonable efforts made to prevent the child(ren)'s removal. Initial reasonable efforts will be included in the narrative assessment provided in Section II of the Present Danger Assessment.

(2) When there is a determination of impending danger, the reasonable efforts made to prevent the child(ren)'s removal or continue an out-of-home safety plan will be based on thorough analysis of the five Safety Analysis criteria and documented in the Safety Analysis section of the FFA-Investigation, FFA-Ongoing or Progress Update.

b. The child welfare professional must use FSFN to document all Safety Plans.

(1) All actions to keep the child safe must be listed within the safety plan.

(2) In cases involving intimate partner violence, procedures in Chapter 4 must be followed.

Chapter 2

DEVELOP PRESENT DANGER SAFETY PLAN

2-1. Definition of Present Danger Plan. A present danger safety plan is a written agreement that describes short-term safety actions that will control the present danger to a child while allowing time for information collection and analysis. When an investigator or case manager encounters a child in present danger, he/she must implement a present danger plan or modify an existing safety plan with the changes going into effect immediately. See CFOP 170-1, Chapter 2, paragraph 2-2, for the definition of Present Danger.

2-2. During an Investigation.

a. The investigator will complete a present danger assessment per requirements in CFOP 170-5, Chapter 13.

b. Given the lack of validated (i.e., corroborated) information when present danger is identified, the investigator will create a present danger plan with the family that directly manages the identified threat and is intended for short-term use only (i.e., until the FFA-Investigation can be completed and a safety determination is made).

c. A supervisor must approve the continuation of a present danger plan that needs to be in effect for longer than 14 days at the 14th day and thereafter, every 7 days.

d. The child welfare professional will only include individuals as a safety services management provider in a present danger safety plan that have been:

(1) Approved as an informal safety plan provider.

(2) Approved as a family-made arrangement.

(3) Are employed by an agency that has an agreement or contract with the CBC Lead Agency to provide safety management services.

e. The investigator will provide a signed copy of the present danger plan to the parent(s)/legal guardian(s) or caregiver responsible for the child prior to leaving the home.

f. The investigator must obtain signatures from any informal safety management providers in the plan.

g. The investigator will upload a copy of the plan with all required signatures to the child's record in FSFN.

2-3. During On-going Case Management.

a. If a case manager suspects a child to be in present danger, they must take immediate actions to determine the need for safety plan modifications.

b. During on-going services, present danger may result from a number of circumstances including, but not limited to, the following:

(1) A safety plan provider is unable to show-up at the child's home as scheduled and there is no other provider immediately available.

(2) There is an unforeseen and significant change in family circumstances or dynamics.

c. If the case manager learns new information that indicates a child is in present danger and the case manager is not at the child's home when the information is learned, the case manager will take immediate actions to assess whether the child is in present danger and will modify the safety plan accordingly.

d. When the case manager determines a child is in present danger while at the home, the case manager will not leave the home until safety plan modifications are in place. A case manager will request the assistance of an investigator when a child needs to be sheltered. If the safety of the child and/or case manager is threatened by remaining in the home, the case manager may temporarily remove the child to a safer location until law enforcement or an investigator arrives on the scene.

e. If modifications to an existing in-home safety plan will not be sufficient to manage a newly identified present danger threat, the case manager will take the next least intrusive actions necessary to provide for child safety.

f. The case manager will make a report to the Hotline when the case manager suspects that there are new incidents of harm as defined in CFOP 170-4, Child Maltreatment Index. An insufficient safety plan or safety management provider do not in-and-of-themselves constitute a new incident of harm.

g. The case manager will provide a signed copy of a modified safety plan to the parent(s)/legal guardian(s) and all safety management providers in the plan. Chapter 4 of this operating procedure describes the requirements for sharing copies of separate safety plans developed for the survivor and perpetrator.

h. The case manager will document a Present Danger Assessment when they have evaluated a present danger threat and made a determination that there is not a suspected incident of maltreatment, within two business days of the their evaluation.

2-4. Supervisor Consultation and Approval.

a. Supervisors are required to complete their review of a present danger safety plan as soon as possible but no later than two business days after the plan's development or modification. A Supervisor Consultation will be provided and documented to affirm each of the following:

(1) The child welfare professional has clearly described in the Present Danger Assessment the child, caregiver(s) and home condition(s) observed during the initial contact with the family.

(2) The child welfare professional identified present danger and described the danger in the Present Danger Assessment and Safety Plan documents to be immediate, significant, and clearly observable.

(3) The present danger plan is effective in managing the present danger threat.

(4) For all present danger safety plans in which the child either remains in the home or a family arrangement is used:

(a) A 2nd Tier consultation must occur as outlined in CFOP 170-5, Chapter 27.

(b) Case manager supervisors are required to consult with a manager, manager designee, or consultative team.

b. When the investigator has identified Present Danger, the supervisor will complete weekly "follow up" consultations for the following actions:

(1) Review the effectiveness of the present danger safety plan.

(2) Determine whether the investigator is managing the safety plan adequately.

(3) Review whether the investigator is demonstrating due diligence in gathering sufficient information to inform completion of the family functioning assessment.

c. The supervisor will conduct weekly consultations until the family functioning assessment and subsequent determination of child safety is complete.

2-5. FSFN Documentation.

a. A copy of the new or modified safety plan must be attached to the FSFN Safety Plan Page within two business days of its creation. Requirements for the documentation of two safety plans in cases involving intimate partner violence are provided in Chapter 4 of this operating procedure.

b. The child welfare professional must document the Present Danger Assessment Page in FSFN within two business days of the completed assessment.

c. The supervisor will document all consultations around present danger in FSFN within two business days of the consultation.

d. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) "Supervisor Consultation – How Do I Guide."

(2) "Safety Plan User Guide."

Chapter 3

DEVELOP IMPENDING DANGER SAFETY PLAN

3-1. Definition of Impending Danger Plan. An Impending Danger Plan is a plan to control and manage the specific caregiver behaviors, emotions and/or other family dynamics at the times they occur in order to protect the child. The Impending Danger Plan must protect an unsafe child from the danger threat(s) using the least intrusive safety management options possible, while the family receives interventions and treatment to enhance protective capacities through a case plan.

3-2. Required In-Home Safety Analysis.

a. Sufficient information must be gathered and assessed in order to:

(1) Describe the six information domains for each caregiver responsible.

(2) Identify the existence of danger threats.

(3) Identify specific protective capacities that are lacking.

(4) Complete a Safety Analysis.

b. Before a child welfare professional establishes a safety plan in response to impending danger, he/she will complete the Safety Analysis criteria in order to determine the feasibility of an in-home safety plan given household conditions and dynamics.

c. Five standardized criteria must be met in order to establish an in-home safety plan. These criteria are not applied at the time of developing a present danger plan unless there is already sufficient information known about the family to develop or update the information domains. The criteria are:

(1) The parent(s)/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

(2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

(3) Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

(4) An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the need for results of scheduled professional evaluations.

(5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan.

d. The completed Safety Analysis must provide sufficient information to support the analysis of each of the five criteria. Refer to Appendix A of this operating procedure for a more in-depth discussion of Safety Analysis criteria and examples that demonstrate when the family behaviors or conditions for an in-home safety plan are present or not.

3-3. Safety Management Conference. In response to creating or making substantial modifications to an impending danger plan, the child welfare professional responsible will conduct a Safety Management Conference with the parent(s)/legal guardian(s), members of the family's resource network, and other safety service providers.

a. Use of a family team meeting is one method for conducting a safety management conference.

b. When the dynamics of intimate partner violence are present, the child welfare professional must conduct separate Safety Management Conferences in order to develop the two safety plans per requirements in Chapter 4 of this operating procedure. The perpetrator must not attend the safety management conference to develop the Confidential Safety Plan with the survivor. Information shared by the survivor in the meeting to develop the Confidential Safety Plan must not be shared with the perpetrator.

(1) The person responsible for facilitating the safety management conference must have received training about power and control in abusive relationships.

(2) The child welfare responsible for planning a Safety Management Conference must consider meeting logistics to support the safety of participants and facilitators.

(3) An advocate employed by a certified domestic violence center should be present at the conference if the adult victim of domestic violence agrees.

c. Participants at the Safety Management Conference will review and discuss the following:

(1) Current family dynamics and conditions relative to criteria for an in-home safety plan or Conditions for Return.

(2) Whether each of the specific components of the safety plan are working dependably including the visitation plan, whether they are the least restrictive action given current family dynamics, and what modifications are needed.

(3) Options for plan actions or modifications needed, eliciting family resources and solutions.

(4) Safety management actions including the visitation plan with the child's parent(s)/legal guardian(s) and siblings when the child or a parent/legal guardian is not in the home.

d. The child welfare professional will utilize caution in domestic violence cases when sharing information with the perpetrator of domestic violence and/or considering input from the domestic violence perpetrator, especially regarding decisions about return of the child to the home.

e. After the Safety Management Conference, the child welfare professional responsible will follow up with CLS when necessary to seek court approval of modifications when a safety plan is part of a court order.

3-4. Related Safety Plan Responsibilities.

a. The investigator will develop an Impending Danger Plan in collaboration with the family during a Safety Management Conference.

(1) As appropriate, the plan may incorporate some or all of the components of the Present Danger Plan into the Impending Danger Safety Plan.

(2) Any out-of-home safety plan involving a relative/non-relative caregiver must include an approved relative/non-relative home study per Chapters 65C-11 and 65C-12, F.A.C., and a court order to shelter the child.

b. The child welfare professional responsible will review with all safety management providers and the parent(s)/legal guardian(s):

(1) Expectations for continued parent(s)/legal guardian(s) involvement and responsibility.

(2) Any protective actions that the parent(s)/legal guardian(s) may still fulfill.

c. The child welfare professional will communicate with all safety service providers to explain how they will monitor the plan and what actions to take if a provider believes there is a need for plan modifications.

d. A safety plan will remain in effect as long as a case remains open with case plan goal of "strengthen and maintain" or "reunification" and parent(s)/legal guardian(s) do not have the protective capacity necessary to protect the child from identified danger threats.

(c) 3-5. Supervisor Consultations and Approval.

a. The supervisor will hold follow-up consultations as soon as possible but no later than two business days after the establishment or modification of an impending danger safety plan.

b. Through follow-up case consultation, the supervisor is required to affirm that the safety plan is reasonable and adequate based on the following:

(1) The Safety Analysis must clearly describe how each of the specific conditions for an in-home safety plan is present or not.

(2) The investigator or case manager is able to describe how impending danger manifests in the home.

(3) The child welfare professional is providing the least intrusive actions including reasonable efforts and documenting them in the Safety Analysis Summary in the FFA.

(4) The parent(s)/legal guardian(s) were involved in the analysis and planning.

(5) It is clear how the safety plan will control and manage impending danger.

(6) The safety plan is logical and justifies how the child will be protected.

(7) If the plan involves relocation or placement of the child out of the home, the Conditions for Return are appropriate and clearly delineated.

c. When Impending Danger has been identified through completion of the Family Functioning Assessment-Investigation, the supervisor will complete weekly "follow-up" consultations until the case is transferred to case management. The supervisor must determine that the investigator is demonstrating due diligence in preparing the case for transfer to case management. The weekly consultations will review the sufficiency of the Impending Danger Safety Plan and determine that the investigator is managing the plan adequately.

(d) 3-6. FSFN Documentation.

a. The child welfare professional and his/her supervisor are responsible for ensuring that the safety plan in FSFN is the current, active, and signed version of the safety plan. The child welfare professional will upload a new or any updated Impending Danger Safety Plan to the FSFN Safety Plan Page within two business days of its creation or modification.

b. The child welfare professional will terminate the present danger safety plan in FSFN when he/she is creating an impending danger plan or when a child has been determined to be safe.

c. The following FSFN resources are located on the Center for Child Welfare FSFN "How Do I Guide" page:

(1) "Supervisor Consultation – How Do I Guide."

(2) "Safety Plan – How Do I Guide."

Chapter 4

SAFETY PLANS WHEN THERE IS INTIMATE PARTNER VIOLENCE

4-1. Purpose. This chapter provides guidance on creating safety plans in cases involving intimate partner violence, defined in CFOP 170-4, Maltreatment Index. The child welfare professional must create two safety plans per s. 39.301(9)(a)6a, F.S. The purpose of two plans is to ensure that the perpetrator does not have access to information about safety actions that must remain confidential.

Note: A survivor may be receiving help from a Certified Domestic Violence Center or support from a domestic violence advocate. All conversations a survivor has with a domestic violence advocate are privileged and confidential per s. 90.5036(2), F.S., unless the survivor has signed an authorization for release of information. A safety plan that a survivor develops with a domestic violence advocate is different from a confidential Child Safety Plan. Such planning is outside the scope and responsibilities of the child welfare professional.

4-2. Child Safety Planning with Confidential Safety Actions.

a. The child welfare professional will:

(1) Obtain consultation from a co-located domestic violence advocate at Central and South Care Centers.

(2) Develop safety actions to achieve safety during child visitation. Actions must include the child's transport to and from visits.

(3) Create safety actions that are the responsibility of persons other than the parent/legal guardian or child.

(4) Develop the safety plan with the survivor first whenever possible.

b. The child welfare professional will work with the survivor to:

(1) Develop safety actions for child safety during the time that the child is with the survivor.

(2) Identify which safety actions must remain confidential from the perpetrator.

(3) Discuss safety concerns prior to developing safety actions with the perpetrator.

(4) Discuss any safety concerns regarding proposed safety service providers before including them in the plan.

(5) Identify safety service providers who can be depended on to maintain confidentiality of identified actions from the perpetrator.

(6) Discuss the safety actions developed with the perpetrator. Determine if the survivor has concerns that must be addressed. This discussion must occur without the perpetrator present.

c. The child welfare professional will work with the perpetrator to:

(1) Develop safety actions to achieve child safety during the time that the child is with the perpetrator.

(2) Develop safety actions necessary to protect the child from other perpetrator dynamics, such as the withholding of financial support and inappropriate communications.

d. When a perpetrator refuses to participate in the development of a safety plan, the child welfare professional must create more intrusive safety action measures.

e. The child welfare professional will create a copy of the "Safety Plan for Survivor Only" in FSFN. This plan includes both the confidential safety actions and the safety actions associated with the perpetrator.

(1) The FSFN-generated copy of the survivor's safety plan will contain the following statement at the top: "This safety plan contains highly sensitive information and may only be released to the survivor of intimate partner violence and under no circumstances can be released to the perpetrator of intimate partner violence."

(2) The child welfare professional will determine which safety management providers will be asked to sign the plan.

(3) Under no circumstances should the child welfare professional ask the perpetrator to sign the "Safety Plan for Survivor Only."

(4) After signatures are obtained, the survivor must be provided with a copy of the plan if the survivor feels that it is safe to keep this document in her/his possession.

(5) The child welfare professional must not share any information in the plan with the domestic violence perpetrator.

f. The child welfare professional will provide the perpetrator with a copy of the "Child Safety Plan" that includes only those safety actions that are not confidential. The child welfare professional will obtain signatures from the perpetrator and safety management providers.

g. When law enforcement has had recent contact with the perpetrator or is conducting a current criminal investigation, the investigator will provide a copy of the "Child Safety Plan" and the Chapter 39 Injunction (if applicable) to law enforcement.

h. The investigator will work with criminal justice partners to communicate the perpetrator's no contact order provisions and pre-trial release conditions, ensure that the perpetrator adheres to them, and will report any violations to law enforcement and probation/parole as appropriate.

4-3. Injunctions.

a. To protect the non-offending parent/legal guardian and their children from further perpetrator-focused victim blaming and potentially, often lethal, acts of violence, child welfare professionals can seek issuance of an injunction under s. 39.504, F.S. An injunction is a valuable safety action that child welfare professionals should routinely consider to help provide protection for the survivor and children in cases involving domestic violence. However, as there is no guarantee that a perpetrator will adhere to the terms of an injunction, an injunction should never be the sole or primary safety action in a plan.

b. When the perpetrator of domestic violence is not the parent or legal custodian of the child, the investigator must seek issuance of an injunction authorized by s. 39.504, F.S., to implement a safety plan with the perpetrator and impose any other conditions to protect the child. The investigator may also seek issuance of an injunction when the perpetrator is the parent/legal guardian or legal custodian of the child.

c. A case manager may also seek issuance an injunction under s. 39.504, F.S.

d. The child welfare professional responsible for the safety plan will work proactively with law enforcement to determine whether they are involved to the fullest extent possible in supporting safety plan development and provisions including actions to hold the perpetrator accountable for adhering to requirements in an injunction.

e. The primary child welfare professional will document actions to monitor an injunction in the Child Safety Plan.

f. The survivor of domestic violence may seek an injunction in accordance with s. 741.30(1)(a), F.S.; however, a child welfare professional must never require a survivor to file an injunction.

4-4. Supervisor Consultation. Supervisors must provide follow-up consultations for present danger plans as outlined in Chapter 2 of this operating procedure and impending danger plans as outlined in Chapter 3 of this operating procedure. The focus of consultation in cases involving intimate partner violence should be on understanding the perpetrator's behavior(s) and the extent to which they are predictable or able to be controlled by the presence of a safety management provider.

a. Through case consultation, the supervisor is able to assess the ability of the child welfare professional to describe the following:

(1) The perpetrator's pattern of coercive control.

(2) Actions taken by the perpetrator to harm the child.

(3) The full spectrum of the survivor's efforts to promote the safety and well-being of the child and actions by the perpetrator that have interfered with the survivor's efforts.

(4) The adverse impact of the perpetrator's behavior on the child.

(5) The role of substance abuse, mental health, culture and other socio-economic factors.

b. Through case consultation, the supervisor must confirm that the child welfare professional has:

(1) Attempted to consult with the local co-located domestic violence advocate.

(2) Engaged the survivor and perpetrator separately to develop safety actions.

(3) Collaborated with the survivor to identify actions that must not be shared with the perpetrator.

(4) Assessed the appropriateness of each informal safety service provider.

(5) Included actions to monitor compliance with any injunction pursuant to s. 39.504, F.S.

(6) If the survivor is filing an injunction pursuant to s. 741.28, F.S., it was based solely on the survivor's decision. It is not listed as a safety action.

c. Through case consultation, the supervisor will determine that:

(1) The safety management actions are the least intrusive and most appropriate.

(2) It is clear how the safety plans will control and manage impending danger.

(3) The safety management actions for visits are appropriate.

4-5. FSFN Documentation.

a. The child welfare professional will enter all Child Safety Plan information on the FSFN Safety Plan Page.

b. The child welfare professional will use the check box provided "Do Not Share with Perpetrator of Domestic Violence" to identify each safety action that must be kept confidential.

c. The child welfare professional will print copies of the "Safety Plan" and "Safety Plan for Survivor Only" to obtain signatures.

d. After signatures are obtained, the child welfare professional will attach both plans to the FSFN Safety Plan page.

e. As other persons involved in the case may have security levels that allow them access to the file cabinet, the child welfare professional will remind other team members that the information in the Safety Plan for Survivor Only, by law, is to remain confidential from the perpetrator.

Chapter 5

SAFETY PLAN INVOLVING RELEASE OF A CHILD WITH NON-MALTREATING PARENT/LEGAL GUARDIAN

5-1. Purpose. When an out of home safety plan is necessary, first consideration must be with the parent/legal guardian who was not responsible for the conditions that led to the child being unsafe. The department still maintains responsibility to determine whether such person is a responsible adult who will be able to care for and protect the child. The Other Parent Home Assessment (OPHA) will provide the formal assessment and documentation as to whether the child should or should not be released to the parent. The OPHA will also help determine whether there should be any concurrent case plan goals or outcomes with the non-maltreating parent and family time expectations.

5-2. When Other Parent Home Assessment Is Required.

a. In cases involving the removal of a child from a parent/legal guardian, the child welfare professional must complete the OPHA prior to a child's release. If the child welfare professional determines that the other parent is unable to care for their child due to a possible maltreatment, a report must be made to the Hotline.

b. The CPI must gather as much information as possible from the child's removal parent before making an emergency placement with the other parent.

c. The CPI will gather the additional information needed to complete and document the OPHA after the child has been placed. The child welfare professional will complete the OPHA on the other, non-maltreating parent any time an out of home safety plan is initiated with the parent/legal guardian responsible for the conditions that led to the child being unsafe

d. When the name of the child's parent or the location of the parent is not known, diligent efforts to identify and/or locate the parent must be initiated by the investigator and continued by the case manager after case transfer.

e. When the other parent/legal guardian is not in the same jurisdiction covered by the child welfare professional, an Out of County Services Request for the OPHA will be completed. The child welfare professional responsible for the diligent search must provide the out of county services worker assigned with information as to the need for the OPHA, any special needs of the child that must be addressed, and any other desired expectations and outcomes of the OPHA.

f. If there are concerns about releasing a child to a parent/legal guardian in another state, the placement must be approved through the Interstate Compact on the Placement of Children (ICPC) per CFOP 175-54. This will also ensure that supervision is provided by the receiving state.

g. Completion of the OPHA is not required when placement or visitation would be detrimental to the child due to the following reasons:

(1) Parent/legal guardian is incarcerated and the period of he/she is expected to be incarcerated constitutes a significant portion of the child's minority years.

(2) Parent/legal guardian has had verified findings of sexual abuse or has been found guilty of any of the serious crimes listed in s. 39.0139, F.S.

(3) In either of these cases, the child welfare professional must request a CLS staffing to determine if there is already sufficient information to support that visitation or placement would be detrimental to the child (a presumption of detriment per s. 39.0139(3), F.S.).

Chapter 6

SAFETY PLAN INVOLVING A FAMILY-MADE ARRANGEMENT

6-1. Purpose. A family-made arrangement is a safety action initiated by the parent(s)/legal guardian(s) in response to present or impending danger. This safety action is a separation of the child and parent(s)/legal guardian voluntarily and temporarily to a responsible adult of his/her choosing to provide daily care and supervision of the child(ren). The parent(s) retain full legal responsibility including decision-making authority and access to the children.

a. There are three circumstances in which a family made arrangement may be used as a safety action:

(1) If it is in place at the time the child welfare professional arrives at the home;

(2) If it is in the process of occurring at the time that the child welfare professional arrives at the home; or,

(3) If it is in response to open-ended questioning by the child welfare professional of how to provide for the safety of the child(ren) while gathering more information.

b. A child welfare professional must evaluate whether the family-made arrangement is sufficient to manage the danger threat. It is not a family-made arrangement if at any time the child welfare professional directs the parent/caregiver as to what the arrangement should be or if the child welfare professional directs that access by the parent/caregiver is to be restricted.

6-2. Requirements.

a. The child welfare professional must seek a Supervisor Consultation for approval after completion of the assessment required in paragraph 6-3 of this operating procedure.

b. When a relative/non-relative is willing and able to assume the role of a short-term safety management provider in an out-of-home safety plan, the following requirements must be met:

(1) The safety management provider must be approved per paragraph 6-3 of this operating procedure.

(2) The danger threat can be managed without restricting the parent(s)/legal guardian(s)' contact with the child(ren) and the parent/legal guardian, and the safety management provider is willing and able to coordinate the parent/legal guardian's contact and access to the child(ren). The agreement that the parent/legal guardian and the safety management provider will be responsible for and will coordinate all contact in the safety plan will be documented in FSFN by the child welfare professional.

(a) The parent(s)/legal guardian(s) and the safety management provider agree that the arrangement will be for a period of time until one of the options in paragraph 6-5 of this operating procedure is achieved.

(b) The parent(s)/legal guardian(s) will maintain all of their legal responsibilities and rights including, but not limited to, enrolling the child(ren) in school, making and attending medical appointments, etc.

c. A family-made arrangement may not be used under the following circumstances and a Multidisciplinary Team or Legal Staffing will be pursued for the purpose of discussing other potential safety plan options when any of the following conditions exist.

(1) The parent(s)/legal guardian(s) are unable, unwilling or in denial of the need for the child(ren)'s temporary safety using a family-made arrangement.

(2) The child welfare professional, based on any current information or prior history about the family, believes that that the restriction of parent(s)/legal guardian(s) access is required in order to effectively manage the safety of the child(ren). Restriction of parent(s)' access includes any requirement that visits must be supervised.

6-3. Assessment Process.

a. The child welfare professional will conduct an interview of the safety management provider to affirm their ability to care for and protect the child(ren). See Appendix B of this operating procedure, "Safety Management Provider Can and Will Protect the Child," for specific examples. The family arranged caregivers must demonstrate that they:

(1) Understand and believe the danger threat(s) exist.

(2) Are aligned with protecting the child(ren).

(3) Understand and support the safety plan.

(4) Are able and willing to care for and protect the child(ren).

(5) Are willing to work with parents to arrange contact.

(6) Agree to child abuse and background checks for all household members age 12 and older, and provide information as to what records checks will reveal.

(7) Agree to provide open access to agency staff responsible for monitoring.

(8) Will allow the child welfare professional access to the home in which the child(ren) will reside. The child welfare professional shall conduct a walk through to assess the safety and accommodations for the child(ren), including sleeping arrangements for the child(ren) and other household members.

b. Immediately following the interview, the child welfare professional will initiate a Florida Sexual Offenders and Predators registration check along with a local background check on all household members over the age of 12 using the locally established protocol and gather information necessary to affirm the appropriateness and viability of the parent or legal guardian's safety management provider, which includes:

(1) Complete a walk-through of the home.

(2) Review FSFN child abuse history on all household members. If history is present, document if it was disclosed by the safety management provider or household member and if history should or should not preclude their current ability to care for the child(ren).

(3) Analyze the results of the background checks to determine the relevance to the safety management provider's ability to care for and/or protect the child(ren),

including considerations of major life circumstances that have changed along with sufficient resources to care for the child(ren).

c. Once the assessment of the family-made arrangement has been completed, the child welfare professional must complete an out-of-home safety plan that includes the safety management provider and details as to how and when the child welfare professional will monitor the plan.

d. The child welfare professional responsible for the safety plan must seek court action if any of the requirements for approval of the family-made arrangement are no longer met.

6-4. On-Going Assessment of Sufficiency of a Family-Made Arrangement. At the completion of the FFA-Ongoing, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If no progress has been made, the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

6-5. Closing Cases with a Family-Made Arrangement.

a. An investigation or ongoing case management case involving a safety plan with a family-made arrangement cannot be closed until one of the following has occurred:

(1) The child(ren) are able to safely reside in their own home;

(2) A non-maltreating parent has sought and gained custody of the child; or,

(3) A relative or non-relative has achieved temporary custody pursuant to Chapter 751, Florida Statutes.

b. If none of these options has occurred and the family is not making progress toward permanency, the child welfare professional must seek more intrusive safety actions through judicial intervention.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for final approval of the family-made arrangement. The supervisor will conduct a Supervisor Consultation to affirm that the caregivers in a family-made arrangement are reasonable and adequate. The supervisor will affirm that:

a. An appropriate family-made arrangement was in place prior to the child welfare professional's arrival or the parent(s)/legal guardian(s) initiated the use of the family-made arrangement and identified appropriate caregivers subsequent to the child welfare professional's non-directive, open-ended questions regarding issues around child safety.

b. It is clear how the family arranged caregivers will control and manage the danger threat(s).

c. Appropriate interviews, background checks, and assessment of caregivers have been completed.

d. The caregivers have agreed to be a part of the safety plan and understand their role.

e. A child welfare professional at a level higher than the supervisor must review the circumstances and agree that the family-made arrangement is appropriate.

(1) Investigations supervisors will request a 2nd Tier Consultation.

(2) Case management supervisors will consult with a program manager or his/her designee.

6-7. FSFN Documentation.

a. All interviews conducted to gather information for a family-made arrangement will be documented in FSFN case notes within two business days.

b. The assessment of the family-made arrangement must be documented in FSFN case notes. The family-made arrangement will be reflected as a safety action in the safety plan.

c. The family arranged caregivers will be made case participants with complete contact and address information.

d. If the case is being transferred to ongoing case management services, a living arrangement in FSFN will be entered.

e. The supervisor will document the Supervisor Consultation.

Chapter 7

APPROVAL OF INFORMAL PROVIDERS IN SAFETY PLANS

7-1. Purpose. An "Informal Provider" is a responsible adult identified by a parent/legal guardian who agrees to provide safety management services as specified in a safety plan.

a. The child welfare professional creating or modifying the safety plan will determine that any safety plan provider is responsible, capable, and dependable to implement their role in the safety plan, including agreeing to child abuse and criminal history checks.

b. When a safety plan is necessary in response to present or impending danger, the child welfare professional will ask the parent/legal guardian, when available, if there are parents, family members, friends or neighbors who might be willing and able to provide any of the safety services needed.

c. The child welfare professional will determine that the parent(s)/legal guardian(s) are willing for the following to occur:

(1) Full disclosure to informal safety plan provider of family dynamics and conditions resulting in danger threat to the child.

(2) An agency interview with informal safety plan provider and a background check.

7-2. Interview with Informal Provider.

a. The child welfare professional will conduct an interview with the informal safety plan provider to determine if they meet all of the following criteria. See Appendix B of this operating procedure, "Safety Management Provider Can and Will Protect the Child," for specific examples.

b. The providers must demonstrate that they:

(1) Understand and believe the danger threats.

(2) Are aligned with the child's need for protection.

(3) Understand the protective actions they are being asked to provide.

(4) Are willing, able and have the time to provide the protective actions requested.

(5) Agree to child abuse and local/state criminal background checks and provide information as to what a records check will reveal.

(6) Agree to communicate openly and frequently with agency staff responsible for monitoring.

(7) Agree to work as a team member with other safety plan providers involved.

7-3. Background Screening.

a. After the child welfare professional has conducted an interview to determine if the informal safety plan provider is appropriate, the child welfare professional will conduct background screening to

include child abuse history, a Florida Sexual Offenders and Predators registration check and local criminal history check.

b. The child welfare professional will determine whether the results of any of the background checks reveal information that may indicate a need for further information gathering and assessment. Additional information should be obtained from the individual and others who know him/her to assess whether the behaviors or circumstances that contributed to background results are still active and/or present in ways that would compromise the person's ability to provide dependable or suitable to care and/or protection for the child.

c. Informal safety plan providers will be involved in the development of the safety plan and must be provided with a copy of the safety plan.

7-4. Supervisor Consultation. As part of the Supervisor Consultation conducted to approve a safety plan, the supervisor must determine that:

a. It is clear how the informal safety plan providers will control and manage the danger threat(s).

b. Appropriate interviews, background checks and assessment of providers have been completed.

(e) 7-5. FSFN Documentation.

a. The child welfare professional will document all interviews conducted to gather information for approval of an informal safety management provider in FSFN case notes.

b. The child welfare professional will document the approved informal safety plan provider as a "Family Support Network" member, including their phone contact information on the "Professional / Family Support Network contacts" tab on the "Maintain Case" page. This information must also be recorded in the participants tab under "Family Support Network" on the FFA-Ongoing and Progress Update.

c. Any informal providers responsible for actions in a safety plan will sign the plan.

d. A copy of the safety plan with all signatures must be uploaded to FSFN within two business days of its creation or modification.

Chapter 8

SAFETY MANAGEMENT SERVICES

8-1. Purpose. Safety management services manage or control the condition(s) that make a child unsafe. The child welfare professional responsible for the case is responsible for overall management and monitoring of the plan. Providers of safety management services are responsible for specific safety actions in a safety plan. A safety management service manages caregiver behavior and/or emotions or replaces caregiver responsibilities when caregivers are not able to protect or care for their children.

8-2. Safety Management Service Categories and Types.

a. The child welfare professional is responsible for:

(1) Knowing which category and type of safety management service is necessary to manage the danger.

(2) Explaining to a safety management service provider the specific family conditions and circumstances that the service will manage and ensuring that the provider's actions on the safety plan will sufficiently manage the danger.

b. All of the following are different categories and types of safety management services. They may be used alone or in combination. The provider may be from the family's resource network or a formal agency. There may be local variation in the availability of formal safety management services.

(1) **Behavioral Management Category.** This category is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety. The following are safety management service types associated with the behavioral management category.

(a) Supervision and monitoring is the most common safety service in safety intervention. It is concerned with supervising caregiver behavior, children's conditions, the home setting, and the implementation of specific activities in an in-home safety plan.

(b) Stress Reduction. In-home safety service provider (relative, friend, or formal provider) comes to the home to engage in activities that relieve family stress or funds are provided for immediate, concrete needs. The in-home presence also allows for continuous monitoring of family conditions and dynamics.

(c) Behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. This safety management service attempts to:

1. Limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan.

2. Influence caregiver behavior to encourage acceptance and participation in the in-home safety plan and to assure effective implementation of the in-home safety plan.

(2) **Crisis Management Category.** The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis is an acute matter to be addressed so that present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out. Crisis management is specifically concerned with intervening to:

(a) De-escalate and halt a crisis.

(b) Mobilize problem solving.

(c) Control present danger or impending danger.

(d) Reinforce caregiver participation in the in-home safety plan.

(e) Reinforce other safety management provider/resource's participation in the in-home safety plan.

(f) Avoid disruption of the in-home safety plan.

(3) **Social Connection Category.** Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others). Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection (see Behavior Management – Supervision and Monitoring, paragraph 8-2b(1)(a) of this operating procedure). The following are safety management services associated with the social connections category:

(a) Friendly Visiting. Friendly visiting is directed at reducing isolation and connecting caregivers to social support. Friendly visiting can include professional and non-professional safety management providers/resources or support network. The child welfare professional will direct and coach any person responsible for friendly visiting in terms of:

1. The purpose of the safety management service.

2. How to set expectations with the family.

Basic Parenting Assistance. Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills. Basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety management service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, this is related to children with special needs (e.g., infant, disabled child) and the caregivers are in some way

(b) Incapacitated or Unmotivated. Someone brought into the in-home safety plan becomes a significant social connection to help the caregiver(s) with challenges they have in basic parenting behavior, which is fundamental to the children remaining in the home.

(c) Supervision and Monitoring as Social Connection. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide social connection for the caregiver.

(d) Social Networking. In this safety management service, the child welfare professional is a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that the child welfare professional introduces into the caregiver's life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.

(4) **Resource Support Category.** Resource support refers to the safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and safety management services that constitute resource support include such things as the following.

(a) Resource acquisition related specifically to a lack of something that affects child safety.

(b) Transportation services particularly in reference to an issue associated with a safety threat.

(c) Financial/Income/Employment assistance aimed at increasing monetary resources related to child safety issues.

(d) Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child's safety.

(e) General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child's safety.

(f) Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

(g) Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.

(5) **Separation Safety Category.** Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include supervision *and monitoring* function. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods. Separation may involve any period from one hour to a weekend to several days in a row. Separation may involve professional and non-professionals and

can involve anything from babysitting to temporary out-of-home family-made arrangements to care for the child or combinations. Separation services include:

(a) Planned absence of caregivers from the home.

(b) Respite care.

(c) Day care that occurs periodically or daily for short periods or all day.

(d) After school care.

(e) Planned activities for the children that take them out of the home for designated periods.

(f) Any arrangements to care for the child out of the home; short-term, weekends, several days, or a few weeks.

Chapter 9

ESTABLISH CONDITIONS FOR RETURN

9-1. Purpose. Conditions for Return are definitive written statements that must be developed when there is an out-of-home safety plan in response to impending danger. The Conditions for Return describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances, or conditions of each family.

9-2. When Conditions for Return Are Required.

a. The "Conditions for Return" will be established by the child welfare professional responsible whenever an out-of-home safety plan is necessary in response to Impending Danger.

b. The "Child Safety Analysis Summary" of the FFA-Investigations, FFA-Ongoing, or Progress Update will provide a clear, up-to-date summary as to why the family's current circumstances do or do not meet criteria for an in-home safety plan as outlined in Chapter 3 of this operating procedure, Develop Impending Danger Safety Plan.

c. The child welfare professional will develop the Conditions for Return based on which of the five criteria for an in-home plan the family does not currently meet. Conditions for Return describe what unmet criteria will look like for this family when the criteria are met. Refer to Appendix C to this operating procedure, "Conditions for Return," for specific examples of behaviors and conditions associated with each of the criteria for an in-home safety plan and for examples that reflect when a family meets and does not meet each of the five criteria.

d. The criteria for Conditions for Return are as follows:

(1) Whether or not the parent(s)/legal guardian(s) were willing for an in-home safety plan to be developed and demonstrated that they would cooperate with all identified safety service providers.

(a) If parent(s)/legal guardian(s) were not willing, what would need to happen in order for them to become willing?

(b) If parent(s)/legal guardian(s) could not demonstrate that they would cooperate with providers, what would they need to do to demonstrate that commitment?

(2) Whether or not the home environment was calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

(a) If the home environment was not calm and consistent enough, what exactly would need to be different in order for safety service providers to be in the home safely based upon what is making the home environment unpredictable?

(b) What behavior needs to change and how does it have to change for the environment to be calm and consistent?

(3) Whether safety services (formal or informal) were available at a sufficient level and to the degree necessary in order to manage the way in which impending danger manifests in the home.

(a) What specific safety services need to become available?

(b) If there are services that will be provided by the family resource network, what needs to happen?

(4) If a professional evaluation is needed, what needs to be learned from the evaluation in order to develop an in-home safety plan?

(5) If the parent(s)/legal guardian(s) do not have a physical location in which to implement a plan, what needs to happen in order to have a location?

e. If a child has been sheltered, after the FFA-Investigation, the In-Home Safety Analysis is completed and the Conditions for Return should become part of the court order, making it the official record and expectation that gives guidance to intervention, decisions, and subsequent court involvement concerning return of the child.

9-3. Supervisor Consultation and Approval.

a. Through case consultation, the supervisor is able to affirm that the completed FFA-Investigation, FFA-Ongoing or Progress Update demonstrates that:

(1) The child welfare professional has gathered sufficient information and is clearly able to describe how each of the five in-home criteria are met or not met.

(2) The Conditions for Return are specific given the unique family conditions.

(3) The parent(s)/legal guardian(s) were involved in the safety analysis and transition planning.

b. The proposed in-home safety plan is well-defined as to:

(1) The danger threat(s) addressed.

(2) How it addresses the child and family's specific routines and the times that the danger threat is known to manifest.

(3) Utilization of informal safety management providers, if any, who have been appropriately interviewed and screened.

(4) Utilization of safety service providers, as needed, that are appropriate and available.

(5) Transition planning and support for the child, parent(s)/legal guardian(s) and other caregivers when less frequent or less intrusive safety services are appropriate.

(f) 9-4. FSFN Documentation.

a. The investigator will use the FFA-Investigation to document the Safety Analysis Summary and Conditions for Return.

b. The case manager will use the FFA-Ongoing and the Progress Update to document the on-going assessment of Conditions for Return, any modifications to the Conditions for Return and efforts by the family to achieve the Conditions for Return.

c. If the case does not involve the use of new practice model assessment tools, case note documentation and the most recent Family Assessment will reflect the reasons why the criteria for the establishment of an in-home safety plan are not met.

Chapter 10

ESTABLISH FAMILY TIME/VISITATION PLAN

10-1. Purpose. Children who must be seperated from parent(s)/legal guardian(s) and siblings should be provided with family time unless there is a court order restricting or preventing visitation. Family time includes visitation and other forms of contact between children and parents, siblings who are separated, and grandparents. "Family time" is meaningful and regular contact which is intended to allow the parent(s)/legal guardian(s) the opportunity to see how their children are doing, gain confidence, demonstrate protective capacities and practice what they are learning. Family time also allows children the opportunity to be with parents and other family members they care about. Family time includes opportunities for the parent(s)/legal guardian(s) to:

a. Attend any type of school, sporting, or extracurricular activity.

b. Attend (in person or by phone) a doctor's appointment, medication management, therapy sessions (such as family, speech, vocational, or physical), or special needs training (such as nebulizers).

c. Participate in monitored telephone calls, face-time, skyping, e-mails, letters, exchange of photographs, etc.

10-2. Safety During Visitation.

a. The visitation plan is developed and documented as one or more actions in a safety plan. In cases involving domestic violence, visitation involving a parent/legal guardian who is a survivor should be part of the Confidential Child Safety Plan.

b. The visitation plan should provide for child safety. The visitation plan will be based on the assessment of danger threat(s) and how they might manifest during caregiver visits with the child.

c. Any family member who is selected to supervise visits must be approved as an informal safety plan provider. The child welfare professional responsible for the safety plan must explain the danger threats that resulted in the need for a safety plan to any person responsible for supervision of visits.

d. When the case involves the dynamics of domestic violence, the survivor must be involved in providing feedback about the visitation plan as to:

(1) How the transfer of the children to the perpetrator should occur.

(2) Concerns as to dynamics that may occur during visitation.

(3) Input as to who should supervise the child(ren)'s visits (family members, a neutral person, others).

10-3. Court Orders.

a. Visitation between the child and the child's parent(s)/legal guardian(s) and siblings will occur in accordance with court orders.

b. If at any time during visiation the safety of the child is compromised, visitation will be immediately suspended for up to 72 hours and the department or case manager will contact CLS to request a staffing to determine next steps.

c. Minimally, monthly visitation between the child and parent(s)/legal guardian(s) will be recommended to the court consistent with the case goal unless it is deemed not feasible or not in the best interest of one or more of the children concerned. If monthly visitation between the child and parent(s)/legal guardian(s) is not recommended to the court, the court will be advised of the reasons for the recommendation.

(1) When there is a recommendation of no visitation or less than monthly visitation because it is not in the best interest of the child, the court will be provided documentation of the reason. This documentation will also be recorded in the case record.

(2) If the court does not order particular locations, times, or conditions for visits, the child welfare professional will make concerted efforts to arrange all visits between children and parent(s)/legal guardian(s) in a setting that is not traumatizing to the child. To the extent possible, visitation will occur in a home-like setting and not in an institutional setting or office. However, the safety of the children being visited will always be the primary consideration.

(3) Visitation between a child in out-of-home care and the child's parent(s)/legal guardian(s) may be arranged and supervised by the caregiver if the court approves. If the caregiver is unwilling or unable to assume this responsibility, visitation between the child in out-of-home care and that child's parent(s)/legal guardian(s) will be arranged and supervised by a safety services provider, formal or informal, approved in accordance with Chapter 7 of this operating procedure.

10-4. Observations of Visits.

a. Visits will be supervised and observed when necessary for child safety as supported by the Safety Analysis.

b. Supervision of court-supervised cases must be in accordance with the court order.

c. If the child welfare professional is not directly responsible for supervising visits, he/she must communicate with any person supervising visits so that they are familiar with both the strengths and challenges associated with the parent/legal guardian's diminished protective capacities. In addition, the child welfare professional will:

(1) Discuss with the person(s) responsible for supervision what should be observed during visits for purposes of evaluating progress with diminished protective capacities.

(2) Gather direct feedback from the person supervising visits to inform the ongoing evaluation of protective capacities, in particular any protective capacities associated with Conditions for Return.

10-5. FSFN Documentation. The visit occurrence, activities and interractions observed between the child and parent(s)/legal guardian(s) and/or sibling(s) during the visit will be documented in the FSFN Case Plan worksheet within two business days of the visit.

Chapter 11

MANAGE SAFETY PLANS

11-1. Purpose. Safety management is the active monitoring of a safety plan to determine it is working effectively to protect the child(ren) from identified danger threats. Safety management activities are non-negotiable regardless of the type of safety plan. The primary child welfare professional responsible for the case will continuously monitor and assess the family's condition and dynamics to inform on-going safety planning and plan modification. Safety management includes the timely modification of any plan when more intrusive, or less intrusive, actions are possible due to changes in family dynamics or conditions.

11-2. Child, Parent/Legal Guardian and Caregiver Contact Requirements.

a. The primary child welfare professional responsible for the case will continuously assess the family's condition and dynamics in order to determine that the safety plan is dependable, sufficient and reflects the least intrusive actions necessary to protect the child.

b. When a child is in an out-of-home safety plan in a different jurisdiction, the child welfare professional with primary responsibility is responsible for communicating with the secondary worker involved to learn how the child and caregiver are doing, determine if there are actions needed and to share information about parent(s)/legal guardian(s) progress in meeting Conditions for Return.

c. The safety plan will be monitored by the child welfare professional responsible based on the following minimum contact requirements unless the safety plan for the family requires more frequent contact. All child contacts will include observations and private discussion with the child as to the child's safety in their home or placement and the child's well-being.

d. When a child is with a parent/legal guardian in a certified domestic violence shelter or a residential treatment program, the child welfare professional will coordinate any required contacts with program staff and contacts may occur outside of the facility.

e. If a child is on runaway status or his or her whereabouts are unknown, the child welfare professional shall meet the requirements of Rule 65C-30.019, F.A.C.

f. Initial face-to-face contacts with the child and caregiver willl occur at least once every seven (7) days as follows:

(1) For all in-home safety plans, face-to-face contacts every seven days with the child and caregiver will be conducted for the first 30 days from the time the initial safety plan was established.

(2) For all out-of-home plans, face-to-face contacts with the child and caregiver will be conducted as long as the child in an out-of-home plan remains in shelter status.

g. After case transfer, the case manager will:

(1) Provide initial face-to-face contact with child(ren) within two working days of case transfer or the date of court supervision, whichever is earlier (Rule 65C-30.007(1)(b), F.A.C.).

(2) Within five business days after the case is transferred from investigations or another case manager, confirm that the ongoing safety plan is sufficient.

(3) Modify the frequency of face-to-face contact while the child is in shelter status only after the case manager's supervisor documents in FSFN that all of the following conditions have been met:

(a) The child is in the care of a relative, non-relative, or a licensed foster parent and is not demonstrating any behaviors that may lead to a placement disruption.

(b) The child has not experienced any placement changes and the case has been open to case management for more than 30 days.

(c) The child's needs have been assessed and all therapeutic services needed are being provided.

(d) The child, if developmentally appropriate, and the out-of-home caregiver are in agreement with the modification to the frequency of contact with the case manager.

(4) Provide face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. If the child lives in a county other than the county of jurisdiction, this shall be accomplished as provided in Rule 65C-30.018, F.A.C.

(5) Make an unannounced visit to the child's current place of residence at least every 90 days, or more frequently if warranted based on the safety plan.

(6) Maintain regular face-to-face contact a minimum of every 30 days with the parent(s)/legal guardian(s) and caregiver of any child unless parental rights have been terminated or the court rules otherwise. If the parent(s)/legal guardian(s) or caregiver lives in a county other than the county of jurisdiction, this shall be accomplished as provided by Rule 65C-30.018, F.A.C. During these contacts, the case manager shall discuss with parent(s)/legal guardian(s) or caregiver the safety plan, the case plan progress and the child's progress in terms of health, and well-being.

11-3. Communication with Safety Service Providers.

a. The investigator with primary responsibility will conduct contacts with all safety service providers every 7 days.

b. The case manager with primary responsibility will monitor through contacts with all safety service providers no less than every 30 days and as frequently as is necessary to manage the effectiveness and dependability of the safety plan.

c. The child welfare professional responsible for the safety plan will also gather information from other persons who see the child on a consistent basis to discuss how the child appears to be doing and whether there are any safety concerns.

d. The child welfare professional's monitoring activities regarding a safety plan will include the following activities:

(1) Verify that all safety service providers know the name and contact information for child welfare professional responsible for managing the plan.

(2) Confirm with safety service providers what actions they are providing.

(3) Assess whether there have been any changes in parent/legal guardian conditions, attitude, ability or willingness to support the current in-home plan.

(4) Determine whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.

(5) Determine whether the condition of the child is satisfactory and that the plan is working dependably to protect the child.

(6) Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.

(7) Assess and assist the parent(s)/legal guardian(s) with Conditions for Return to achieve reunification.

(8) Assess whether any critical junctures are anticipated that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

11-4. Modifications to Safety Plans.

a. The child welfare professional will exercise due diligence to modify safety plans in response to changing family dynamics, including when the Conditions for Return are achieved.

b. Circumstances Requiring Modifications of a Safety Plan. The child welfare professional will create a new safety plan when any of the following changes occur:

(1) A new danger threat has been identified.

(2) Danger threats have been eliminated.

(3) Parent(s)/legal guardian(s) meet the Conditions for Return.

(4) There are changes in family dynamics or conditions which change the types and or level of safety services needed, including but not limited to:

(a) A new child is born or comes into the home.

(b) A parent/legal guardian returns to the home.

(c) The parent/legal guardian becomes involved in a new intimate partner relationship.

(d) There are significant changes to household composition.

(e) There are changes in the availability of a physical location in which the safety plan can be implemented.

(f) The safety plan needs to become an out-of-home plan.

c. Actions Required. The primary child welfare professional will take the following actions to create a new safety plan:

(1) Take protective actions immediately in order to keep the child from being harmed prior to leaving the home when present danger is evident per requirements in paragraph 1-6 of this operating procedure.

(2) To the extent possible the child welfare professional, the parent(s)/legal guardian(s), and any providers involved in the formulation of the original safety plan will collaborate to revise the safety plan.

(a) Adhere to special considerations in cases involving the dynamics of domestic violence as specified in Chapter 4 of this operating procedure.

(b) Review and discuss current family dynamics and conditions relative to criteria for an in-home safety plan or Conditions for Return.

(c) Review each specific component of the safety plan and whether any modifications are necessary.

(d) Identify options for plan modifications needed, eliciting family resources and solutions.

(e) Agree on modifications.

(f) Follow up with CLS when a safety plan is part of the court order.

(3) Identify whether there are ways to manage the identified danger threat with the child in the home and, if yes, contact persons or providers who can participate in providing safety services in an ongoing safety plan.

(4) Consult with his/her supervisor if assistance is needed in developing a sufficient ongoing safety plan.

Section 1.02 11-5. Supervisor Consultation and Approval.

a. The supervisor will review the circumstances surrounding any attempted contacts with a child or parent/legal guardian that are required and establish any expectations as to further efforts to complete the visit.

b. A supervisor consultation is required as follows:

(1) To the extent practical, a telephonic consultation should occur between the supervisor and the investigator or case manager when either one encounters present danger in the field and is implementing a present danger plan or otherwise modifying an existing safety plan.

(2) When a case manager in the field encounters a new danger threat or other change in family dynamics that requires a safety plan modification prior to leaving the home.

(3) When a safety plan is modified based on a change in one of the five criteria for an in-home safety plan in paragraph 3-2 of this operating procedure.

c. The case consultation will include the following actions:

(1) Determine if the case manager is clearly able to describe and document how Impending Danger is manifesting in the home.

(2) Determine that the plan is the least intrusive and most appropriate.

(3) Determine if the parent(s)/legal guardian(s) were involved in the ongoing assessment.

(4) Assess how the Safety Plan is controlling and managing the identified danger threats while services are delivered.

Section 1.03 11-6. FSFN/Documentation.

a. Within two business days of any safety plan monitoring activity, the primary child welfare professional will document in contact notes any assessment information requested or gathered, or action related to the assessment of safety plan sufficiency. The primary worker will use the FSFN Case Note page to:

(1) Document which case participants the note pertains to as well as required activities associated with a single contact.

(2) Document required face-to-face contacts including reasons not seen as well as any telephone contacts.

b. The primary child welfare professional will document modifications to any existing Safety Plan by terminating the current Safety Plan in FSFN and creating a new version. As information from the prior safety plan will pre-populate when a new safety plan is created, the date needs to be changed to capture the date of the modification as well as the changes to the plan being made. This will allow for a complete history of the safety plans. A significant safety plan modification which requires the creation of a new safety plan in FSFN includes the following:

(1) One or more new safety management services are being added to the plan.

(2) There is a substantial change in the level of intrusiveness of the plan (e.g., afterschool supervision decreases from 5 days a week to one day).

(3) There is a change in informal safety management providers.

c. When a new safety plan is created, the child welfare professional will upload the signed version of the updated plan into FSFN using the Safety Plan page within two business days of the plan's creation.

d. The case manager will formally document an updated safety analysis when completing the FFA-Ongoing and any Progress Updates.

e. The supervisor or case manager will record supervisor case consultations about safety plans within two business days using Case Note functionality in FSFN.

Chapter 12

IMPLEMENT REUNIFICATION AND POST-PLACEMENT SUPERVISION

12-1. Purpose. The reunification decision evaluates the extent to which the circumstances and behavior identified in the Conditions for Return can now be met and if safety of the child(ren) can currently be managed using an in-home safety plan. Reasonable efforts require that any child with an out-of-home safety plan should be reunified as promptly as is possible and appropriate. Reunification is active as of the date the child returns to the home with an in-home safety plan.

12-2. Due Diligence to Achieve Reunification.

a. The case manager will clearly communicate and discuss the Conditions for Return to everyone involved in the case including the parent(s)/legal guardian(s), the court, attorneys, guardian ad litem, Tribe(s), etc., through regular court reports, case plan reviews, discussions, and other forms of communication.

b. The case manager is responsible for a constant and intense level of effort to achieve reunification through the following activities:

(1) Assist the family with meeting the Conditions for Return.

(2) Support the frequency and quality of family time that provides the parent(s)/legal guardian(s) with opportunities to demonstrate progress toward enhancing protective capacities

(3) Know when the Conditions for Return have been met.

(4) Take actions to achieve reunification with development of an appropriate in-home safety plan.

c. The case manager should proceed with reunification planning when the following criteria for an in-home safety plan have been met:

(1) The parent(s)/legal guardian(s) are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

(2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

(3) Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

(4) An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

(5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan and an assessment of the location and household members has been completed by the investigator, or the case manager has confirmed that the location provides a safe and reasonable setting. The location may be any of the following:

(a) A location that the parent(s)/legal guardian(s) own or are renting.

(b) The home of a family member or friend.

(c) A certified domestic violence center or treatment center that will allow the child(ren) to be reunified and will support an in-home safety plan.

d. Updated Florida and local criminal history checks have been completed, including required fingerprint submission.

e. A Progress Update has been completed and contains documentation of criteria in paragraphs 12-2c(1)-(5) of this operating procedure.

f. A Supervisor Consultation has occurred.

12-3. Planning Conference Associated with Reunification.

a. Planning will occur at a safety planning conference with the parent(s)/legal guardian(s), treatment providers, foster parents and any safety plan providers. If a treatment provider is unable to attend in person or by other means, their input will be gathered prior to the conference. A family team meeting may be used for the purposes of planning reunification.

b. The following issues will be addressed:

(1) Review of the Progress Update to discuss the updated protective capacity assessment and safety analysis.

(2) Development of the in-home safety plan.

(3) Determination as to whether the child in care has any behaviors that pose a threat to self or others that need to be addressed.

(4) Determination as to what other actions and supports are necessary to transition the child to their parent(s)/legal guardian(s) care.

(5) Identification of supports and/or services necessary to assure a timely, smooth, and successful adjustment for the child and family after the transition occurs.

12-4. Implementation of Reunification.

a. The case manager will determine that based on the in-home safety plan developed at the reunification planning conference:

(1) Safety services are available and accessible at the level of effort required to assure safety in the home.

(2) Safety service providers are committed to participating in the in-home safety plan.

(3) The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage safety threats.

(4) The child, the caregivers, other family members and any treatment providers are prepared for reunification.

b. If a case is court supervised, the case manager will conduct a staffing with CLS to prepare an appropriate pleading to the court for reunification.

c. The case manager must implement the child's transition and reunification as ordered by the court. Action should begin to transition and reunify based upon the order of the court (verbal or written).

12-5. Post-Placement Supervision.

a. Within five business days after the child is reunified, the case manager and supervisor will confirm that the ongoing safety plan is sufficient.

b. Post placement supervision in court-supervised cases will be provided for no less than six (6) months.

c. The case manager will actively monitor and modify the in-home safety plan in accordance with paragraphs 11-2 and 11-3 of this operating procedure.

d. The case manager will continue to assess the parent(s)/legal guardian(s) progress in achieving change in accordance with CFOP 170-9, Chapter 6, Evaluating Family Progress.

e. The case manager should terminate a safety plan in accordance with Chapter 13 of this operating procedure when it is no longer necessary.

Section 1.04 *12-6. Supervisor Consultation and Approval.*

a. The supervisor is responsible for case consultation focused on the family's progress to meet Conditions for Return.

b. Prior to reunification, the case management supervisor has conducted a consultation with a program manager or their designee and they concur that a reunification should occur.

c. The supervisor should consider the case manager's need for consultation in the following areas:

(1) The case manager's consistent monitoring and assessment of family progress in meeting the Conditions for Return. Is the child welfare professional focusing on behavioral change by caregivers, or compliance?

(2) Is the case manager providing reasonable methods of supporting the parent(s)/legal guardian(s) ability to achieve Conditions for Return?

(3) If there are differences of opinion regarding the parent(s)/legal guardian(s) level of progress, does the child welfare professional attempt to reconcile those differences?

(4) Is the child welfare professional open to considering a lack of progress based on system issues, such as:

(a) A safety plan that is inadequately designed?

(b) Service providers whose services are not adequate for the interventions needed?

(5) Is the child welfare professional assessing the behaviors and conditions that relate to the central issues of the danger threats and gaps in protective capacities?

(6) Is there a thoughtful distinction between all the central problems being resolved and enough of a change in caregiver conditions or capacities that an in-home safety plan can be implemented?

(7) Does the evaluation carried out by the child welfare professional reflect critical thinking and teamwork?

Section 1.05 12-7. FSFN Documentation.

a. The child welfare professional or supervisor will record supervisory case consultations for reunification using the supervisory case consultation functionality in FSFN.

b. The case manager will use the Progress Update and Judicial Review in FSFN to update the safety analysis and document the evaluation of family progress.

c. The child's placement and removal episode will be end-dated and the child's current living arrangement documented in FSFN when the child returns to the parent(s)/legal guardian(s) home.

d. The new in-home Safety Plan signed by all parties will be uploaded into FSFN to the Safety Plan page prior to the child's date of reunification.

Chapter 13

DISCONTINUE A SAFETY PLAN

13-1. Purpose. To provide standardized criteria used for the discontinuation of an agency-managed safety plan for families receiving case management supervision. Standardized criteria guard against safety plans being left in place when less intrusive actions are appropriate and, conversely, safeguard against a plan being terminated prematurely when the child remains unsafe.

13-2. Actions To Discontinue a Safety Plan.

a. A safety plan should be discontinued and a case should be closed when a determination has been made that the child is now safe based upon the following:

(1) The child's parent(s)/legal guardian(s) have substantially achieved all of the outcomes in the case plan pertaining to improved caregiver protective capacities and a safety plan is no longer necessary.

(2) A Progress Update has been completed that provides sufficient information and analysis that caregiver's protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).

(3) The child's parent(s)/legal guardian(s) have not achieved outcomes in a case plan, the relative/non-relative caregiver has a demonstrated history of protecting the child from the danger threats associated with the parent(s)/legal guardian(s) and either of the following have occurred:

(a) A relative or non-relative has obtained Temporary Custody pursuant to Chapter 751, F.S.

(b) The child has achieved a permanency goal under s. 39.621, F.S., pursuant to dependency court proceedings.

b. In cases involving court supervision, there must be a Progress Update that provides the following:

(1) Include the basis for requesting discontinuation.

(2) Indicate the involvement of the parent(s), legal custodian, or legal guardian and the child, if appropriate, in making the decision about discontinuation.

(3) Verification of successful change in identified behaviors and enhanced protective capacities including written input and comments from service providers about the proposed termination of services/supervision.

c. In cases where other agencies or persons, such as the guardian ad litem or citizen review panels, are involved with the family, these agencies or individuals must be provided with written notification when supervision is to be terminated or such recommendation is to be made to the court. This written notification must be documented in the case record.

13-3. Discontinuing a Safety Plan for Children Placed Out-of-State.

a. Discontinuation of a safety plan in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the following:

(1) The prior written concurrence of the receiving state Compact office before any action to terminate can be accomplished.

(2) Such other state's written concurrence must be placed in the case record upon receipt and a copy attached to the appropriate report to the court.

(3) An approved Progress Update.

b. The unit supervisor will not approve a judicial case for closure until the court terminates supervision and a copy of the termination order is in the case record.

13-4. Discontinuing a Safety Plan for Family Unable to Locate.

a. When the case manager has been unable to locate the family using all available sources of information, a Progress Update is prepared which documents all efforts made to locate the family.

b. A written order from the court releasing the Department from further supervision must be received prior to terminating court-ordered supervision/services.

13-5. Family with Unsafe Child(ren) Refuses to Participate in Safety and Case Planning.

a. A Supervisor Case Consultation must be conducted when a family is no longer willing to support a safety plan or to participate in a case plan. The purpose of the consultation is to help the case manager remain objective and analytical about case dynamics. The focus should be on the case manager's perceptions and behaviors, and role as a helper to facilitate family change.

(1) Help the case manager assess their level of engagement and potential ways to strengthen their efforts. The following issues should be discussed:

(a) Level of case manager's understanding and empathy with caregivers.

(b) Strategies to deal with resistance including coaching on interpersonal techniques. If the caregiver was openly hostile or rebellious, how did the case manager lower their authority and support self-determination?

(c) If the caregiver is apathetic and passively resistant to intervention, how did the case manager attempt to empower the caregiver?

(2) Help the case manager assess the current case plan for achieving change and potential ways to strengthen it. The following issues should be discussed:

(a) Is there agreement with the family as to child needs? Is there agreement with the caregiver as to what must change in order to meet the child's needs? If not, how could the child welfare professional revisit that discussion?

(b) Are case plan outcomes individualized and written using the caregiver's language? Are outcomes described in enough detail to provide benchmarks for change? Are the

outcomes sequenced in a way to provide the caregiver with small, reasonable steps towards achieving success?

(c) What specific strategies are being used in the change process for this child and family? What are the suggestions of other team members for improving the change process?

(d) How well are resources matched to the strategies that are intended to meet needs and achieve planned outcomes?

(e) Are services that are being provided to child and family working well? If not, why not?

(f) Are other services necessary to protect the health and safety of the child or, when necessary, protect others from the child?

b. Are there any identified needs for changing service providers? If so, can a timely change be made?

c. A staffing with CLS, the primary child welfare professional responsible and the supervisor must be conducted when any of the following have occurred and the supervisor has conducted one or more consultations with the case manager to remedy the problem:

(1) CLS has determined that there is not legal sufficiency to file a petition.

(2) A petition has been filed and denied by the court.

d. During the staffing, participants will determine the following:

(1) The best options to re-engage the family.

(2) Determine whether there needs to be additional information gathering to improve an understanding of danger threats, when they are operating, and the analysis of caregiver protective capacities.

(3) Strategies and options to develop and implement an in-home safety plan.

13-6. Court Orders Case Closed Involving Unsafe Child.

a. The Supervisor will conduct a case consultation with the case manager to determine the most appropriate means for communication with the caregivers, family members, and team members as to the court's decision.

b. The child welfare professional will record all activities to communicate and implement the court's decision in FSFN.

13-7. Supervisor Consultation and Approval.

a. For discontinuation of a Present Danger Plan, the supervisor will review a completed Family Functioning Assessment-Investigation for sufficient information and analysis that caregiver protective capacities are adequate and danger threats have been eliminated or are being managed by the parent/legal guardian.

b. For discontinuation of a safety plan during on-going services, a Progress Update has been completed that provides sufficient information and analysis that caregiver protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).

13-8. FSFN Documentation.

a. Document the progress made toward alleviating danger by enhancing caregiver protective capacities, which resulted in Department intervention in a Progress Evaluation.

b. Document the Supervisor Consultation and approval.

c. The following FSFN resource is located on the Center for Child Welfare FSFN "How Do I Guide" page: Safety Plan User Guide.

Safety Planning Analysis

Developed by ACTION for Child Protection, Inc. In-Service Training as part of in-service training on "Developing Safety Plans" under DCF Contract # LJ949.

The purpose of this process is to analyze Impending Danger, family functioning, and family and community resources in order to produce a sufficient Safety Plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a mental and interpersonal process between caregivers, a family, a child welfare professional, a supervisor, family supports, and other people resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats and therefore assuring child safety.

There are several essential analysis questions that must be explored in order for investigators or case managers to have heightened confidence in the sufficiency of the Safety Plan. The Safety Plan Analysis questions are as follows:

Question #1:

The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Justification for Use of an In-home Safety Plan:

- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;
- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;
- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;
- Caregiver identifies him/herself as a primary caregiver for a child;
- Caregiver demonstrates an investment in having the child remain in the home;

Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively

- involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;
- Caregivers are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers and are demonstrating progress toward achievement of treatment plan goals.

Justification for Why an In-Home Safety Plan could NOT be Used:

- Caregiver is argumentative and confrontational during discussions regarding the use of a safety plan;
- Caregiver demonstrates signs of fake cooperation;
- Caregiver has failed to cooperate with previous safety plans that resulted in children being unsafe;
- Caregiver pushes back and/or is not accepting when confronted with the realities of what an in-home safety plan would involve;
- Caregiver is openly and assertively hostile regarding the use of an in-home safety plan;
- Caregiver assertively justifies behavior and openly and adamantly rejects the need for a safety plan;
- Caregiver refuses access and/or only interacts minimally with the agency to avoid trouble;
- Caregiver expresses no willingness to do anything for the child;
- Caregiver expresses a desire to hurt the child and does not want the child around;
- Caregiver does not want to care for the child and feels no attachment;
- Caregiver thinks that he or she may or will hurt the child and requests placement.

Question #2:

The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

Calm and consistent refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Justification for Use of an In-Home Safety Plan Related to the Home Environment:

- The home environment circumstances are consistent enough to be amenable to being organized, and can be sufficiently controlled and managed by in-home safety services.
- While a family may experience a crisis from time to time, these do no disrupt in-home safety services and it is reasonable to expect that the in-home safety services can support crisis resolution.

- Overall home environment is consistent and predictable enough to accommodate In-home safety services at the required level (as planned); assure the personal safety of safety service providers; and allow and assure that safety services occur as planned.
- Caregiver or other family member behavior and emotions are not aggravated, erratic, extreme, all consuming and can be sufficiently controlled and managed by in-home safety services.
- Family and individual family member routines, schedules, and daily life support the ability to develop an in-home safety plan targeting specific days and times.
- The family situation is generally predictable from week to week.

- There is a reasonable understanding of how the family operates/manages on a routine basis so that safety services can effectively target and control Impending Danger when and how the Impending Danger occurs.
- The day-to-day dynamics of the home situation and interaction among family members has a reasonable level of reliability.
- There is a reasonable level of reliability that inhabitants, circumstances won't change without reasonable notice.

Justification for Why an In-Home Safety Plan could NOT be Used Because of the Home Environment:

- Chaotic home environment; disruptive; unpredictable; no routine and organization; numbers of people or families in-home creating a lack of stability; or other home environment issues which compromise use of safety service providers;
- Someone resides in the home who is directly threatening to the child;
- Unknown or questionable people (who could be a danger to a child or disrupt the in-home safety plan) have access to the household at any given time;
- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- A child's injury has not been explained at the conclusion of the FFA and there is firm belief that someone in the home or associated with the home had opportunity and something to do with the injury. [A *qualification with respect to unexplained injuries and in-home safety plan is that consideration must be given to whether a protective adult can be available to the child at all times (e.g., caregivers, other children, other family members, others associated with the family.)]*
- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;
- In-home safety services cannot sufficiently target specific days and times when Impending Danger threats may become active, because negative conditions associated with Impending Danger are pervasive with no predictability;
- The interactions among family members are so unpredictable, chaotic and/or dangerous that in-home safety services cannot sufficiently control and manage behaviors on a consistent basis;

- Violence in the household is unchecked and/or fighting among family members/others in the household is pervasive OR totally unpredictable and therefore uncontrollable, and in-home safety services cannot sufficiently control the behavior OR there is a belief that safety service providers would not be safe;
- A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed and attached to its source.

Question #3:

Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

There are two focuses in this question, first being the examination of how an Impending Danger Threat exists and operates within a family and secondly the availability of resources.

Impending Danger: This emphasizes the importance of the *duration of an Impending Danger Threat*. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply

embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be factored in. This means that duration of an Impending Danger Threat should be qualified by how intense it is operating. An Impending Danger Threat that is at onset but highly intense also could be difficult to manage.

The *frequency* of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.

The more *predictable* an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every payday and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can deal with such a person or must separate the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur and perhaps with what intensity. *Unpredictable Impending Danger Threats* suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.

Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the Impending Danger Threat is occurring? This question is related to frequency and predictability, but reduces the judgment about occurrence down to *exact times that are of special concern* when an Impending Danger Threat is active and/or when no protective resource is in the home. A sufficient Safety Plan assures that these special times are fully managed including any inconvenience for off office hours.

Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the *capacity of the caregiver*; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does

provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the Safety Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the *understanding of the manifestation of Impending Danger Threats.*

Safety Management Services are dependent upon the identified impending danger threat. *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Justification for Use of an In-Home Safety Plan:

- Adequate resources are available to consider planning for an in-home safety response;
- Identified safety services that are available match up with how or when Impending Danger is occurring;
- Safety services and corresponding providers are logical given family circumstance and what specifically must be controlled, managed, or substituted for to assure child safety;
- There is confidence that safety service providers are open and understanding of their role for assisting with an in-home safety plan;
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verfied as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

Justification for Why an In-Home Safety Plan could NOT be Used:

- The are no in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the Impending Danger;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage Impending Danger; and/or
- Safety service resources have been identified but have been determined to not be suitable.

Question #4:

An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's

ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the First Safety Planning Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the understanding of the manifestation of Impending Danger Threats.

If indications are that Impending Danger Threats are constantly and totally incapacitating with respect to caregiver functioning, then an Out-of-Home Safety Plan is suggested. This calls for a professional judgment about the extent of the incapacitation.

Justification for Use of an In-Home Safety Plan:

- Caregiver has daily, reasonable intellectual functioning to sufficiently participate in an in-home safety plan;
- Limitations in caregiver's intellectual functioning can be sufficiently compensated for, controlled or managed by necessary in-home safety services;
- Caregivers are emotionally stable enough to sufficiently participate and cooperate with in-home safety services, including being reality oriented, able to generally track conversations and not a danger to self or others;
- Issues associated with out of control caregiver emotional functioning can be sufficienty controlled and managed on a consistent basis by others who can supervise and monitor;
- Limitations in caregiver physical abilities and functioning can be sufficiently compensated for and managed by necessary in-home safety services;
- Caregiver's attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

Justification for Why an In-home Safety Plan could NOT be Used:

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>
- Caregivers' physical limitations coupled with the child's specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>
- A child has exceptional needs which the parents/caregivers cannot or will not meet <u>and requirements to meet the child's needs are not possible within the home setting or through controls that can be established with an in-home safety plan;</u>
- A caregiver's emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they cannot do what is minimally required to support an in-home safety plan <u>and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;</u>

- A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;
- A caregiver's emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;
- Caregivers' own needs are so pre-dominant and pre-imminent to a child's needs that they are completely consuming and void of any recognition or accounting for the child's needs, and in-home safety services would not be sufficient to compensate for the caregivers' behaviors, motivations, and limitations;
- Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

Question # 5:

The parents/legal guardians have a physical location in which to implement an in-home safety plan.

Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live there full time.

Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live there full time, etc.).

Justification for Use of an In-Home Safety Plan:

- Residence has been established for sustained period;
- Caregivers have history of being able to maintain a place to live;
- Caregivers may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult fucntioning issues;
- Caregivers can be counted on to continue residing in current location;
- No indication that caregivers will flee;

- Residence (e.g., home, trailer, apartment, hotel, shelter situation- in specific cases) is sufficient to support the use of an in-home safety plan;
- Co-habitable situation (friends, immediate, or extended family) are acceptable depending on who others are who reside in the home;
- Minimal adequacy of the dwelling in terms of space, conditions, utilities, etc.

Justification for Use of an Out-of-Home Safety Plan:

- No residence;
- No stable residence;
- Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;

- There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
- Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.

Safety Management Provider Can and Will Protect the Child

The following are examples which should support the determination that a caregiver and any other informal or formal safety management provider can and will protect the child against danger threats. These examples reflect behaviors that the primary child welfare professional responsible should expect to observe in any individual being considered for a safety management service or who is being monitored as a provider in a safety plan.

- Caregiver/safety management provider has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.
- Caregiver/safety management provider has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.
- Caregiver/safety management provider can specifically articulate a plan to protect the child, such as the caregiver leaving with the child when a situation escalates, calling the police in the event a restraining order is violated, etc.
- Caregiver/safety management provider believes the child's report of maltreatment and is supportive of the child.
- Caregiver/safety management provider is physically able to intervene to protect the child.
- Caregiver/safety management provider does not have significant individual needs which might affect the safety of the child such as severe depression, lack of impulse control, medical needs, etc.
- Caregiver/safety management provider has asked, demanded, or expects the maltreating adult to leave the household and can assure the separation is maintained effectively.
- Caregiver/safety management provider has adequate resources necessary to meet the child's basic needs.
- Caregiver/safety management provider is capable of understanding the specific threat to the child and the need to protect.
- Caregiver/safety management provider has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.

- Caregiver/safety management provider is cooperating with the caseworker's efforts to provide services and assess the specific needs of the family.
- Caregiver/safety management provider is emotionally able to carry out a plan and/or to intervene to protect the child (caregiver not incapacitated by fear of maltreating person).
- Caregiver/safety management provider displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- Caregiver/safety management provider and child have a strong bond, and the caregiver is clear that the number one priority is the safety and well-being of the child.
- The caregiver/safety management provider consistently expresses belief that the maltreating person is in need of help, and he or she supports the maltreating person getting help. This is the caregiver's point of view without being prompted by the child welfare professional.
- While the caregiver/safety management provider may be having a difficult time believing the other person would maltreat the child, the caregiver describes the child as believable and trustworthy.
- Caregiver/safety management provider does not place responsibility on the child for the problems of the family.

Conditions for Return (CFR)

Developed by ACTION for Child Protection, Inc. In-Service Training as part of in-service training on "Developing Safety Plans" under DCF Contract #LJ949.

If at the conclusion of the Family Functioning Assessment-Investigation, the Safety Planning Analysis results in a decision that an out-of-home safety plan is necessary to sufficiently manage child safety, the next immediate activity involves the supervisor and child welfare professional documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.

The requirements (i.e., conditions that must exist) in order to return children to their caregivers are directly connected to the specific reasons/justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place at the conclusion of the FFA and/or maintained as a part of ongoing safety management.

These "conditions" for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

Question #1:
The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers

do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver's lack of acceptance and willingness to participate in developing an in-home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used.

Examples:

- *Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;*
- *Caregiver [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willing to discuss the need for a safety plan;*
- *Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;*
- *Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;*
- *Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.*

Question #2:
The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
Calm and consistent refers to the environment, it's routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out-of-home safety plan.

Examples:

- *The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;*
- *Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver's [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;*
- *Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in-home safety plan-[describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in-home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;*
- *Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;*

- *Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];*
- *Child [name] no longer expresses fear of the home situation;*
- *Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;*
- *There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];*
- *Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];*
- *Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;*
- *The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];*
- *There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;*
- *There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;*

- *All individuals residing in the home are known to the agency, cooperative and open to intervention;*
- *There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;*
- *There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].*

Question #3:
Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.
Safety Management Services are dependent upon the identified impending danger threat. *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible Conditions for Return related to sufficient resources.

Examples:

- *There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].*

Question #4:
An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.
This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver's capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

Examples:

- *There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;*
- *There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;*

- *There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;*
- *Caregiver [name] emotions/ behaviors are stabilized [describe specifically what stabilized "looks like" for a caregiver] to the extent that in-home safety services are sufficient for effectively managing caregiver [name] behavior;*
- *Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different- e.g., stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;*
- *Caregiver's [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in-home safety plan;*

- *Caregiver's [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in-home safety plan;*
- *Caregiver [name] demonstrates increased emotional stability/ behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;*
- *Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;*
- *Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in-home safety plan;*
- *Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in-home safety plan;*
- *Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in-home safety plan;*
- *Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in-home safety plan;*
- *Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in-home safety plan;*
- *Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in-home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in-home safety plan.*

Question # 5:
The parents/legal guardians have a physical location in which to implement an in-home safety plan.
Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed, and (2) caregivers live there full time. Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live there full time, etc.).

Conditions for Return and Use of an In-Home Safety Plan:
CFR statements associated with a caregiver's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan.

Examples:

- *Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;*

- *Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;*
- *Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];*

- *The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;*
- *Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.*

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

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