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**Strong
FoundationsSM**
Improving Outcomes for Families

Under the Support of
 **Embrace FamiliesSM**



**FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES**
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Acknowledgments

This guide was developed for the child welfare legal community to support the understanding of the reunification process in the state of Florida.

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The content of this guide is a result of a collaboration of dedicated people and agencies that believe in ensuring that children are safely and timely reunified with their families whenever possible.

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I. OVERVIEW

a. Florida's Child Welfare Practice Model

Florida's child welfare practice decision-making model is designed to guide child welfare professionals and system partners in determining when children are safe, unsafe, or at risk of future harm. These determinations are based on information collected through engagement and partnership with the family, the family's network and other professional and community partners. Each determination dictates different responses by the child welfare system.

Families with children that are deemed safe, but have additional needs, or meet the at-risk criteria, may participate in voluntary prevention services. If a child, or children, are deemed unsafe, the family is required to have a case opened for formal case management services. A child is deemed unsafe when the negative family conditions have crossed the threshold of present or impending danger. These families are expected to participate in case planning and safety planning services and to work towards enhancing the caregiver protective capacities that were determined to be diminished during the information collection phase of the investigation.

b. Conditions for Return

Conditions for Return is a written statement, or statements, of the specific conditions, circumstances, or behaviors that must exist within a child's home before a child can safely return and remain in the home with an in-home safety plan while the parents continue to work towards reaching case plan outcomes. Child Welfare Operating Procedure (referred to as CFOP) 170-7 defines Conditions for Return as "definitive written statements that must be developed when there is an out-of-home safety plan in response to impending danger".

Conditions for Return are created in partnership with the family so that the parent has a clear understanding of the conditions that must be present in order for the child to be returned to the home with a safety plan. The conditions outlined in the statement are based on the responses to the five safety analysis questions. Children can be reunified when all five of the safety analysis questions are answered yes.

Integrating this additional path to reunification into the child welfare practice allows for children in out-of-home care to safely return to the home sooner under a safety plan, while their parents continue to work on their case plan and enhancing their diminished caregiver protective capacities.

c. Reunification

Prior to the adoption of Florida's Child Welfare Practice Model, the path to reunification was based on a parent achieving substantial compliance with case plan tasks. These case plan tasks were developed based on the maltreatment that caused the child to be removed from the home. Under §39.01(84) Fla. Stat. (2020), substantial compliance is defined as "the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the

child remaining with, or being returned to, the child's parent". Once a parent reached substantial compliance on their case plan, the child was reunified with the parent.

Florida's current Child Welfare Practice Model allows for a different path to reunification, namely by meeting Conditions for Return. This can also be described as the conditions that need to exist in order for an in-home safety plan to sufficiently manage the danger threats in the home. This option is supported by Florida Statutes as identified in Appendix A and further discussed herein.

II. DEVELOPING THE CONDITIONS FOR RETURN

a. Safety Determination

In response to a submission of an abuse report to the Florida hotline, a Child Protective Investigator (referred to as CPI) is assigned to the case and responsible for determining whether a child is safe in the home. The CPI assesses for the existence of a danger threat and conducts the initial Family Functioning Assessment (FFA). The FFA contains the information that is gathered, analyzed and assessed to determine child safety in the household where the alleged maltreatment occurred. Information is collected regarding the maltreatment and the nature of the maltreatment, child functioning, adult functioning, and parenting.

The initial assessment completed by the CPI includes the identification of any danger threats in the home. Florida's safety practice model includes 11 danger threats. The existence of a danger threat does not automatically mean that the child is deemed unsafe. If a danger threat does exist, it is up to the CPI to determine if the caregiver's protective capacities are sufficient to manage the identified threat(s) to the child. A thorough understanding of how the danger threat is manifesting in the home is essential to understanding if the caregiver is able to protect the child from the threat. The quality of this information will inform not only the safety determination but also the intrusiveness of the safety plan and the necessary actions to keep the child safe if a safety plan is necessary.

The caregiver protective capacities are the personal and caregiver characteristics that specifically and directly can be associated with being protective of one's child. These characteristics are divided into three categories: behavioral, emotional and cognitive. There are 19 caregiver protective capacities for the CPI to assess separately and determine if the capacity is adequate (enhanced) or not adequate (diminished). The assessment and rating of the caregiver protective capacities is based on the overall functioning of the caregiver and not focused entirely on the incident that brought the family to the attention of the Department.

Based on the information collected at the completion of the investigation, the Investigator must make a decision about the caregiver's ability to protect the child from the negative family condition that is present in the home. The decision is made by assessing if the caregiver has the necessary protective capacities to protect the child from the existing danger threat.

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CFOP 170-5 20-3(a) provides guidance on the safety decision:

“The determination of the caregiver’s ability to protect a vulnerable child from a negative family condition determines whether or not impending danger exists in the home with the resultant need for a safety plan to control the danger threat via the provision of safety management services:

- (1) If a negative family condition is identified in the home, but it is determined the parent or legal guardian is effectively controlling the family behavior, condition or situation, effectively keeping the safety threshold from being breached, the child is safe.
- (2) If a negative family condition is identified in the home but it is determined the condition is unrestrained, unpredictable and chaotic, and cannot be controlled by a parent or legal guardian, the resultant impending danger threat is identified and the child is deemed unsafe”.

On all cases involving unsafe children, the CPI completes a safety analysis to determine if an in-home safety plan can be implemented and if the child can remain in the home as more specifically described below.

b. Safety Planning and Analysis

When children are deemed unsafe, a safety plan is required to manage the danger threat. There are five questions referred to as safety analysis questions that guide the decision to create an in-home or out-of-home safety plan. This is pursuant to the Child Welfare Operating Procedures CFOP 170-7 9-2.

If all five of the safety analysis questions **can** be answered yes, then the child can remain in the home with an **in-home safety plan**. If the family meets the criteria for an in-home safety plan, safety plan actions are developed that will keep the child safe while the parent engages in services to enhance their ability to protect the child.

If all of the safety analysis questions **cannot** be answered yes, then the child is removed from the home and placed in the care of an approved caregiver and an **out-of-home safety plan** is created that reflects the actions necessary to protect the child during contact with the parent. Conditions for Return are established at this time to ensure that the children are reunified as soon as they can be safely sent home with their family.

5 Safety Analysis Questions

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. *YES or NO*
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. *YES or NO*
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. *YES or NO*
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. *YES or NO*
5. The parents/legal guardians have a physical location in which to implement an in-home safety plan. *YES or NO*

The five safety analysis questions are as follows:

1. Willing and Cooperative

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.

This refers to the most basic level of agreement to allow a safety plan to be implemented in the home. The parent does not need to agree with the purpose of the safety plan or the allegations, but must display a willingness to cooperate with the actions and the participants involved with the plan developed. This includes allowing the service providers, Case Manager and safety managers into the home during visits and not interfering with their required actions on the plan. This also includes being able to, and willing to, have discussions about the safety plan and safety management in the home. **Parents that are argumentative and hostile towards the safety managers and Case Manager, refuse access, and/or avoid involvement do not meet this criteria.**

2. Calm and Consistent

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 home environment and how predictable and consistent it is from day-to-day. It must be predictable enough to be able to implement a plan and schedule activities or people to come to the home as part of a safety plan. The home environment must also be non-threatening to safety service providers and professionals coming to the home. This means that the parent or other household members do not have erratic, extreme or dangerous behaviors that cannot be controlled by safety management services. There should be consistency to the individuals living in and visiting the home. There should not be unknown individuals who could disrupt the safety plan or place the child in danger living in or visiting the home.

3. Availability of Sufficient Safety Services

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.

In order to effectively answer this question, the Child Protective Investigator must have an understanding of the frequency, duration and predictability of the danger threat. This information dictates the level of involvement needed from safety service providers to sufficiently maintain the safety of the child in the home. Formal and/or informal safety managers must be available, willing and able to manage the danger in the home during all of the times that the parent is unable or unwilling to do so. The more predictable a danger threat is with respect to how it occurs in the home, the easier it is to plan for safety management. When the danger threat is unpredictable, the level of intrusiveness of safety management services is high and, therefore, it is more difficult to identify and schedule a safety manager to be in the home. For extremely

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unpredictable danger threats, it may even require an approved individual to move into the home to manage and ensure safety.

4. Professional Evaluations

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.

This criteria is the most difficult for practitioners to apply. Many families that are involved in the system require evaluations for the purpose of service recommendations and treatment. That is NOT the intention of this criteria. This criteria is about the need for additional information to better understand how the danger threat is manifesting in order to plan for child safety. If the Child Protective Investigator requires the information only a professional can provide related to child or parent behaviors, attitudes and functioning to confidently plan to keep the child safe, the family does not meet this criteria. Examples of individuals who would not meet this criteria include parents who have severe emotional or behavioral issues that are out of control and cannot be managed by the supervision and support of others. A professional evaluation would be required to determine the best course of action to stabilize the parent to allow for an in-home safety plan to be implemented while the parent is receiving treatment.

5. Physical Location

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

A physical location refers to the place where the parent resides full time and is expected to occupy as long as the safety plan is needed. This could include a domestic violence or homeless shelter, substance abuse treatment program, house, apartment, trailer, hotel, or the home of a friend or family member. The residence cannot be transitional or unpredictable, dangerous or structurally hazardous. The residence must be stable and sufficient to support the use of an in-home safety plan.

All 5 criteria must be met in order to implement an in-home safety plan. If one or more of the criteria are not met, the Child Protective Investigator must implement an out-of-home safety plan. An out-of-home safety plan at this juncture (completion of information collection, identifying impending danger and unsafe determination) requires judicial intervention and court ordered placement outside of the home. This is when the Conditions for Return Statement is developed.

c. The Conditions for Return Statement

Conditions for Return are a written statement or statements of the specific conditions, circumstances, or behaviors that must exist within a child's home before a child can safely return or remain in the home with an in-home safety plan while the parents continue to work towards reaching case plan outcomes.

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The development of the CFR statement directly relates to the justification from the safety planning analysis as to why an in-home safety plan was not appropriate. For each safety analysis criteria that is not met, a statement is written about the required circumstances or conditions in the home that would reflect a yes response to the criteria.

The CFR statement will be documented by the CPI in the Child Safety Analysis Summary of the FFA-Investigation. The CPI will provide clear reasoning for an in-home safety plan and what would have to change before the return of the child could be considered.

The CFR statement must be specific, applicable and measurable, as described below.

✓ **Specific:** The CFR must list specific behaviors or conditions that must be exhibited in order for an in-home safety plan to be implemented.

✓ **Applicable:** The CFR statement must address the safety analysis questions that were answered “no” and what would need to happen for them to become a “yes.” It is important that each question is answered properly as each one results in a condition that needs to exist for a child or children to be returned.

✓ **Measurable:** CFR statements must be written in a way that is measurable so it is clear when conditions are met. They must be based on observations that can be articulated and supported.

What questions are answered by the CFR statement?

1. What must be controlled?
2. How can it be controlled?
3. Why can't it be controlled in the home?
4. Can anyone other than the caregiver control it?
5. Can anyone substitute for the caregiver?
6. Can home or family circumstances be adjusted?
7. What are the attitudes, capacities and willingness of the caregiver?



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Example of a Conditions for Return Statement:

In order for Emmanuel Gordon to be returned to the home with an in-home safety plan, the following must be demonstrated:

- Ms. Gordon has a candid discussion with the assigned Child Welfare Professional during which she is able to explain why a safety plan is necessary to keep Emmanuel safe. These discussions involve what safety actions the plan will involve.
- Ms. Gordon demonstrates she is willing to do what is necessary for Emmanuel to return to the home safely, including: full disclosure to safety monitors about her substance abuse, willingness to allow for safety services in the home, and openness to cooperate with whatever level of involvement from safety service providers is required to assure Emmanuel's safety.
- Ms. Gordon's home environment is reasonably consistent on a day to day basis. There is no indication that unknown or threatening people are living in or frequenting the home.
- Ms. Gordon has identified sufficient persons who are reliable, willing and able to provide safety management services to the degree necessary. These persons are aligned with the safety of Emmanuel and fully understand the extent of Ms. Gordon's substance abuse, and have passed all necessary abuse and criminal history checks. These persons have articulated a plan to keep the child safe if the mother is abusing substances, or is under the influence of drugs while caring for Emmanuel, and are capable of following through with the identified actions.
- Ms. Gordon has secured a reliable, sustainable, consistent residence in which to put an in-home safety plan in place. The living situation must appear sustainable. The condition of the residence is suitable and structurally adequate.

d. The Evolution of the Conditions for Return Statement

Once the case is transferred to case management, the Case Manager makes their initial assessment within the first 30 days of case transfer. Following that, the Case Manager will conduct an ongoing assessment at least once every 90 days after the initial assessment and at critical junctures in the case. The ongoing assessment is focused on determining what circumstances need to change and the family's progress towards making the identified changes.

The CFR statement is fluid and will evolve as family situations and dynamics change. CFR can change based on living situations, relationships, behavioral changes and other factors that contribute to the changes in the household conditions. During the ongoing assessments, the Case Manager will re-assess the appropriateness of an in-home safety plan and should update the CFR statement to reflect the changes the family has made since the last assessment based on new responses to the safety analysis questions. Quality assessments require extensive parent engagement and information collection. Information from other sources that are close to the family are necessary to gain a full picture and understanding of the family's current needs and progress. This includes service providers, caregivers and informal supports. When family circumstances change, the CFR must evolve and reflect those changes. The updated CFR statements will be documented in the progress updates.

e. Concerted efforts towards Reunification

To comply with the federal guidelines, Florida requires child welfare professionals to make concerted efforts to achieve reunification.

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CFOP 170-7 12-2 states that the Case Manager is responsible for a constant and intense level of efforts 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 parent(s)/legal guardian(s) with opportunities to demonstrate progress toward enhancing protective capacities.
 - a. Continuing to assess and encourage parents to make progress toward enhancing their protective capacities will move the parents closer to meeting CFR. Often, the intensity level of safety management services is a barrier to meeting the criteria for an in-home safety plan. Many parents do not have a responsible adult that can move into their home full time to monitor the parent and ensure child safety. However, at the opening of the case, this may be the necessary intensity of safety management services needed. Improvements in protective capacity mean the parent is making progress toward managing danger in the home on their own which decreases the frequency and level of monitoring and oversight needed. As the parent makes progress towards enhancing protective capacities, the intensity of safety management services needed for an in-home safety plan will likely decrease.
- 3.) Know when the Conditions for Return have been met.
- 4.) Take actions to achieve reunification with the development of an appropriate in-home safety plan.

Example of when to re-assess the Conditions for Return:

Consider a parent whose method of physical discipline resulted in harm to the child. The parent, child and child's aunt were residing together in an apartment at the time of removal. The Child Protective Investigator determined that the home where the parent was residing was appropriate for an in-home safety plan, the environment was calm and consistent and the case manager did not require an evaluation of the parent to understand the danger to the child. However, the parent was not willing and cooperative and safety services did not exist at the level necessary to implement an in-home safety plan.

Since that time the child's aunt has moved out of the apartment and the parent's friend with substance use issues has moved into the home. The friend has frequent visitors to the home, leaves drug paraphernalia around the common living spaces and law enforcement has been to the home twice over the last month to address noise complaints and physical altercations between the visitors.

This shift in circumstances would require the case manager to re-assess the parent for an in-home safety plan. Based on this scenario, the re-assessment would likely result in additional "no" responses to the safety analysis questions related to the safety of the home environment. Changes in the safety analysis responses necessitates an update to the Conditions for Return. The Conditions for Return needs to be expanded to include the new requirements in order to implement an in-home plan.

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III. ADDRESSING CONDITIONS FOR RETURN AT CRITICAL COURT JUNCTURES.

a. Shelter

Reunification is addressed under §39.402(7) Fla. Stat. (2020) and specifically discusses how the child may return to the home under CFR while the child is in shelter status.

b. Disposition

Conditions for Return are addressed at the Disposition Hearing under §39.521(f) Fla. Stat. (2020).

c. Post-Disposition

Conditions for Return are addressed in all hearings post-disposition under §39.522(2) Fla. Stat. (2020).

IV. WHAT HAPPENS TO SUBSTANTIAL COMPLIANCE?

a. Although there has been a shift in the definition of reunification, substantial compliance remains in Chapter 39. Under §39.01(84) Fla. Stat. (2020), substantial compliance means that the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the child's remaining with, or being returned to, the child's parent.

b. The Court is still required to make a finding of the parent's compliance with the case plan in order to make a determination regarding the reunification of the parent and the child. §39.621(10)(c) Fla. Stat. (2020)

c. There is still a requirement that a finding regarding substantial compliance is made by the Court at the Judicial Review Hearing pursuant to 39.701 Fla. Stat. (2020)

d. Failure to substantially comply with the case plan remains a ground under §39.806(1)(e) Fla. Stat. (2020) for termination of parental rights.

CFR at Shelter

§39.402(7): "If the child has been removed from the home and the reasons for his or her removal have been remedied, the child may be returned to the home. If the court finds that the prevention or reunification efforts of the department will allow the child to remain safely at home, the court shall allow the child to remain in the home."

CFR at Disposition

§39.521(f): If the Court finds that the in-home safety plan prepared or approved by the department will allow the child to remain safely at home, or that conditions for return have been met and an in-home safety plan prepared or approved by the department will allow the child to be safely returned to the home, the court shall allow the child to remain in or return to the home after making a specific finding of fact that the child's safety, well-being, and physical, mental, and emotional health will not be endangered.

CFR at Post-Disposition

§39.522(2): In cases where the issue before the court is whether a child should be reunited with a parent, the court shall review the conditions for return and determine whether the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the department will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

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e. Meeting Conditions for Return allows a child to be returned to the home without the parent reaching substantial compliance as long as the child is safe with an in-home safety plan. Substantial compliance is still required in order for the Department to no longer have protective supervision and for case closure to occur.

V. HEARINGS THAT ADDRESS CONDITIONS FOR RETURN AND THE NECESSARY DOCUMENTATION

a. Shelter Hearings

Documents that must include Conditions for Return statement:

- ✓ Shelter Petition
- ✓ Shelter Order
- ✓ FFA (if one is completed)

b. Arraignment

Documents that must include Conditions for Return statement:

- ✓ Dependency Petition
- ✓ Adjudication Order

c. Disposition Hearings

✓ A written case plan and a family functioning assessment must be approved by the Court. §39.521 (2)(h) requires the FFA to identify the Conditions for Return which would allow the child to be placed safely back into the home with an in-home safety plan and any safety management services necessary to ensure the child's safety.

✓ Court Findings: §39.521(1)(g): If the court places the child in an out-of-home placement, the disposition order must include a written determination that the child cannot safely remain at home with an in-home safety plan and that the removal of the child is necessary to protect the child. If the child is removed before the disposition hearing, the order must include a written determination as to whether, after removal, the department made reasonable effort to reunify the parent and child.

✓ The Court must enter written findings regarding reasonable efforts.

a. Whether an in-home safety plan could have prevented removal.

b. If an in-home safety plan was indicated, a brief written description of what appropriate and available safety management services were initiated.

c. Why further efforts could / could not have prevented or shortened the separation of the parent and child.

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d. Judicial Review Hearings

- ✓ The Judicial Review Social Study Report (JRSSR) should include information about the parent's progress toward achieving Conditions for Return. The most recent progress update should be filed with the JRSSR which contains a recent assessment of the safety analysis questions, barriers to returning the child home with an in-home safety plan and any progress that has been made toward achieving CFR since the last assessment.
- ✓ Court Findings: §39.701(2)(d)2: The Court must make findings as to whether the circumstances that caused the out-of-home placement, and any issues subsequently identified, have been remedied to the extent that returning the child to the home with an in-home safety plan will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

VI. WHEN CONDITIONS FOR RETURN ARE MET

- a. When the conditions have been met to have the child, or children, returned home with an in-home safety plan, the Case Manager will complete a progress update. The update should be completed after receiving input from the GAL, child (if developmentally appropriate), caregivers, parents and attorneys, service providers, and other relevant providers, and must include completion of the safety analysis responses and an explanation of the decision.
- b. CFOP 170-7 12-3 requires completion of a planning conference prior to reunification. The planning conference should include parents, children (if developmentally appropriate), caregivers, Guardian Ad Litem, formal supports and informal supports.

The planning conference for reunification should include the following tasks:

1. *Review the Progress Update* to discuss the updated protective capacity assessment and safety analysis.
2. *Develop* an in-home safety plan.
3. *Determine* if the child in care has any behaviors that pose a threat to self, or others, that need to be addressed.
4. *Determine* what other actions and supports are necessary to transition the child to his or her parent or legal guardian's care.
5. *Identify* supports and/or services necessary to assure a timely, smooth and successful adjustment for the child and family after the transition occurs.

- c. Once the planning conference is completed and a safety plan has been created, the Case Manager will staff the case with CLS to prepare the Motion for Reunification pursuant to CFOP 170-7 12-4(b) which states that "the Case Manager will conduct a staffing with CLS to prepare an appropriate pleading to the court for reunification. The Court is required to review the conditions for return and determine whether the circumstances that caused the out-of-home placement, and issues subsequently identified, have been remedied to the extent that the return of the child to the home with an in-home Safety Plan, prepared or approved by the Department or Community-Based Care Lead Agency (CBC), will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health."

VII. THE ROLE OF SAFETY PLANS

a. Statutory Authority

Under §39.01(75) Fla. Stat. (2020), a safety plan is defined as a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so.

b. Safety Plan Considerations

The safety plan must control or manage the danger threat. There must be an understanding of the frequency, duration and intensity of the danger threat.

1. The frequency of the condition or behavior that is impacting the child's safety.
2. Duration refers to the length of time the behavior or condition is present.
3. Intensity refers to the severity of the condition or behavior.

An example of frequency, duration and intensity. A parent is unable to control their impulses as evidenced by drinking in excess while they are the primary caregiver for a 3 year old child. The Case Manager should be able to articulate the level of impairment, frequency that the parent is drinking in excess, when the parent is most tempted and/or most likely to drink, and how long the child is alone with the caregiver while they are in this state without intervention.

The safety services are available and accessible at the level of effort required to assure safety in the home.

1. Safety Management Services are used to control or manage the condition that results in the child being unsafe. Safety management services can manage the caregiver behavior and/or emotions, or replace caregiver responsibilities when caregivers are not able to care for, or protect, their children. There are five categories of safety management services:

- a. Behavioral Management** applies actions to control caregiver behavior that is a threat to the child's safety.
 - 1. Supervision and Monitoring** focuses on having someone in the home during certain times when the threat is possible. Example: *A safety monitor is in the home at the time when the parent usually drinks.*
 - 2. Stress Reduction** focuses on removing conditions that contribute to the danger. Example: *The family is provided food after food stamps have been cut off.*
 - 3. Behavior Modification** focuses on limiting or controlling behaviors associated with the threat. Example: *The father who has anger issues is removed from the role as disciplinarian.*
- b. Crisis Management** applies to a situation that overwhelms the caregiver's emotions, abilities, resources and problem solving. Examples: *Baker Act; detox; child or parent medical issue or death.*
- c. Social Connection** applies when a danger threat is in association with, or influenced by, a caregiver's feeling of being disconnected. The primary forms of social connection are friendly visiting, basic parenting assistance and social networking. Examples: *Someone coming over to ensure the baby is fed appropriately and on time. Organizing, creating and developing a social network for the caregiver.*
- d. Resource Support** applies when there is a shortage of family resources that threaten child safety. Examples: *Transportation to medical appointments, housing assistance, financial assistance to turn on electricity.*

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e. Separation is concerned with danger threats related to stress, caregiver reactions, childcare responsibility and caregiver/child access. Examples: *Respite, daycare or after-school care.*

c. Safety Plan Supports

Service providers are those committed to participating in an in-home safety plan. These providers can be either informal, or formal supports, or a combination of both.

1. An Informal Support is a responsible adult identified by a parent who agrees to provide safety management services as specified in the safety plan. Examples are family friends or relatives.
 - a. They must understand and believe the danger threats exist.
 - b. They must be aligned with the child's need for protection.
 - c. They must understand the protective actions they are being asked to provide.
 - d. They must be willing, able and have the time to provide protective actions.
 - e. They must submit and pass child abuse and criminal background checks.
 - f. They must agree to communicate openly and frequently with child welfare staff.
 - g. They must work as a team member with other safety plan providers involved.
2. Formal Supports are service providers, child welfare professional and system partners that are responsible for managing or controlling the condition in the home that is making the child unsafe. Examples are Case Managers, GALs, and therapists.
 - a. They are pre-approved and do not require additional background screening and interview to determine appropriateness.
 - b. They must be aware of the family conditions and dynamics that are making the child unsafe.
 - c. The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage safety threats.
 - d. The safety plan must have an immediate effect.
 - e. The safety plan must contain safety actions only.
 - f. There must be no promissory commitments in the safety plan.

d. Safety Plan vs Case Plan

1. The safety plan manages the danger and controls the behavior, emotion or condition that results in a child being unsafe. Alternatively, the case plan impacts behavior change and provides treatment or other services to remedy or change the underlying family condition.
2. The safety plan is fluid and can be easily changed when needed, whereas the case plan can only be changed upon order of the Court based on a preponderance of evidence for the needed change.
3. The safety plan's effect must be immediate and continue to protect the child every day. The case plan is designed to be the most efficient path to a reunification. Both should be the least intrusive and restrictive to meet their goals.

VIII. TRANSITION PLANS

1. Purpose.

A transition plan is a plan developed by the family team focused on supporting the child's transition from one home to another. The purpose of the transition plan is to minimize any additional trauma created by the move. Carefully planned transitions help children build trust and healthy attachments. Transition plans are critical for children returning to the home of the parent. All children require a transition plan regardless of age or time in out of home care.

2. Requirements for Plans.

§409.145 (2) (c) outlines what is required for the transition of a child. The transition plan must be accomplished according to a plan that involves cooperation and sharing information among all people involved, respects a child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home and, if possible, continued contact with the caregiver after the child leaves.

3. The Transition Plan Content

Education/Daycare:

1. Will this transition place the child in a different school attendance zone from the school the child is currently attending?
2. If yes, is it in the child's best interest to remain in the school of origin?
3. In determining whether it is in the best interest of the child to remain in the current school, and/or when schools should be changed, the following factors should be considered:
 - a. The current grade of the child.
 - b. When does the current grading period end?
 - c. Are there any upcoming tests such as finals, FCATs, EOC exams?
 - d. Does the child have an IEP?
 - e. Can transportation be arranged to maintain the current school? If so, for how long?
 - f. Will tutoring be necessary?

Friends/Family:

1. Does the child have family or friends that they will no longer be able to see?
2. Will the child have an opportunity to say goodbye to friends or siblings or foster siblings?
3. Can continued contact with friends, family or prior placement be arranged?
4. Would ongoing contact be healthy and helpful for the child?

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Pets:

1. Children can develop a very profound relationship with pets. Does the child have a pet in the current home?
2. Does the child appear bonded to the pet?
3. Will the child be able to say goodbye to the pet?
4. Would continued contact with the pet, for a short period of time, be helpful for the child to adjust to the new environment?
5. Is the current caregiver willing to facilitate continued contact and help coordinate transportation if necessary?

Health/Medication:

1. Can the child see the same doctor or therapist if the placement is changed?
2. Does the child have his/her medication? Does the child have a current prescription? Is the prescription on file at a pharmacy, and if so which pharmacy?
3. Has the new placement been educated on all health and medical issues? Will any training to care for the medical needs of the child be needed? Has the new placement been advised how to transition insurance coverage, if necessary?
4. Does the child have a therapist? Has a therapist been consulted? What issues does the therapist believe should be considered?

Child's Belongings:

1. How are the child's belongings going to be packed?
2. Is the child old enough to assist with, or do the packing him or herself?
3. Does the placement require items that the child did not need in their prior placement?

Extracurricular Activities:

1. Are there any activities that are important to the child that they are currently participating in?
2. Can the activities continue in the proposed placement?
3. Are there issues with finding another team, club, or similar activity?
4. Can transportation be arranged?
5. Will the cost of the activity be an issue?

Religious/Cultural Practices:

1. Are there any practices that are important to the child that should be observed in the proposed placement?
2. If necessary, can transportation be arranged?
3. Will the cost of the activity be an issue?

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Other Court Hearings:

1. Is the youth involved in any other court proceedings?
2. The transition plan should include the Court case number, next hearing date and type of hearing.
3. The plan should include any obligations or restrictions with which the youth must comply.

Transition Schedule:

1. The transition schedule will outline the timeframe within which the child should change placement.
2. The transition should, if at all possible, be a gradual transition that is child centered.

IX. DOCUMENTATION FILED WITH THE COURT ONCE CONDITIONS FOR RETURN ARE MET

a. Motion for Reunification/Stipulated Order

The motion for reunification should include the statutory definition of reunification. In addition, the motion should specifically address the Conditions for Return and how they have been met.

1. If there is a stipulation by the parties, then a stipulated order may be submitted to the Court.
2. A sample motion for Conditions for Return/Reunification is included as Appendix B.

b. In-home Safety Plan

1. The safety plan should be attached to the motion and should be considered the crucial document in the motion for reunification.
2. Examples of in-home safety plans are included in Appendix C.

c. Progress Report/FFA (Initial/Ongoing)

d. Home Study (if applicable)

1. Depending on the area of practice, a home study may need to be filed. The best practice would be for a progress update to be filed and to include all the necessary documentation that would be included in the home study.
2. In certain areas, the Court requires a home study. In those areas a home study should be filed with the Court.

e. Transition Plan

1. The transition plan is designed to minimize any additional trauma created by the move. The requirements of the transition plan are outlined in Section VIII.
2. Examples of transition plans are included in Appendix D.

Documents for Court

- ✓ Motion for Reunification/Stipulated Order
- ✓ In-home safety plan
- ✓ Progress Report/FFA
- ✓ Home Study (if applicable)
- ✓ Transition Plan
- ✓ Professional Evaluation (if applicable)

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f. Professional Evaluation (if applicable)

1. When applying the safety planning analysis questions, question 4 discusses whether in-home safety resources can sufficiently manage impending danger without a professional evaluation. If a professional evaluation is completed and determines that safety resources can manage the danger, then the court must have the ability to review the evaluation.

X. COURT HEARING ON MOTION FOR REUNIFICATION/CONDITIONS FOR RETURN

a. Who may provide evidence?

1. Case Managers
2. Child Protective Investigators
3. Safety Managers
4. Service Providers
5. Parents
6. Guardian Ad Litem
7. Child

b. What forms of evidence are necessary?

1. Testimony
2. Reports/Evaluations
3. FFA (Initial/Ongoing/Progress Updates)
4. Background screens



c. What factors must be considered?

1. What danger threat is being addressed? What are we trying to control through the use of an in-home safety plan?
2. How the safety plan addresses the child and the family's specific routines and the times that the danger threat is known to manifest?
3. Evidence must be specific as to how an in-home safety plan will keep the child safe.
4. Utilization of informal safety management providers if any, who have been appropriately interviewed and screened.
 - a. The evidence presented needs to persuade the court to trust our decision making.
 - b. Proper vetting of informal safety management providers must be evident.
 - c. Evidence must include the relationship, if any, to the family, their commitment/motivation for fulfilling the requirements of their role in the in-home safety plan, and their involvement in the case.
5. Utilization, as needed, of safety service providers that is appropriate and available.
 - a. Evidence should include actions taken to ensure that the providers are in place by the time the child/children are returned. If not already in place, evidence should include what has been done and when it is anticipated to be in place.

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6. 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.

- a. If an in-home safety plan cannot support a transition plan, then returning the child/children to the home may not be the best decision at this time.
- b. Creating a transition plan shows the long term goal of what is hoped to be accomplished through the in-home safety plan.

d. Questions for Evidentiary Hearing

These questions should be asked to demonstrate that Conditions for Return have been met so that the child can safely return to the home with an in-home safety plan.

1. Impending Danger/Unsafe Finding:

- a. What was the impending danger threat on this case?
- b. What evidence was relied upon to make the impending danger threat finding?

2. Willingness of the Parent:

- a. Is the parent willing for an in-home safety plan to be developed and demonstrated?
- b. Is the parent willing to cooperate with all identified safety service providers?
- c. What has made the parent willing?
- d. What has changed?
- e. What has the parent done since removal that shows that they would demonstrate commitment to cooperate?

3. Calm and Consistent:

- a. Is the home environment calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely?
- b. What has changed for safety service providers to be in the home safely based upon what was making the home environment unpredictable?
- c. If domestic violence was a factor, what has changed?
- d. Who has moved in or out of the home?
- e. Who is coming in and out of the home?
- f. What behavior has changed and how did the change lead to the environment being calm and consistent?
- g. Can the environment accommodate plans, schedules and services, and be non-threatening to those participating in the safety plan?

4. Safety Management Services:

- a. Are the safety services (formal or informal) available at a sufficient level and to the degree necessary in order to manage the way in which impending danger manifests in the home?
- b. What was the reason why the service providers were not available?
- c. What was done to get the service providers in place?
- d. Specify who are the safety service providers.
- e. What is the parent attitude toward the services?
- f. How is the service going to specifically manage the identified threat?
- g. If there are safety services that will be provided to the family resource network, what needs to happen?
- h. If additional safety services will also be provided to the family, what is the explanation of those services?
- i. If the safety services are key to the child/children remaining in the home, how is this service provision going to be monitored?
- j. What plan will be in place if there is a lack of ongoing cooperation from the family?

5. Professional Evaluation:

- If a professional evaluation was needed, what was learned from the evaluation that allows the development of an in-home safety plan?
- a. Why was a professional evaluation needed to understand the impending danger threat, caregiver capacity/behavior, or family functioning related to impending danger?
 - b. What evidence was relied upon to come to the conclusion that a professional evaluation was necessary?
 - c. Who conducted the evaluation?
 - d. What type of evaluation was completed and what was the purpose?
 - e. What information did the evaluator rely on to render their opinion?
 - f. What were the findings of the evaluation?
 - g. If the parent/legal guardian is required to be on medication, has there been a full discussion on medication compliance?
 - h. How is medication compliance going to be monitored and recorded?
 - i. Introduce the Professional Evaluation into evidence.

6. Physical Location:

- a. If the parent(s)/legal guardian(s) did not have a physical location in which to implement a plan, what has happened since removal that would allow an in-home safety plan to be implemented?
- b. What are the specifics of the home?
- c. Discuss the progress update (home study factors) or the home study in areas where the progress update is not used for those purposes.
- d. Introduce the home study or progress update into evidence.

XI. COURT ORDER ON CONDITIONS FOR RETURN/REUNIFICATION

CFR Orders should include the following:

1. A specific finding of fact that the child's safety, well-being, physical, mental and emotional health will not be endangered.
2. The requirements of the In-home safety plan.
3. Identify what the ramifications are for failure to comply with the conditions of the in-home safety plan.
4. Outline what the parent is still required to do on their case plan.
5. Outline a transition plan from the child's current placement to the parent's home.
6. Indicate that the placement is under the protective supervision of the Department for not less than six months and that the parent is still required to substantially comply with the case plan.

A sample order on Conditions for Return/Reunification is included in Appendix E.

XII. POST PLACEMENT ASSESSMENT AND MONITORING

The Case Manager is responsible for ongoing assessment of the family and monitoring of the safety plan after reunification during the post placement period. The post placement period is required to be no less than 6 months after reunification with each parent from whom the child is removed pursuant to §39.521(7). During this time, the Case Manager will need to continue to assess the parent's progress toward achieving the necessary behavioral changes identified in the assessments and case plan. In addition to ongoing assessment of protective capacities and behavioral changes, Case Managers are also tasked with actively monitoring and modifying the safety plan when necessary. Active monitoring includes continual assessment that the safety plan is sufficient and includes the least restrictive actions.

a. Safety Plan Monitoring

Safety plan monitoring requires contact with the family and safety service providers identified as responsible for actions on the safety plan. The frequency of contact will be dependent on the specific family circumstances and determined between the Case Manager and Case Manager Supervisor. CFOP 170-7 Chapter 11 identifies minimum requirements for contact and monitoring. Individual case management agencies and CBC lead agencies may have more restrictive minimum requirements so it is important to reach out to a supervisor or point of contact to confirm.

b. Safety Plan Modifications

Safety plans will need to change as the family dynamics change. Safety plans are fluid documents that must be flexible to add, or eliminate, safety services or safety service providers as things change. There are many reasons that a safety plan may need to be modified. These circumstances include changes in the danger threat, conditions in the home changing due to new adult or child household members, changes in the physical location where the family resides or the parents no longer meet criteria for an in-home safety plan. When these changes occur, the safety plan needs to be modified to reflect the changing needs of the family.

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1. Present Danger

If present danger is identified, the Case Manager must take immediate protective actions to keep the child from being harmed. This includes modifying the current safety plan to the extent necessary to protect the child. These actions could include the modification of the current in-home safety to an out of home safety plan. Reasonable efforts are still required to prevent removal from the parent including diligence in offering, arranging and providing all needed in-home safety plan services.

2. Modifications

When safety plan modifications are necessary for reasons other than identification of present danger, the Case Manager will collaborate with the providers, parents and other individuals involved in the original safety plan to make the necessary revisions. If family resources are not available, locating and setting up formal safety service providers may be needed to accomplish the necessary changes. If the agreed upon modifications conflict with the current court order, or the safety plan is part of the court order, the case will need to be staffed with the parties and the modified safety plan filed with the Court.

XIII. CONDITIONS FOR RETURN AND PARENT NON-COMPLIANCE

a. If a child has been returned to the home under Conditions for Return and the parent is no longer making efforts to enhance their diminished protective capacities and is non-compliant with case plan outcomes, the Court will review the criteria under §39.522(4) to determine whether the child should be placed in out of home care.

b. The Case Manager will need to staff the case with CLS and the other partners on the judicial case in order to determine if additional assistance is needed for the parent to aid in their compliance with the case plan or if alternate judicial action needs to be taken on the case.

c. If the parent is not compliant with the safety plan, the order on reunification outlines that the parent is required to

abide by the terms of the in-home safety plan, and what the ramifications are if the parent does not comply with those terms. This order will be reviewed by the Court if alternate action will be taken on the case and if the child has to be removed from the home.

CFR and Non-Compliance

§39.522(4) "... the issue is whether to place a child in out-of-home care after the child was placed in the child's own home with an in-home safety plan, or reunified with a parent or caregiver with an in-home safety plan. In those instances the court must consider:

1. The circumstances that caused the child's dependency and other subsequently identified issues.
2. The length of time the child has been placed in the home with an in-home safety plan.
3. The parent's or caregiver's current level of protective capacities.
4. The level of increase, if any, in the parent's caregiver protective capacities since the child's placement in the home based on the length of time the child has been placed in the home."

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XIV. CONDITIONS FOR RETURN AND CASE CLOSURE

- a. Meeting the Conditions for Return does not mean that the parent has enhanced their diminished protective capacities in order to keep the child safe.
- b. The parent continues to work on enhancing those caregiver protective capacities and the Case Manager continues to monitor case plan outcomes once the child is in the home under an in-home safety plan.
- c. Under §39.521 Fla. Stat. (2020), “protective supervision shall be terminated by the court whenever the court determines that permanency has been achieved for the child ... and that protective supervision is no longer needed.” If the parent has not enhanced those protective caregiver capacities, supervision will remain open.
- d. The earliest that the case can be closed is six months after the child has been reunified and post placement protective supervision has been in the home. Under §39.521(7), the Court may enter an order ending its jurisdiction over a child when a child has been returned to the parents, provided the court shall not terminate its jurisdiction or the department’s supervision over the child until 6 months after the child’s return. The department shall supervise the placement of the child after reunification for at least 6 months with each parent or legal custodian from whom the child was removed.
- e. This does not mean that supervision and jurisdiction are terminated after 6 months. If there is a safety plan still in place, and necessary to manage the danger threat, then jurisdiction cannot be terminated. The court must retain jurisdiction over a child if the child is placed in the home with a parent, or caregiver, with an in-home safety plan and such safety plan remains necessary for the child to reside safely in the home.



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APPENDIX A

Applicable Statutes Related to Conditions for Return

§39.01(75) Fla. Stat. (2020): Safety plan means a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so.

§39.01(84) Fla. Stat. (2020): Substantial compliance means that the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the child's remaining with or being returned to the child's parent.

§39.402(7) Fla. Stat. (2020): If the child has been removed from the home and the reasons for his or her removal have been remedied, the child may be returned to the home. If the court finds that the prevention or reunification efforts of the department will allow the child to remain safely at home, the court shall allow the child to remain in the home.

§39.521(2)(g)&(h) Fla. Stat. (2020): The family functioning assessment must provide the court with the following documented information.

(g): A safety analysis describing the capacity for an in-home safety plan to control the conditions that result in the child being unsafe and the specific actions necessary to keep the child safe.

(h): Identification of the conditions for return which would allow the child to be placed safely back into the home with an in-home safety plan and safety management services necessary to ensure the child's safety.

§39.521 (1)(f) Fla. Stat. (2020): If the Court finds that an in-home safety plan prepared or approved by the department will allow the child to remain safely at home or that Conditions for Return have been met and an in-home safety plan will allow the child to be safely returned to the home, the court shall allow the child to return to the home after making a specific finding of fact that the child's safety, well-being, physical, mental and emotional health will not be endangered.

§39.521 (1)(g) Fla. Stat. (2020): If the Court places the child in an out-of-home placement, the disposition order must include a written determination that the child cannot safely remain at home with an in-home safety plan and the removal of the child is necessary to protect the child.

§39.521(7) Fla. Stat. (2020): The court may enter an order ending its jurisdiction over a child when a child has been returned to the parents, provided the court shall not terminate its jurisdiction or the department's supervision over the child until 6 months after the child's return. The department shall supervise the placement of the child after reunification for at least 6 months with each parent or legal custodian from whom the child was removed.

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§39.522(2) Fla. Stat. (2020): In cases where the issue before the court is whether a child should be reunited with a parent, the court shall review the Conditions for Return and determine whether the circumstances that cause the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the department will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

§39.522(4) Fla. Stat (2020): ... the issue is whether to place a child in out-of-home care after the child was placed in the child's own home with an in-home safety plan. In those instances the court must consider the circumstances that caused the child's dependency and other subsequently identified issues, the length of time the child has been placed in the home with an in-home safety plan, the parent's or caregiver's current level of protective capacities, and the level of increase, if any, in the parent's caregiver protective capacities since the child's placement in the home based on the length of time the child has been placed in the home.

§39.701(2)(d)2 Fla. Stat. (2020): The court shall return the child to the custody of his or her parents at any time it determines that the circumstances that caused the out-of-home placement, an any issues subsequently identified, have been remedied to the extent that returning the child to the home with an in-home safety plan prepared or approved by the department will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health.

APPENDIX B

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL
CIRCUIT, IN AND FOR OSCEOLA COUNTY,
FLORIDA

DIVISION: 41

CASE NUMBER: 2020-DP-701494

IN THE INTEREST OF:

Emmanuel Gordon

MINOR CHILD.

_____ /

MOTHER’S MOTION FOR REUNIFICATION

COMES NOW the Mother, Stacey Gordon, by and through the undersigned counsel, Christy Fisher Esq., moves this Court for an Order in the above styled cause, and as grounds states:

Statement of Facts:

1. The Court has jurisdiction over the subject matter of this case.
2. The child, Emmanuel Gordon, is a resident of the State of Florida and of an age subject to the jurisdiction of this Court.
3. The child is adjudicated dependent.
4. Pursuant to §39.522(2) Florida Statutes, in cases where the issue before the Court is whether a child should be reunited with a parent, the court shall review the conditions for return and determine by specific finding of fact whether the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home, with an in home safety plan prepared or approved by the Department, will not be detrimental to the child’s safety, well-being, and physical, mental and emotional health.

"

.....

.....4; "

5. In this case, Emmanuel Gordon was removed from the mother due to the fact that the child tested positive for methadone at birth and the mother tested positive for cocaine, heroin, and methadone. The baby had withdrawal symptoms due to substance abuse in utero. The mother has had a history of substance abuse including the use of illegal drugs during her pregnancy. In-home safety services were not available or appropriate due to the fact all of the safety analysis questions were addressed and were answered “no” except for #4. Subsequent to the removal, a Conditions for Return statement was developed that outlined how the child could return home with an in-home safety plan.

6. The following conditions for return were outlined in the Progress Update.

Ms. Gordon has a candid discussion with the assigned Child Welfare Professional during which she is able to explain why a safety plan is necessary to keep Emmanuel safe. These discussions involve what safety actions the plan will involve.

Ms. Gordon demonstrates she is willing to do what is necessary for Emmanuel to return to the home safely, including: full disclosure to safety monitors about her substance abuse, willingness to allow for safety services in the home, and openness to cooperate with whatever level of involvement from safety service providers is required to assure Emmanuel’s safety.

Ms. Gordon’s home environment is reasonably consistent on a day to day basis. There is no indication that unknown or threatening people are living in or frequenting the home.

Ms. Gordon has identified sufficient persons who are reliable, willing and able to provide safety management services to the degree necessary. These persons are aligned with the safety of Emmanuel and fully understand the extent of Ms. Gordon’s substance abuse, and have passed necessary abuse and criminal history checks. These persons have articulated a plan to keep the child safe if the mother is abusing substances, or is under the influence of drugs while caring for Emmanuel and are capable of following through with the identified actions.

Ms. Gordon has secured a reliable, sustainable, consistent residence in which to put an in home safety plan in place. The living situation must appear sustainable. The condition of the residence is suitable and structurally adequate.

7. There has now been a change in circumstances and Conditions for Return have been met. The mother has expressed and demonstrated a willingness to do what is necessary for Emmanuel to return to the home. The mother's home environment is reasonably consistent on a day to day basis and there is no indication that there are unknown, questionable or threatening people living or frequenting in the home. The mother has identified the maternal and paternal grandmothers as reliable, willing and able to provide safety management services. These persons are aligned with the safety of Emmanuel and fully understand the extent of Ms. Gordon's substance abuse. The grandmothers have articulated a plan to keep the child safe if the mother is abusing substances. The mother has secured a stable residence in which to implement a safety plan. A safety plan has been developed and signed by all pertinent participants including the mother and safety service providers.

8. The circumstances which caused the out-of-home placement and issues subsequently identified have been remedied to the extent the return of the child to the home, with an in home safety plan prepared or approved by the Department, will not be detrimental to the child's safety, well-being, and physical, mental and emotional health.

9. A signed Safety Plan approved by the Department is attached.

10. The child can be reunified with the Mother, Stacey Gordon, as the conditions for return have been met.

11. The home assessment is approved and is attached to the Progress Update.

12. The Department has filed a Maintain and Strengthen Case Plan with a goal date providing for six months of post placement supervision.

13. All benefits including Social Security must be redirected to the parent for the benefit of the child.

WHEREFORE,

The Mother, Stacey Gordon, respectfully requests this Court enter an order:

14. Reunifying the child with the Mother, Stacey Gordon.
15. Approving the Case Plan.
16. Disbursing the Master Trust to the parent for the benefit of the child.
17. Redirecting all benefits including Social Security to the parent.
18. Granting any other relief this Court deems necessary and appropriate.

Respectfully submitted, signed and dated on June 10, 2021.

Christy Fisher, Esquire
Florida Bar Number:
Email:

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing was sent by email and or interoffice mail and or U. S. Mail on June 10, 2021 to:

Rizpah Butler-Bannon, Attorney for Children's Legal Services
Leah Dual, Attorney for the Guardian ad Litem
Camilla Martin, Case Manager
Jasper Grey, Father of the child

Christy Fisher, Esquire
Florida Bar Number:
Email:

APPENDIX B

IN THE CIRCUIT COURT OF THE NINTH
JUDICIAL CIRCUIT, IN AND FOR
OSCEOLA COUNTY, FLORIDA
DIVISION: **41**
CASE NUMBER: **2020-DP-701494**

IN THE INTEREST OF:

Emmanuel Gordon

MINOR CHILD.

ORDER ON MOTHER’S MOTION FOR REUNIFICATION

THIS CAUSE coming to be heard on July 5, 2021, on the Mother’s Motion for Reunification. The Court having heard testimony and argument, and having been otherwise duly advised in the premises finds as follows:

1. **Jurisdiction:** The minor child who is the subject matter of these proceedings, was adjudicated dependent, continues to be dependent, is of an age subject to the jurisdiction of the court, and is a resident of the State of Florida.
2. **Notice:** All persons entitled to notice of this hearing were properly noticed of the hearing and were provided a copy of documents filed for this hearing.
3. **Persons Present:** The following persons were present:

<input checked="" type="checkbox"/>	Attorney for the Department:	Rizpah Butler-Bannon
<input checked="" type="checkbox"/>	Child Welfare Case Manager:	Camilla Martin
<input checked="" type="checkbox"/>	Mother:	Stacey Gordon
<input checked="" type="checkbox"/>	Attorney for Mother:	Christy Fisher
<input type="checkbox"/>	Father:	
<input type="checkbox"/>	Attorney for Father	
<input checked="" type="checkbox"/>	Attorney for Guardian ad Litem:	Leah Dual
<input checked="" type="checkbox"/>	Guardian ad Litem:	Susan Taylor
<input type="checkbox"/>	Other:	_____
4. **Counsel for Parents:** The parent(s) or guardians were advised of the right to be represented by counsel throughout all hearings of the dependency proceedings.
5. **Presence of Child:** Pursuant to Rule 8.255(b), Fla. R. Juv. P.:

<input checked="" type="checkbox"/>	The following child was present at hearing: Emmanuel Gordon
<input type="checkbox"/>	The following child was not present at hearing: _____
<input type="checkbox"/>	The hearing was continued until the following date/time to provide opportunity to be present: _____

The hearing was conducted without presence as determined in the best interest for the following reason(s):

6. **Current Placement:**

The child is placed in the care and custody of the parent(s), _____ under the protective supervision of the Department.

The child is in the temporary custody of the Department of Children and Families, placed in licensed foster care. The Department shall have placement and care responsibility while the child is under protective supervision in an out-of-home placement.

The child is placed in the temporary care and custody of Mary Hawkins (relative), under the protective supervision of the Department. The Department shall have placement and care responsibility while the child is under protective supervision in an out-of-home placement.

The child is permanently committed to the custody of the Department for purposes of subsequent adoption. The Department shall have placement and care responsibility while the child is under protective supervision in an out-of-home placement.

7. **Consideration:** The following having been considered by the court:

Progress Update/Home Assessment

Safety Plan

Transition Plan

Report by Guardian Ad Litem

Other: _____

8. **Findings on Reunification**

At the Motion for Reunification hearing, the case manager, Camilla Martin and the Guardian Ad Litem, Susan Taylor testified before the Court. The Court reviewed the Safety Plan, Transition Plan and Progress Update filed with the Court. The evidence presented demonstrates the following:

The child was removed from the mother due to the fact that the child tested positive for methadone at birth and the mother tested positive for cocaine, heroin, and methadone. The baby had withdrawal symptoms due to substance abuse in utero. The mother has had a history of substance abuse including the use of illegal drugs during her pregnancy. In-home safety services were not available or appropriate due to the fact all of the safety analysis questions were addressed and were answered "no" except for #4. Subsequent to the removal, a Conditions for Return statement was developed that outlined how the child could return home with an in-home safety plan.

The following conditions for return were outlined in the Progress Update.

Ms. Gordon has a candid discussion with the assigned Child Welfare Professional during which she is able to explain why a safety plan is necessary to keep Emmanuel safe. These discussions involve what safety actions the plan will involve.

Ms. Gordon demonstrates she is willing to do what is necessary for Emmanuel to return to the home safely, including: full disclosure to safety monitors about her substance abuse, willingness to allow for safety services in the home, and openness to cooperate with whatever level of involvement from safety service providers is required to assure Emmanuel's safety.

Ms. Gordon's home environment is reasonably consistent on a day to day basis. There is no indication that unknown or threatening people are living in or frequenting the home.

Ms. Gordon has identified sufficient persons who are reliable, willing and able to provide safety management services to the degree necessary. These persons are aligned with the safety of Emmanuel and fully understand the extent of Ms. Gordon's substance abuse, and have passed necessary abuse and criminal history checks. These persons have articulated a plan to keep the child safe if the mother is abusing substances, or is under the influence of drugs while caring for Emmanuel and are capable of following through with the identified actions.

Ms. Gordon has secured a reliable, sustainable, consistent residence in which to put an in home safety plan in place. The living situation must appear sustainable. The condition of the residence is suitable and structurally adequate.

The case manager testified that there has now been a change in circumstances and Conditions for Return have now been met.

The mother has expressed and demonstrated a willingness to do what is necessary for Emmanuel to return home. The case manager testified that the mother has shown a genuine interest in having a safety plan implemented. The mother has been cooperative whenever the case manager requested she do something. The mother has demonstrated an awareness of what triggers her urge to use drugs and is demonstrating a plan in which to manage them.

The mother's home environment is reasonably consistent on a day to day basis and there is no indication that there are unknown, questionable or threatening people living or frequenting the home. The case manager testified that the mother is now working and has her own apartment. The apartment is stable and there are no threatening people frequenting the home.

The mother has identified sufficient persons who are reliable, willing and able to provide safety management services to the degree necessary. The case manager provided testimony that the maternal and paternal grandmothers as reliable, willing and able to provide safety management services. These persons are aligned with the safety of Emmanuel and fully understand the extent of Ms. Gordon's substance abuse. The grandmothers have articulated a plan to keep the child safe if the mother is abusing substances.

The mother has secured a stable residence in which to implement a safety plan. The mother has been living in the home for three months. A home assessment has been completed by case management and there are no concerns with the home. A safety plan has been created and signed by all the appropriate participants including the mother and safety service providers.

Accordingly, it is **ORDERED AND ADJUDGED** that:

1. The Court grants the Mother's Motion or Reunification. The circumstances that caused the out-of-home placement and the issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the Department will not be detrimental to child's safety, well-being, and physical, mental, and emotional health.
2. The child is placed in the care and custody of the mother, Stacey Gordon under the protective supervision of the Department.
3. The Court accepts the Safety Plan.
4. The mother, Stacey Gordon, must comply with the Safety Plan as a condition of reunification.
5. All modifications of the safety plan must be filed with the Court and provided to all of the parties.
6. The parties shall continue to comply with the terms of the Case Plan and obey previous Court ordered directives.
7. The Case Plan Goal shall be Maintain/Strengthen Placement with the Mother, Stacey Gordon.
8. The father, Jasper Grey, has supervised visitation by the Department or an approved designee.
9. The Department filed an amended Case Plan and it is approved.

DONE AND ORDERED in _____ County, Florida, this ____ day of _____ 2021.

CIRCUIT COURT JUDGE

Copies to (check all that apply):

- DCF/CLS:
- Child Protective Investigation:
- CBC/Case Management:
- Mother:
- Attorney for Mother:
- Father:
- Attorney for Father:
- Guardian ad Litem: via GAL Attorney
- Attorney for Guardian ad Litem:
- Attorney ad Litem:

- Legal Custodian:
- Child:
- Other:

INSERT ACCOMODATION LANGUAGE

<p>The family therapist, Donna Goodman, will meet with the child and mother Mondays at 6:30 pm for weekly sessions. Ms. Goodman will report any concerns for the mother's ability to manage the child's medical needs or the child's health to the case manager, Tiana Masters.</p> <p>If immediate health concerns exist, the therapist will call an ambulance and/or ensure the child is seen by a doctor immediately.</p> <p>Concerns after hours and on weekends should be reported to the on call number.</p>	<p>Donna Goodman, Family Therapist with Devereux</p>	<p>Jason Douglas, Devereux Supervisor</p>	<p>Monday at 6:30 pm</p>
<p>If the child misses or re-schedules any appointments, the doctor's office will notify the Case Manager, Tiana Masters.</p> <p>If the doctor has concerns for the mother's ability to manage the child's health needs, the doctor's office will notify the Case Manager, Tiana Masters.</p>	<p>Dr. Smith, Primary Care Physician, Nemours</p>	<p>Dr. Khan, Endocrinologist, Nemours</p>	<p>Ongoing</p>
<p>If at any point the nurse, coach, family therapist, health care providers or parenting coach cannot participate in this safety plan as described, they will immediately contact the Case Manager, Tiana Masters.</p>	<p>Hannah Watkins, School Nurse</p> <p>Coach Annie Jones</p> <p>Jackie Patterson, Parenting Coach</p> <p>Janice Bumble, Parenting Coach Supervisor</p> <p>Donna Goodman, Devereux Family Therapist</p> <p>Jason Douglas, Devereux Supervisor</p> <p>Dr. Smith, Primary Care Physician, Nemours</p> <p>Dr. Khan, Endocrinologist, Nemours</p>		

Signatures:

Date:

Nina Johnson (Mother)
Contact Number: 954-852-9637

Hannah Watkins (Winter Park High School Nurse)
Contact Number: 407-123-1234

Annie Jones
(Winter Park High School Volleyball Coach)
Contact Number: 407-147-1472

Jackie Patterson (Parenting Coach)
Contact Number: 352-983-5641

Janice Bumble (Parenting Coach Supervisor)
Contact Number: 321-964-8723

Donna Goodman (Family therapist)
Contact Number: 407-549-6541

Jason Douglas (Family therapist Supervisor)
Contact Number: 407-549-7894

Dr. Smith (PCP, Nemours)
Contact Number: 321-223-2301

Dr. Khan (Endocrinologist, Nemours)
Contact Number: 321-223-2302

Tiana Masters (Case Manager)
Contact Number: 321-987-9874
On Call: 407-654-3214

Tennille Summer (Case Manager Supervisor)
Contact Number: 321-987-9852

<p>If the father is very drowsy or lethargic to the point that he is unable to care for the children, the provider will stay with the children and contact the case manager (or on call) immediately for further direction.</p> <p>Concerns after hours and on weekends should be reported to the on call number</p>			
<p>Keshawn's former foster parents will drive the child home from church.</p> <p>If the father is very drowsy or lethargic to the point that he is unable to care for the children, the foster parent will stay with the children and contact law enforcement and the case manager (or on call) immediately for further direction.</p> <p>Concerns after hours and on weekends should be reported to the on call number</p>	<p>Minnie Fisher, Former foster mother</p>	<p>Gina Rios-Fisher, Former foster mother</p>	<p>Sunday</p>
<p>If at any point the former foster parents, therapist, tutor or safety management provider cannot participate in this safety plan as described, they will immediately contact the Case Manager.</p>	<p>Caleb Martin, Safety Management Service provider</p> <p>Jacob Kelly, Safety Management Provider Supervisor</p> <p>Bobby Jenkins, A-Z Tutoring</p> <p>Tony Martinez, Devereux Therapist</p> <p>Minnie Fisher, Former foster mother</p> <p>Gina Rios-Fisher, Former foster mother</p>		

Signatures:

Date:

Kelvin Watson (Father)
Contact Number: 407-894-5623

Caleb Martin (Safety Management Provider)
Contact Number: 407-123-1234

Jacob Kelly (Safety Management Provider Supervisor)
Contact Number: 407-147-1472

Bobby Jenkins (A-Z Tutoring)
Contact Number: 321-983-5641

Tony Martinez (Devereux Therapist)
Contact Number: 321-964-8723

Donna Goodman (Family therapist)
Contact Number: 407-549-6541

Minnie Fisher (Former foster mother)
Contact Number: 407-549-7894

Gina Rios-Fisher (Former foster mother)
Contact Number: 321-223-2301

Cara Duggen (Case Manager)
Contact Number: 321-987-9874
On Call: 407-654-3214

Jennifer Craft (Case Manager Supervisor)
Contact Number: 321-987-9852

In Home Safety Plan

Case name: Stacey Gordon

Case no: 2018-DP-701494

Worker name: Camilla Martin

Safety Plan Purpose: Impending Danger

Child's name:	Age:
Emmanuel Gordon	3 months

Danger Threat: Why do we need a safety plan in the home?

The mother has a history of substance abuse which has impacted her ability and motivation to provide care for the Emmanuel. When the mother is using she typically stays out for days and is unreachable. The mother is working to maintain sobriety, but has a history of chronic relapse when other children were in her care.

List the actions/resources that will keep the child safe:	Who is responsible for each action?	Who is back up to this action?	How often is this needed?
The Paternal Grandmother, Julie Woods, will ensure Emmanuel attends daycare during the week by transporting him daily. The Paternal Grandmother will communicate any planned absences with Jill Smith, Daycare Director.	Julie Woods, Paternal Grandmother	Mary Hawkins, Maternal Grandmother	Tuesday – Friday at 8am
Should Emmanuel be absent from daycare without notice the Daycare Director will notify the Maternal Grandmother Mary Hawkins and the Case Manager Camilla Martin.	Jill Smith, Daycare Director	Mary Hawkins, Maternal Grandmother	Monday - Friday when absence unexcused
Maternal grandmother will pick up Emmanuel from daycare during the week and will stay with him at the Stacey, the mother's, home. She will leave @ 8pm when the Paternal Grandmother arrives.	Mary Hawkins, Maternal Grandmother	John Hawkins, Maternal Grandfather	Monday – Friday at 5pm-8pm
Paternal grandmother, Julie Woods, will stay overnight at the mother's home during the week ending Saturday morning. She will deliver Emmanuel to the Maternal Grandmother, Mary Hawkins' home, around 8am.	Julie Woods, Paternal Grandmother	Mary Hawkins, Maternal Grandmother	Daily on Monday through Saturday at 8pm until 8am
The Maternal Grandmother, Mary Hawkins, will allow Emmanuel and the mother to stay overnight on the weekends and any holidays, or in the event that the daycare is closed, and ensure Emmanuel gets to daycare the day daycare resumes.	Mary Hawkins, Maternal Grandmother	John Hawkins, Maternal Grandfather	Saturday at 8am – Monday at 8am daycare drop-off
While the Maternal Grandmother and the Paternal Grandmother are present with the mother and Emmanuel, both will supervise all interactions to ensure the child is safe and that the mother is providing supervision and basic care for Emmanuel. Should the mother show signs of relapse, not being present in the home, or not assuming parental responsibilities for Emmanuel's care, the Paternal/Maternal Grandmother will notify the Case Manager, Camilla Martin, by phone and assume complete responsibility for his care in the mother's absence.	Mary Hawkins, Maternal Grandmother Julie Woods, Paternal Grandmother	None	Daily

<p>The Case Manager, Camilla Martin, will contact Mary Hawkins and Julie Woods every Friday to inquire if the plan is still working effectively.</p> <p>The Case Manager, Camilla Martin, will conduct a visit to the home to assess Emmanuel's safety and monitor the plans effectiveness once a week. This will include unannounced visits to the home.</p>	<p>Camilla Martin, Case Manager</p>	<p>Lesley Reed, Case Manager Supervisor</p>	<p>Weekly (every Friday)</p> <p>Weekly (at a minimum of every 7 days)</p>
<p>If, at any point, the grandparents, Mary Hawkins, Julie Woods and John Hawkins, cannot participate in this safety plan as described, they will immediately contact the Case Manager, Camilla Martin.</p>	<p>Mary Hawkins, Maternal Grandmother</p> <p>Julie Woods, Paternal Grandmother</p> <p>John Hawkins, Maternal Grandfather</p>		

Signatures:

Date:

 Stacey Gordon (Mother to Emmanuel)
 Contact Number: _____

 Mary Hawkins (Maternal Grandmother)
 Contact Number: _____

 John Hawkins (Maternal Grandfather)
 Contact Number: _____

 Julie Woods (Paternal Grandmother)
 Contact Number: _____

 Jill Smith (Daycare Director)
 Contact Number: _____

 Camilla Martin (Case Manager)
 Contact Number: _____

 Lesley Reed (Case Manager Supervisor)
 Contact Number: _____

APPENDIX D

IN THE CIRCUIT COURT OF THE Ninth JUDICIAL CIRCUIT, IN AND
FOR Orange COUNTY, FLORIDA

DIVISION: 3

CASE NUMBER: DP19-123

IN THE INTEREST OF: Sally Johnson

DOB: 5/13/2005

MINOR CHILD(REN).

Transition Plan

The Transition Plan has been created to ensure that the child or children transition in a manner that is thoughtful and minimizes additional harm to the child or children. The Transition Plan is not designed to delay appropriate placement. The Transition Plan is intended to meet the child or children's best interest and may be subject to modification in accordance with any therapeutic input or as needed to accommodate the needs of the child or children.

The child, **Sally Johnson**, has the following needs to be considered:

___ Education/Daycare: Will this transition place the child in a different school attendance zone from the school the child is currently attending? If yes, is it in the child's best interest to remain in the school of origin? If yes, how will this be accomplished? If it is in the child's best interest to change schools, is it in the child's best interest to temporarily remain in the school of origin? In determining whether it is in the best interest to remain in the current school, and / or when schools should be changed, considering the following factors:

- What grade is this child in?
- When does the current grading period end?
- Are there any upcoming tests such as finals, FCATs, EOC exams?
- Are the same courses offered at the proposed new school?
- Can transportation be arranged to maintain the current school, and if so for how long?
- Will tutoring be necessary? If so, in what subject(s)?
- Does a change interfere in any school activities, such as sports, clubs, and special school events?

Issues: Sally is currently attending Winter Park High School; however, the mother is zoned for Evans High School.

Solutions: Sally is in the 10th grade at Winter Park High School. She applies herself in school and maintains an A/B average. Sally does not have an IEP or other special educational needs. Sally does have a 504 plan at school because she is diagnosed with type 1 diabetes. She is on the school volleyball team and is close to her teammates and coach. When Sally transitions to her mother's home she will be zoned for Evans High School. Sally has expressed that she would like to stay at Winter Park High School. An ESSA meeting was held and it was determined that it is Sally's best interest to continue her education at Winter Park High School. Transportation will be required to and from school. This decision was approved by the team and bus transportation will be available to Sally to remain in her current school. A schedule has been created with the GAL, Case Manager and mother to ensure the child is transported to and from school until bus transportation is available.

___ Friends / Family: Does the child have family or friends that they will no longer be able to see? Is there someone from the prior or current placement, if not yet moved, that is important to the child, and can be a means of support? Did they have an opportunity to say goodbye to friends or siblings or foster siblings? Can continued contact with friends, family or prior placement be arranged? Would continued contact be healthy and helpful for this child? Would a memory book be beneficial?

Issues: Sally is close friends with her roommate from the group home placement. Sally currently visits with her father every other week for 1 hour supervised; however, there is an injunction in place between Sally's mother and Sally's father preventing Sally's mother from having contact with the father.

Solutions: Sally's mother has agreed to maintain a connection with the child's roommate through phone calls and face to face visits. Sally will also see her roommate at school.

The child's paternal aunt, Ms. Janice Thomas, has been approved as a supervisor for the father's visits and has been trained by the child medical provider and case manager on Sally's medical needs. Sally's paternal aunt has agreed to be the liaison between Sally's mother and father for scheduling and supervising visitation for the father.

___ **Pets:** Consider the following: Children can develop very profound relationships with pets. Does the child have a pet in the current home, or a relationship with the pet in the home? Does the child appear bonded to the pet? Has the child been able to say goodbye to the pet? Would continued contact with the pet, for a short period of time be helpful for the child to adjust to the new environment? Is the current caregiver willing to facilitate continued contact and help coordinate transportation, if necessary?

Issues: _____

Solutions: _____

___ **Health / Medication:** Please consider if this child has a medical or health issue.

- Can the child see the same doctor or therapist if the placement is changed?
- Does the child have his/ her medication? Does the child have a current prescription? Is the prescription on file at a pharmacy, and if so which pharmacy?
- Has the new placement been educated on all health and medical issues? Will any training to care for the medical needs of the child be needed? Has the new placement been advised how to transition insurance coverage, if necessary?
- Does the child have a therapist? Have we consulted the therapist? What issues does the therapist believe should be considered?

Issues: Sally is diagnosed with type 1 diabetes and requires insulin to regulate her blood sugar levels. Sally requires frequent reminding to check her blood sugar and maintain a healthy diet. Sally was initially removed due to concerns for the management of her illness. Sally and her mother are also participating in family therapy weekly.

Solutions: Sally is able to administer her medication; however, oversight is necessary to ensure she is calculating the doses correctly. Sally has regularly scheduled follow up appointments with her endocrinologist, Dr. Smith at Nemours, and primary care physician, Dr. Khan at Nemours, to monitor her health. Her next appointment with Dr. Smith is on 8/12/20 at 3:30 pm. Her next appointment with Dr. Khan for an annual physical is on 8/12/20 at 2:00 pm. Sally's prescription is on file at CVS in Winter Park. Sally's dentist is Greenburg in Altamonte Springs and her next appointment for a cleaning is on 10/2/20 at 3:30 pm. Sally has no outstanding dental treatment.

Sally's mother has attended the last 2 endocrinology appointments with Sally and the case manager. Sally's mother will need training from Nemours to provide an overview of Sally's medical needs, medication, and nutrition needs. The Nemours staff has scheduled Sally's mother for training following her endocrinology appointment on 8/12/20. The mother will need to re-apply for the child's Medicaid within 30 days of the child returning to the home. The case manager has agreed to walk the mother through the application process on the initial home visit following reunification.

Sally is well adjusted and is not currently in individual counseling. Sally is participating in family counseling with her mother. The family counseling sessions are weekly in the counselor's office. The therapist has reported that she will be able to continue seeing Sally and her mother after the child is returned to the home. Funding for family counseling is currently provided through the child's Medicaid. The mother will need to re-apply for the child's Medicaid within 30 days of the child returning to the home. The case manager has agreed to walk the mother through the application process on the initial home visit following reunification.

___ **Child's Belongings:** Please consider if this child has a special item that they need to make them feel comfortable. Does this child have items that they may have left behind? How are the child's belongings going to be packed? Is the child old enough to assist with, or do the packing him or herself? Will the case manager ensure that the child does a once-over of his / her room, and any other rooms in the home, to ensure that the items are packed. If the child has already been moved (emergency shelter) does this child have items that they may have left behind? What can be done to obtain the items for the child? Does the new placement require items that the child did not need in their prior placement?

Issues: Sally has accumulated many items at her group home during her placement.

Solutions: Sally is able to pack her own belongings and the case manager has agreed to provide her with appropriate luggage at the time of reunification with her mother. Sally's mother has the contact information for the group home staff if Sally forgets items while packing. The mother's home does not have bedroom furniture for Sally at this time. The mother has been referred to Mustard Seed to help with obtaining appropriate furniture. There is a blow up mattress on the floor for Sally that is appropriate; in the meantime of the mother obtaining furniture. Her room is decorated with posters and a bedspread she picked out. The current room arrangement and bedding is appropriate for placement. There are no other items required for placement to occur.

___ **Extracurricular Activities:** Are there any activities that are important to the child that they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: Sally is on the volleyball team at her school; however, the mother is not able to transport the child home after practice.

Solutions: Sally is on the volleyball team at her school. Because she is staying in the same school, she will be able to maintain this activity. The mother's work schedule will allow her to take time off to transport Sally to and from her games but she is unable to pick Sally up from practice when they stay late from school. Sally's coach has agreed to bring Sally home after late practices.

___ **Religious / Cultural Practices:** Are there any practices that are important to the child that should be observed in the proposed placement? If necessary, can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Other:** Are there any activities that are important to the child that they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

Other Court hearings: Is the youth involved in any other court proceeding? If so, please list the County, Case Number, next hearing date and type. If possible, please provide a description and contact information for any other attorneys or professionals who may be involved (for example, Juvenile Probation Officer, etc.). Also, please list any known obligations or restrictions with which the youth must comply.

Court: _____

Contacts: _____

Transition Schedule:

Sally currently has weekly supervised visitation with her mother for 1 hour and 1 hour of family counseling in the counselor’s office. The family therapist recommends that the family begin with several hours of unsupervised visits for at least 3 weeks before beginning overnight and weekend visits. The therapist recommended Sally and her mother to have at least 2 weekend and 3 overnight visits on school nights before placement in the home with the mother. Before Sally can begin unsupervised visits with her mother, it is necessary for the mother to have completed medical training at the Nemours office, be observed checking the child’s blood sugar levels, and administering the child’s medication appropriately.

Following discussions with the Guardian Ad Litem, mother, group home staff, child, therapist and medical providers, the following visitation schedule has been created. If there are safety concerns or issues during the transition plan, a meeting will be held with all participants and parties to adjust the plan to accommodate the needs of the child and parent. The group home staff and mother have agreed to coordinate transportation and report to the case manager on Monday mornings the weekly plans for pick up and drop off. The case manager will coordinate transportation if the parent or group home staff are unavailable.

- Unsupervised visits for 4 hours once a week for 3 weeks
- Unsupervised overnight weekend visits two consecutive weekends
- 4 unsupervised overnight week day visit over 2 weeks
- The team will meet following the last overnight weekday visit to make a recommendation for reunification or further transition planning.

The following individuals were consulted in creating the Transition Plan:

Child: Sally Johnson; GAL: Jennifer Porter, Case Manager: Tiana Masters
CPI: Not consulted; CLS Attorney: Phillip Joseph
Mother: Nina Johnson; Mother’s Attorney: Carmen Rosario
Father: Mitchell Johnson; Father’s Attorney: Edward Baker
Group Home Staff / Custodian: Penny Foster, Group Home Staff Supervisor
Service Provider: Donna Goodman

____ Youth Input Form attached. If not, why? _____

____ Caregiver Input Form attached. If not, why? _____

Respectfully Submitted By: Tiana Masters

IN THE INTEREST OF:

Keith Watson **DOB: 6/02/2013**
Keshawn Watson **DOB: 2/16/2011**
Kevin Watson **DOB: 1/15/2006**

MINOR CHILD(REN).

Transition Plan

The Transition Plan has been created to ensure that the child or children transition in a manner that is thoughtful and minimizes additional harm to the child or children. The Transition Plan is not designed to delay appropriate placement. The Transition Plan is intended to meet the child or children's best interest and may be subject to modification in accordance with any therapeutic input or as needed to accommodate the needs of the child or children.

The children, Keith, Keshawn and Kevin Watson, have the following needs to be considered:

___ **Education/Daycare:** Will this transition place the child in a different school attendance zone from the school the child is currently attending? If yes, is it in the child's best interest to remain in the school of origin? If yes, how will this be accomplished? If it is in the child's best interest to change schools, is it in the child's best interest to temporarily remain in the school of origin? In determining whether it is in the best interest to remain in the current school, and / or when schools should be changed, considering the following factors:

- What grade is this child in?
- When does the current grading period end?
- Are there any upcoming tests such as finals, FCATs, EOC exams?
- Are the same courses offered at the proposed new school?
- Can transportation be arranged to maintain the current school, and if so for how long?
- Will tutoring be necessary? If so, in what subject(s)?
- Does a change interfere in any school activities, such as sports, clubs, and special school events?

Issues: Keith and Keshawn attend school outside of the county where their father resides. Keith has an IEP for a learning disability and receives weekly tutoring. Kevin attends schools at the STGH placement and has an IEP to address his emotional/behavioral needs at school.

Solutions: Keith and Keshawn attend Reedy Creek Elementary school in Osceola County. Kevin attends school on campus at his STGH in Orange County. An ESSA meeting was held for each child and it was determined that all three children would be moved to their zoned school in Orange County. Keith and Keshawn will attend Pine Hills Elementary School and Kevin will attend Robinswood Middle School.

The father and case manager will enroll the children and provide the children's records to their zoned school prior to placement. The father and case manager will provide a copy of Keith and Kevin's IEPs to their respective schools and request a meeting to update the IEP with the new school. The case manager has spoken to Keith's tutoring provider and they will assign a tutor from Orange County to continue to provide weekly support to Keith upon transition to the father's home.

___ **Friends / Family:** Does the child have family or friends that they will no longer be able to see? Is there someone from the prior or current placement, if not yet moved, that is important to the child, and can be a means of support? Did they have an opportunity to say goodbye to friends or siblings or foster siblings? Can continued contact with friends, family or prior placement be arranged? Would continued contact be healthy and helpful for this child? Would a memory book be beneficial?

Issues: The children have made friends at their current school/placement and would like to maintain contact with them.

Solutions: Keith and Keshawn's foster parents have emailed their teachers to ask for a class phone list to share with the children. The teachers are reaching out to their students' parents for permission to share the contact information. Kevin was provided with a notebook to write down his friend's phone numbers. The father has agreed to allow the children to maintain contact with their friends.

___ **Pets:** Consider the following: Children can develop very profound relationships with pets. Does the child have a pet in the current home, or a relationship with the pet in the home? Does the child appear bonded to the pet? Has the child been able to say good bye to the pet? Would continued contact with the pet, for a short period of time be helpful for the child to adjust to the new environment? Is the current caregiver willing to facilitate continued contact and help coordinate transportation, if necessary?

Issues: Keshawn has a cat that he has grown close to at the foster home and he would like the cat to move with him to the father's home.

Solutions: Keshawn began feeding and caring for a stray cat at the foster parent's home. The family took in the cat, had her checked by a veterinarian and spayed. The family has allowed Keshawn to take care of her. The father resides in an apartment complex that requires a pet deposit and proof of rabies vaccination to allow pets to reside in the home. The GAL program has offered to pay the pet deposit and foster parents have provided copies of the proof of rabies vaccination to case manager. The apartment complex manager has provided approval for the cat.

___ **Health / Medication:** Please consider if this child has a medical or health issue.

- Can the child see the same doctor or therapist if the placement is changed?
- Does the child have his/ her medication? Does the child have a current prescription? Is the prescription on file at a pharmacy, and if so which pharmacy?
- Has the new placement been educated on all health and medical issues? Will any training to care for the medical needs of the children be needed? Has the new placement been advised how to transition insurance coverage, if necessary?
- Does the child have a therapist? Have we consulted the therapist? What issues does the therapist believe should be considered?

Issues: Kevin is currently placed in a specialized therapeutic group home (STGH) and will be stepping down from the group home directly to the father's residence. Kevin is prescribed psychotropic medication, will require weekly counseling and monthly medication management appointments.

Solutions: Keith, Kevin and Keshawn have no outstanding physical or dental health needs and are not prescribed medication to manage any physical health conditions. All three are current on their immunizations, annual physicals and dental cleanings. The father will need to apply for Medicaid for the children within 30 days of the children returning to the home. The case manager has agreed to walk to the father through the application process at the first home visits following reunification.

Kevin was placed in a STGH following concerns for suicidal ideation and self-harm. Kevin was diagnosed with depression after his mother passed away. Kevin's treatment team and therapist report that Kevin is ready to step down to a less restrictive placement and have begun including the father in step down planning. The case manager has identified a provider near the father's home and completed a referral for weekly counseling and monthly medication management. The psychiatrist at the STGH will provide a prescription for 1 refill of the child's medication at discharge to allow time to make an appointment and begin services. The child's current therapist will also continue tele-health services until the new therapist can complete an intake.

Keith and Keshawn have no outstanding mental health needs and previously completed a grief counseling program after their mother's passing with no recommendations for additional services.

___ **Child's Belongings:** Please consider if this child has a special item that they need to make them feel comfortable. Does this child have items that they may have left behind? How are the child's belongings going to be packed? Is the child old enough to assist with, or do the packing him or herself? Will the case manager ensure that the child does a once-over of his / her room, and any other rooms in the home, to ensure that the items are packed. If the child has already been moved (emergency shelter) does this child have items that they may have left behind? What can be done to obtain the items for the child? Does the new placement require items that the child did not need in their prior placement?

Issues: The children have accumulated many items at their foster and group home placements. The case manager also has Kevin's bicycle at her office that he was unable to take to the STGH placement.

Solutions: The case manager has provided the foster parent for Keith and Keshawn with suitcases to pack the children's belongings. Kevin has a suitcase he received from his initial placement at the STGH placements. The father drives a truck and will pick the child's bicycle up from the case manager's office.

___ **Extracurricular Activities:** Are there any activities that are important to the child they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Religious / Cultural Practices:** Are there any practices that are important to the children that should be observed in the proposed placement? If necessary, can transportation be arranged? Will cost of this activity be an issue?

Issues: Keshawn is in the children's choir at the foster parent's church and he would like to continue attending church with the foster parents and choir.

Solutions: The father does not attend religious services and does not object to the child attending church and participating in choir with the foster parents. The father is willing to drive the child to the foster parent's church on Sunday mornings and allow the foster parents to bring the child home following service and choir practice. The case manager has provided the father and foster parents each other's contact information for scheduling.

___ **Other:** Are there any activities that are important to the children that they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Other Court hearings:** Is the youth involved in any other court proceeding? If so, please list the County, Case Number, next hearing date and type. If possible, please provide a description and contact information for any other attorneys or professionals who may be involved (for example, Juvenile Probation Officer, etc.). Also, please list any known obligations or restrictions with which the youth must comply.

Court: _____

Contacts: _____

Transition Schedule:

Kevin is visiting with the father 2 hours per week supervised by the STGH placement staff. Kevin’s treatment team is recommending a gradual transition to the father’s home. Following discussions with the Guardian Ad Litem, father, Kevin’s treatment team and therapist, the following visitation schedule has been created for Kevin. If there are safety concerns or issues during the transition plan, a meeting will be held with all participants and parties to adjust the plan to accommodate the needs of the children and parent. The father has transportation and is able to transport the child to and from the STGH placement. The case manager will assist with transportation if the parent or group home staff are unavailable.

- 2 unsupervised week day visits for up to 3 hours each
- 3 unsupervised weekend day visits
- 2 overnight weekend visits
- 1 overnight long weekend visits (Friday through Monday).
- The team will meet following the last overnight visit to make a recommendation for reunification or further transition planning.

Keith and Keshawn are currently visiting with the father 3 hours per week unsupervised. Following discussions with the Guardian Ad Litem, father and foster parents, the following visitation schedule has been created for Keith and Keshawn. The father and foster parents have agreed to coordinate transportation for the visits. The case manager will assist with transportation if the parent or foster parents are unavailable.

- 2 weekend overnight visits
- 1 long weekend overnight visits (Friday through Monday)
- The team will meet following the last overnight visit to make a recommendation for reunification or further transition planning.

The following individuals were consulted in creating the Transition Plan:

Child: Keith Watson, Keshawn Watson, Kevin Watson
GAL: Kathy Wilbur, Case Manager: Cara Duggen
CPI: Not consulted; CLS Attorney: Janice Flynn
Mother: Deceased; Mother’s Attorney: NA
Father: Kelvin Watson, Father’s Attorney: Robert Gunner
Foster Parent / Custodian: Minnie Fisher and Gina Rios-Fisher
Service Provider: Toby Carlson, Devereux STGH therapist

___ Youth Input Form attached. If not, why? _____

___ Caregiver Input Form attached. If not, why? _____

Respectfully Submitted By: Cara Duggen

IN THE INTEREST OF: Emmanuel Gordon

MINOR CHILD.

Transition Plan

The Transition Plan has been created to ensure that the child or children transition in a manner that is thoughtful and minimizes additional harm to the child or children. The Transition Plan is not designed to delay appropriate placement. The Transition Plan is intended to meet the child or children's best interest and may be subject to modification in accordance with any therapeutic input or as needed to accommodate the needs of the child or children.

The child, **Emmanuel Gordon**, has the following needs that must be considered:

___ **Education/Daycare:** Will this transition place the child in a different school attendance zone from the school the child is currently attending? If yes, is it in the child's best interest to remain in the school of origin? If yes, how will this be accomplished? If it is in the child's best interest to change schools, is it in the child's best interest to temporarily remain in the school of origin? In determining whether it is in the best interest to remain in the current school, and / or when schools should be changed, considering the following factors:

- What grade is this child in?
- When does the current grading period end?
- Are there any upcoming tests such as finals, FCATs, EOC exams?
- Are the same courses offered at the proposed new school?
- Can transportation be arranged to maintain the current school, and if so for how long?
- Will tutoring be necessary? If so, in what subject(s)?
- Does a change interfere in any school activities, such as sports, clubs, and special school events?

Issues: Emmanuel attends daycare at the Shining Light Academy.

Solutions: Emmanuel will continue to attend Shining Light Academy once he is transitioned to the mother's home. The Paternal Grandmother, Julie Woods, will transport the child to daycare daily. The maternal grandmother, Mary Hawkins, will pick the child up from daycare daily and return him to the mother's home. The Case Manager will bring the subsidized daycare funding paperwork to the home during the initial home visit to switch primary caregivers and ensure there is no lapse in funding. The case manager will inform the daycare of the child's reunification and provide the director a copy of the safety plan and court order the first week day after the child has been transitioned home.

___ **Friends / Family:** Does the child have family or friends that they will no longer be able to see? Is there someone from the prior or current placement, if not yet moved, that is important to the child, and can be a means of support? Did they have an opportunity to say goodbye to friends, or siblings, or foster siblings? Can continued contact with friends, family or prior placement be arranged? Would continued contact be healthy and helpful for this child? Would a memory book be beneficial?

Issues: _____

Solutions: _____

___ **Pets:** Consider the following: Children can develop very profound relationships with pets. Does the child have a pet in the current home, or a relationship with the pet in the home? Does the child appear bonded to the pet? Has the child been able to say goodbye to the pet? Would continued contact with the pet, for a short period of time be helpful for the child to adjust to the new environment? Is the current caregiver willing to facilitate continued contact and help coordinate transportation, if necessary?

Issues: _____

Solutions: _____

___ **Health / Medication:** Please consider if this child has a medical or health issue.

- Can the child see the same doctor or therapist if the placement is changed?
- Does the child have his/ her medication? Does the child have a current prescription? Is the prescription on file at a pharmacy, and if so which pharmacy?
- Has the new placement been educated on all health and medical issues? Will any training to care for the medical needs of the child be needed? Has the new placement been advised how to transition insurance coverage, if necessary?
- Does the child have a therapist? Have we consulted the therapist? What issues does the therapist believe should be considered?

Issues: Emmanuel was born substance abuse exposed with a congenital heart defect. He required surgery and has follow up appointments with the pediatric cardiologist and continues to take the prescribed medication.

Solutions: The mother has attended all of Emmanuel's pediatric cardiology appointments and has maintained a log of all future appointments. The mother received training regarding Emmanuel's medical issues and how to administer the medication. The mother has developed a log to document when the medication should be administered. The transition home will not cause changes to the child's health care providers. The mother was also provided a pocket calendar with the child's appointments entered and the contact information for the child's healthcare provider written in the back. The mother has transportation and the appropriate car seat. She is able to drive the child to his appointments. The mother will need to re-apply for the child's Medicaid within 30 days of the child returning to the home. The case manager will walk the mother through the application process on the initial home visit following reunification to begin the process timely and ensure there is no lapse in coverage.

___ **Child's Belongings:** Please consider if this child has a special item that they need to make them feel comfortable. Does this child have items that they may have left behind? How are the child's belongings going to be packed? Is the child old enough to assist with, or do the packing him or herself? Will the case manager ensure that the child does a once-over of his / her room, and any other rooms in the home, to ensure that the items are packed. If the child has already been moved (emergency shelter) does this child have items that they may have left behind? What can be done to obtain the items for the child? Does the new placement require items that the child did not need in their prior placement?

Issues: Emmanuel has a teddy bear he sleeps with that provides him comfort.

Solutions: The maternal grandmother will pack the bear in his overnight backpack for all visits and it will be provided to the mother upon transition to her home. The case manager has also provided two suitcases to the maternal grandmother to use to pack the child's belongings upon transition to the home.

___ **Extracurricular Activities:** Are there any activities that are important to the child that they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Religious / Cultural Practices:** Are there any practices that are important to the child that should be observed in the proposed placement? If necessary, can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Other:** Are there any activities that are important to the child that they are currently participating in? Can the activities continue in the proposed placement? Are there issues with finding another team, club, or similar activity? Can transportation be arranged? Will cost of this activity be an issue?

Issues: _____

Solutions: _____

___ **Other Court hearings:** Is the youth involved in any other court proceeding? If so, please list the County, Case Number, next hearing date and type. If possible, please provide a description and contact information for any other attorneys or professionals who may be involved (for example, Juvenile Probation Officer, etc.). Also, please list any known obligations or restrictions with which the youth must comply.

Court: _____

Contacts: _____

Transition Schedule:

The child will transition to the home of the mother following 2 weekend day visits, 2 overnight weekday visits and 1 full overnight weekend visit. This allows the mother to become familiar with the child's routines and schedule before reunification takes place. The transition schedule will be as follows:

- The child will spend consecutive Saturdays and Sundays 9 am to 7 pm with the mother and return to the maternal grandmother's home overnight. The maternal grandmother will stay with the mother during day visits.
- The child will spend consecutive Tuesdays and Thursdays overnight with the mother starting from the time the child is picked up from daycare until the child returns to daycare the following morning. The paternal grandmother will stay with the mother during the visit including overnight.
- The child will stay with the mother all day and overnight on Saturday and Sunday. The maternal grandmother will stay with the mother during the day and overnight for the weekend.
- Reunification will take place on the Monday following successful completion of the visit schedule.

The following individuals were consulted in creating the Transition Plan:

GAL: Susan Taylor	Case Manager: Camilla Martin
CLS Attorney: Rizpah Butler-Bannon	GAL Attorney: Leah Dual
Mother: Stacey Gordon	Mother's Attorney: Christy Fisher
Custodian: Mary Hawkins	

___ Youth Input Form attached. If not, why? Child is too young. Not applicable

___ Caregiver Input Form attached. If not, why?

Respectfully Submitted By: Camilla Martin