

# Reunification Guidebook | 2021



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The content of this guide is the 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. Many individuals contributed to the final product. Special thanks to all of the partners that served as workgroup members and project sites, and provided subject matter expertise, guidance, and feedback.

The success of this project will be a reflection of these combined beliefs and efforts.

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## I. Overview

### a. Florida's Child Welfare Practice Model

Florida's child welfare practice model is a common set of core safety concepts that guide the child welfare professional and system partners in determining when children are safe, unsafe and/or at risk of future harm. These determinations are made based on information collected through engagement and partnership with the family, the family's network and other professional and community partners. Each determination requires different responses by the child welfare system. Families with children that are deemed safe may be offered voluntary prevention services depending on the circumstances of the case. If the child is deemed unsafe, the family is required to participate in case planning and safety planning services, as more specifically described herein.

### b. Initial Assessment

In response to a screened in call to the Florida hotline, an intake is generated and a Child Protective Investigator is assigned to the case and is responsible for determining whether the child is safe or unsafe in the home and if present and impending danger exists. This requires extensive and directed information collection through interviews, record reviews and observations with the family, child and others involved with the family. The information is analyzed, summarized and documented in the 6 domains of the initial family functioning assessment. This process helps the investigator accurately identify danger threats, assess caregiver protective capacities, complete a safety analysis and determine if the child is safe. The accuracy of the Child Protective Investigator's assessment and conclusions is dependent on the quality and sufficiency of the information collected about the family circumstances, child, and caregiver. It is imperative that the Child Protective Investigator collects sufficient information and complete a thorough assessment of the family as the outcome of this assessment drives the safety determination and subsequent decision-making.

#### 6 Domains of the Initial Family Functioning Assessment

1. Extent of Maltreatment
2. Surrounding Circumstances
3. Child Functioning
4. Adult Functioning
5. General Parenting Practices
6. Discipline/Behavior Management

### c. Safety Determination

#### i. Danger Threat

The initial assessment completed by the Child Protective Investigator includes the identification of any danger threats in the home. Florida's safety practice model includes 11 danger threats, as outlined in Appendix A. The existence of a danger threat does not automatically mean the child is unsafe. If a danger threat exists, then it is up to the Child Protective Investigator to determine if the caregiver's protective capacities are sufficient to manage the identified threat to the child.

Identification and a thorough understanding of how the danger threat is manifesting in the home is essential to understanding the next step of determining 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 needed. Quality information collection and analysis is essential for planning child safety.

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## ii. Caregiver Protective Capacities

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 (see Appendix B) for the Child Protective Investigator to assess separately and determine if the capacity is adequate (enhanced) or not adequate (diminished). The assessment and rating of caregiver protective capacities is based on the overall function of the caregiver and not focused entirely on the incident that brought the family to the attention of the Department. This requires the Child Protective Investigator to engage the family in collecting information about their overall functioning and well-being before and after the incident took place.

## iii. Safe vs. Unsafe

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. This decision is made by determining if the caregiver has the necessary protective capacities to protect the child. The determination for impending danger is based on this decision.

CFOP 170-5 20-3a provides guidance on this 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 for the danger threat via the provision of safety management services:

(1) If a negative family condition(s) 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(s) 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 unsafe."

When the child is determined to be unsafe in the home, the Child Protective Investigator must create a safety plan to ensure the safety of the child in the home. Whether the safety plan will be an in home or out of home plan is dependent on the results of the in home safety analysis.

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## d. Safety Analysis

The safety planning analysis will determine if the child can safely remain in the home with an in-home safety plan or if removal and placement in out-of-home care is required to ensure the safety of the child.

The Department is required to make reasonable efforts to prevent or eliminate the need for removal of a child. CFOP 170-7 1-6a(2) states “when there is a determination of impending danger, the reasonable efforts made to prevent the child’s removal, or continue an out-of-home safety plan, will be based on thorough analysis of the five criteria for an in-home safety plan and documented in the Safety Analysis section of the FFA-Investigation, FFA-Ongoing or Progress Update.” A thorough analysis of the feasibility of an in-home safety plan given the current household conditions and dynamics will meet this requirement.

There are 5 standardized criteria that must be met in order to establish an in-home safety plan. The criteria outline the minimum required conditions that will allow the Case Manager to plan and monitor the ongoing safety of the child. If these criteria are not met, an out-of-home safety plan is required. The 5 criteria are explained in detail below. A more detailed description and examples are included in Appendix C and CFOP 170-7.

### i. 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 be willing to cooperate with the actions and safety management service providers. 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. The parent(s)/legal guardian must be able 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 or avoid involvement, do not meet this criteria.

### Five Safety Analysis Questions:

#### Criteria #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.

#### Criteria #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.

#### Criteria #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.

#### Criteria #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.

#### Criteria #5

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

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## ii. 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 that are 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 related to the individuals living in and visiting the home. There should not be unknown or questionable people who could disrupt the safety plan or place the child in danger living in, or coming to, the home.

## iii. 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 determines the level of involvement from safety service providers needed in order to sufficiently plan for 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 is more difficult to identify and plan for a safety manager to be available in the home. For extremely unpredictable danger threats, it may even require an approved individual to move into the home to manage and ensure safety.

## iv. 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 the child or parent's 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.



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## v. 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 a place that the parent resides full time and is expected to be occupied for 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, friends or family member's home, etc. 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 is 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.

## e. Safety Plan

Based on the outcome of the safety analysis, the Child Protective Investigator will create a safety plan that is either in home or out of home and is sufficient to ensure the safety of the child. When a child or children have been removed from the home, they require an out of home safety plan. A sufficient out of home safety plan needs to indicate that the child is placed outside of the home and should address the frequency and level of supervision or monitoring required during the parent's interaction or contact with the child. Safety plans are fluid documents and can be updated to reflect changes in the level of supervision and monitoring as the need arises. The child welfare professional should be mindful of existing court orders before altering the visitation and level of supervision for parents in the safety plan.

## f. Conditions for Return

Conditions for Return are an essential component of the practice model that allows for children in out-of-home care to safely return to the home, under a safety plan, while their parents continue to work on their case plan tasks. The purpose of Conditions for Return are to utilize a consistent approach to continually assess cases to determine when the danger threats can be managed with an in-home safety plan. This allows for children placed in out of home care to return home sooner.

Conditions for Return drives the reunification process. It involves engaging the parents in meaningful discussions to address the conditions that are not yet met and to help identify supports that can serve as safety managers in controlling the danger threat that results in the child being unsafe in the home.

In partnership with the family, the child welfare professional will develop a list of conditions the parent must meet in order for the child to be returned to the home referred to as Conditions for Return. These conditions are based on the responses to the 5 safety analysis questions. In order for the child to return to the home with an in home safety plan, the parent must meet all of the Conditions for Return.

**CFOP 170-7 defines Condition for Return as "definitive written statements that must be developed when there is an out-of-home safety plan in response to impending danger".**

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## **g. Reunification**

Historically, reunification was based on the parent's achieving substantial compliance with case plan tasks. Case plan tasks were developed based on the issues and incident that caused the child to be removed from the home and parents were rated as being in substantial compliance if they completed the tasks outlined in the case plan and received a completion certificate. Once parents achieved substantial compliance in all of their case plan tasks, the agency could then ask the court for reunification.

Florida's current child welfare practice model handles reunification very differently. Reunification is based on whether a child can safely be returned to the home with an in home safety plan even before the parents have achieved substantial compliance with their court ordered case plan. Meeting criteria for in home safety planning should be assessed continuously with a formal assessment completed at least once every 90 days. The assessment is based on safety analysis questions and meeting the Conditions for Return developed at the beginning of the removal episode and updated as the family dynamics change. Once parents meet Conditions for Return and a sufficient in home safety plan is developed, the agency can ask the court for reunification.

## **II. The Removal Process**

### **a. Establishing Conditions for Return**

The development of Conditions for Return directly relates to the justification used from the safety planning analysis and why an in home safety plan was not able to be established. 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 Child Protective Investigator will document the Conditions for Return in the Child Safety Analysis Summary of the FFA-Investigation. In this section the Investigator will provide clear reasoning of their assessment conclusions as to why the family circumstances did not meet criteria for an in-home safety plan, and what would have to change before the return of the child could be considered. The statement should be individualized to the specific family conditions and written in language that is clear and understandable for the parent. The Conditions for Return statement should also be documented in the shelter petition and addressed during the shelter hearing. Samples of well-written Conditions for Return statements categorized by safety analysis criteria are available in Appendix D.

### **b. Court**

The Child Protective Investigator will complete the shelter petition prior to the shelter hearing and provide the document to the Department attorney for filing with the Court. The shelter petition must include the Conditions for Return statement. This statement should include why the child may not return to the home with an in home safety plan and the efforts made to prevent removal including any prior failed safety plans, if applicable. During this hearing, the Court may order a professional evaluation if it is necessary to make a determination for Conditions for Return. The parent may also provide testimony that will impact Conditions for Return. The Conditions for Return will be documented in the shelter order.

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## c. Case Transfer Staffing

The case transfer staffing (CTS) is the conference held to transfer primary responsibility of the case from investigations to ongoing services through case management. The staffing occurs at the conclusion of the investigation and safety determination. Only cases where the child is deemed unsafe are transferred for ongoing services. Children that are safe but at high or very high risk may be served through prevention or diversion programs.

The CTS includes the parents, out-of-home caregivers, Child Protective Investigator and Supervisor assigned to the case, the newly assigned Case Manager and Case Manager Supervisor, Community Based Care lead agency staff and services providers that are deemed necessary based on the circumstances of the case. The purpose of this staffing is to provide the necessary information to the Case Management agency to take over primary responsibility. The staffing includes a summary and discussion regarding the identified danger threats, caregiver protective capacities, safety plan, Conditions for Return, parental cooperation with the safety actions to date, risk level and other critical information.

The CTS also serves as an opportunity for parents to be introduced to the Case Manager, be informed about the status and next steps of their case and be involved in the case planning process. The Case Manager and parents should leave the CTS with a clear understanding of the safety concerns, the conditions necessary for the child to return to the home, and what to expect moving forward.

## III. Ongoing Assessment and Monitoring of Cases

### a. Making Efforts to Achieve Reunification

The Adoption and Safe Families Act identifies the primary responsibilities of the child welfare system to be safety, permanency and well-being of children. In cases where the permanency goal is reunification, the child welfare professional and system partners are required to make diligent efforts to return the child to the home as soon as safely possible. This means “regularly assessing the safety of the home and family to which the child is to return. This includes utilizing appropriate safety plans and safety-related services to allow reunification to occur timely and safely rather than waiting until all risk and safety concerns are fully resolved before reunification occurs” (Children’s Bureau, n.d.).

To comply with the federal guidelines, Florida also requires child welfare professionals to make concerted efforts to achieve the permanency goal as indicated in CFOP 170-7 12-2.

**Child Welfare Operating Procedure 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 the parent(s)/legal guardian(s) with opportunities to demonstrate progress toward enhancing protective capacities.
3. Know when the Conditions for Return have been met.
4. Take actions to achieve reunification with development of an appropriate in-home Safety Plan”.

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## b. Family Functioning Assessments – Ongoing and Progress Updates

The case manager is responsible for assessing the family throughout the life of the case. This includes an assessment within the first 30 days of case transfer and updates at least once every 90 days thereafter. Additional updates are required at critical junctures in the case.

Quality assessments require extensive parent engagement and information collection. Parents are the experts on their family therefore parent participation and involvement in assessing protective capacities and change is critical. Information from other sources that are close to the family are also necessary to fully understand the family's current needs and progress. This includes service providers, caregivers and informal supports.



While the initial assessment completed by the Child Protective Investigator is focused mainly on problem identification and making a safety determination, the ongoing assessments completed by the Case Manager are focused on determining what needs to change and the family's progress on making the identified changes. This includes a review of the safety analysis questions to assess the family's progress in meeting Conditions for Return.

Continuing to assess and encourage parents to make progress toward enhancing their protective capacities will move the parents closer to meeting Conditions for Return. 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 means 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 toward enhancing protective capacities, the intensity of safety management services needed for an in home safety plan will likely decrease. The changes in intensity level of safety management services requires a re-evaluation of the criteria for in home safety planning and Conditions for Return.

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## c. Evolution of CFR

Family circumstances may change over the course of a case. Changes in living situations, relationships, treatment and other factors impact the responses to the safety analysis questions which affect Conditions for Return.

### Example: When to Re-assess

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. This 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 need to be expanded to include the new requirements in order to implement an in home plan.

The safety analysis questions are an essential part of every progress update completed by the case manager. Progress updates are completed at least once every 90 days and at critical junctures. This means that at a minimum once every 90 days, the case manager is re-assessing the appropriateness of an in home safety plan and should update the Conditions for Return statement to reflect the changes the family has made since the last assessment based on the responses to the safety analysis questions. When family circumstances change, the Conditions for Return must also evolve to reflect those changes.

## d. Communicating Conditions for Return to Families

Communication is essential to effective collaboration. CFOP 170-7 12-2 requires the case manager to “clearly communicate and discuss the Conditions for Return to everyone involved in the case including the parent(s)/legal guardian(s), the court, attorneys, guardian ad litem, child (if appropriate), Tribe(s), etc., through regular court reports, case plan reviews, discussions, and other forms of communication.” Each individual associated with the case needs to have a common understanding of the conditions that are preventing the child from returning to the home and the parent's progress in making the necessary changes to these conditions relevant to their role in the case. This common understanding allows everyone to work together to support the family in achieving the goal of reunification. Because every child welfare professional has a different role, the language, emphasis and level of detail shared is different and is separated in the following sections for this reason. All communication with everyone working with the family, or on behalf of the family, should be documented in case notes and information collected should be incorporated in ongoing assessments of the family.

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## i. Parents

One of the first questions case managers are asked by parents following a removal episode is “What do I need to do to get my kid(s) back?” Parents need to have a clear understanding of expectations and how to be reunified with their children. Communicating with parents about Conditions for Return is essential to making concerted efforts toward reunification and supporting the parents in making necessary changes to return the child home. Parents should understand the criteria being used to determine when the child can return home and what needs to change in order to meet that criteria.

Effectively communicating with parents about conditions necessary for a safe return of the child require that the Case Manager is able to explain the safety concern and the criteria being used to determine when the child can return home. The language the case manager uses needs to be familiar and clear to the parents. This will require Case Managers to explain in plain language and define terminology that is not part of the parent’s everyday language including Conditions for Return, Caregiver Protective Capacities, and Safety Plans. While it is tempting to avoid using these terms entirely, being familiar with these terms is important for parents so that they can follow and participate fully in court hearings and team meetings/staffings. Parents should be encouraged to ask questions for clarify anything unknown to them.

Case Managers also need to help the parents identify actions that they can take to move closer to meeting Conditions for Return and provide any support in completing those actions and overcoming barriers. The discussion about Conditions for Return should include helping parents identify a network of supports that can be utilized as safety monitors once an in home safety plan is appropriate. Conditions for Return and how changes in the family circumstances impact Conditions for Return should be addressed during each monthly visit with the parent.

As parents get closer to meeting Conditions for Return, Case Managers need to begin talking about what supports and planning would be necessary for the child to return to the home. This could include planning for daycare or school enrollment, purchasing beds or transferring services for the child. These discussions can help lay a foundation for a transition plan that will set the parent and child up for success upon reunification.

All communication with parents needs to be documented in case notes with the information collected incorporated into the ongoing assessments.

## ii. Children

Communication with a child about Conditions for Return is dependent on their age and developmental level. Child that are school age without significant developmental delays are considered developmentally appropriate for discussions about Conditions for Return and Case Planning. If children are not developmentally appropriate for these discussions, this should be documented in all assessments of the child including the Family Functioning Assessment and Progress Updates.



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Child that are developmentally appropriate need to know that the goal is to return to their parents and that the Case Manager's role is to help their parent make changes that would allow them to go home. This should be relayed in language that the child will understand based on their developmental level. Child should be asked what they think needs to be different before they can go home and any relevant information collected should be incorporated in assessments and considered with decision making.

These discussions may need to be held in coordination with the caregiver, therapist, GAL or other support depending on the needs of the child. These conversations should occur during home visits and all other contact, based on case circumstances. When parents meet Conditions for Return and the decision is made to begin the transition of the child home, the child needs to be informed and, if age appropriate, involved in the planning and decision making.

## **e. Communicating Conditions for Return to Caregivers and System Partners**

Consistency in messaging to parents about expectations and Conditions for Return is key to helping the parent stay motivated and on track to reunify with their child as soon as safely possible. Communication with system partners including Guardians ad litem, Attorneys ad litem and service providers is essential to ensure the message is consistent and that they have the necessary information to act in accordance with their role in the case.

### **i. Caregivers**

Caregivers include licensed and unlicensed placement providers such as foster parents, relatives and non-relatives, and group home staff. Caregivers are an essential part of the team supporting children and families. Caregivers have agreed to bring a child into their home and incorporate them into their family. This emotional investment should be respected by child welfare professionals and system partners by ensuring that Caregivers are kept informed about case direction, changes and planning. Caregivers should also be involved in decision making when appropriate.

Case Managers should discuss parent progress toward achieving Conditions for Return and any family dynamics that impact the child with Caregivers during home visits. With the exception of HIPAA related documents, Caregivers can be provided with all information related to Conditions for Return that can be identified in court documents such as the case plan, family functioning assessments, progress updates and judicial reviews. The Conditions for Return statement and the responses to the safety analysis questions are recorded in the family functioning assessment and progress updates as well as in the case plan. Progress toward achieving Conditions for Return is documented in the progress updates and judicial reviews which are also filed with the court.

For parents that are required to complete an assessment or evaluation as part of Conditions for Return, the actual assessment/evaluation cannot be shared with the caregiver without a release of information as this falls under confidential information within the HIPAA guidelines. Any recommendations from the assessment/evaluation can be added to the case plan as a task which is filed with the court and included in the child resource record.

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Conditions for Return are frequently discussed during court hearings, case staffings and meetings. Case Managers have a responsibility to ensure caregivers are noticed and invited to court hearings and meetings. House Bill 1105 and CFOP 170-9 Chapter 5 Section 5-3 indicates that caregivers are required to participate in the ongoing collaboration to successfully implement the case plan, and to develop a productive relationship to communicate for mutual support and notify the Case Manager and the court if any ineffective communication impacts the child(ren) in a negative manner. Parents do have the right to ask that the caregiver not participate in staffings and meetings; however, the Case Manager must notify the courts of their attempts and the parents' decision. Notifying the courts ensures the Department has satisfied its reasonable efforts to include all parties involved.

## ii. Guardian ad Litem

All child(ren) that are placed in out of home care should have a Guardian ad Litem (GAL) assigned to their case. A Guardian ad Litem is charged with acting in the best interest of the child(ren) and is critical to ensuring that the voice of the child is captured and expressed during a dependency case. Typically, there are multiple individuals assigned from the Guardian ad Litem program that are working together to represent the best interests of the child including an attorney, a program volunteer and a supervisor for the volunteer. It is important for Case Managers to understand the dynamics and communication expectations with the Guardian ad Litem program in their area as this will guide who and how communication about Conditions for Return and other case related information and activities are relayed and provided to the GAL program staff involved in the case.

In most areas, the GAL volunteer will be the main point of contact that is meeting with the child, communicating with the Case Manager and participating in case-related meetings and staffings. This volunteer is then responsible for providing information to their supervisor for oversight and support and the GAL attorney that represents the GAL program in court.

The GAL that is designated as the main point of contact needs to be kept informed and involved with case decisions including the decision to return children to the home of the parent. In order to participate in the decision making, the GAL needs to be familiar with the:

- Safety concerns that resulted in an out of home plan for the child
- Ongoing conditions that require a continued out of home safety plan
- Changes necessary for an in home safety plan to be implemented

This information changes over time and the GAL needs to be engaged in ongoing discussions and formal staffings/meetings about Conditions for Return.

### GAL COMMUNICATIONS

#### Should include/involve:

- ☐ Changes in family circumstances requiring a re-evaluation of Conditions for Return and in home safety planning
- ☐ Invitations to staffings/meetings where Conditions for Return, Safety Planning or transition planning is discussed
- ☐ Copies of court reports (provided through notice of service when documents



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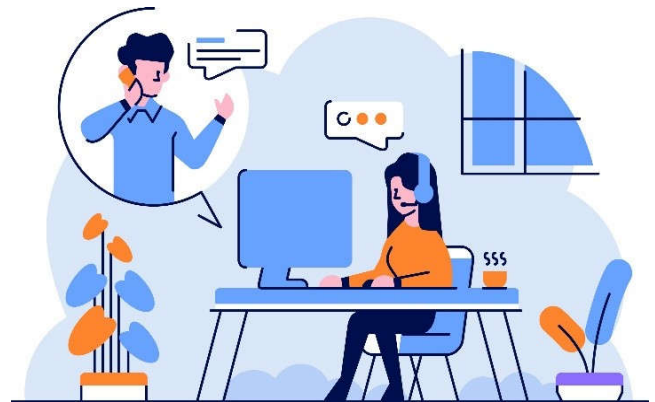
The decision to reunify a child is not made in isolation. GALs are valued members of the team and their opinion is heavily weighted by the judiciary. Consensus on readiness for reunification is more likely if all parties including the GAL have been engaged in the discussions and assessment of Conditions for Return throughout the case.

### iii. Service Providers

Service providers are not parties to the case and therefore the information that is provided is limited to only what they need to know to provide effective, appropriate services to the client. Safety management service providers will need to have more specific information about the safety concerns in the home and how those issues are being controlled than a provider working on enhancing the protective capacities of a parent or addressing the needs of a child. This section is specifically focused on other service providers that are not providing formal safety management services. These providers are addressed in the next section under safety planning.

Other service providers that are not persons responsible for action tasks or monitoring on a safety plan should only be provided with the information necessary for them to provide effective services to their client. This could include family and maltreatment history, prior treatment, current conditions that are impacting the client and assessments that provide insight into treatment planning and diagnosis.

The case manager and other system partners monitoring the parent or child's progress should maintain communication with service providers to assess for Conditions for Return as well as changes in needs and protective capacities. Progress reports and updates from service providers can offer valuable information about the client's level of cooperation, recommendations for further evaluation to better understand the safety concerns, and the type and necessary intensity of safety management services needed for an in home safety plan to be implemented. Service providers that are meeting the client in the home can also provide insight into the home environment.



Service providers should not be asked to provide a recommendation on reunification. They are not likely familiar with all of the information necessary to make an informed decision because their information is only related to the client they are serving. However, their input on what it would take to control the condition that results in the child being unsafe in the home is valuable and important to consider.

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## f. Family Meetings/Staffings

Staffings and meetings that address reunification and permanency for children are different across the state. Circuits, regions, case management agencies and lead agencies create systems and policies about the frequency and format of these staffings in their areas that work to promote forward progress in cases. While the frequency and format of these staffings differ, all agencies hold staffings and meetings to oversee progress and overcome barriers to timely permanency and safe case closure.

Conditions for Return are a necessary component of all staffings involving cases with a goal of reunification. During the course of these staffings, meeting participants should be able to identify the reasons a child or children can, or cannot, return home. When a child cannot be reunified, it should be clear to all parties what needs to change in order for the child to return home. Discussions should include the following items:

- The condition(s) that results in the child being unsafe
- The current responses to the 5 safety analysis questions
- The conditions that need to exist in order to implement an in home safety plan based on the current safety analysis

These meetings are an opportunity to collaborate with system partners and team members that are supporting the family. Meetings that take a collaborative approach allow for participants to come to consensus on next steps, expectations and recommendations to the court. A collaborative approach means that team members, especially parents, are given more than a seat at the table. They are given a voice in the decision making process. Parents, Guardian ad Litem, family service providers and support network, caregivers and other partners that offer information to inform assessment on progress, status of meeting Conditions for Return, and are involved in the decision to reunify should be considered for inclusion on all, or at least part of, the meeting as it relates to their role in the case. It is important to reference your local agency's requirements and guidelines on scheduling and inviting participants to these meetings.

Case Managers should spend time preparing for family meetings and staffings to foster better discussions and decision making. Preparation ensures that the meeting is focused on updating all parties on the current family circumstances and planning collaboratively to support the child and parents in making progress toward reunification.

### Case Manager Checklist

The Case Manager should be prepared to answer the following questions during a staffing or meeting where Conditions for Return is addressed:

- ☐ What is preventing the agency from recommending the child return home today?
- ☐ What needs to change in order for the agency to recommend the child(ren) return home?
- ☐ What barriers exist to making progress toward reunification?
- ☐ What can the agency or other system partners do to overcome these barriers?

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## **g. Court**

Communicating CFR to the courts requires providing ongoing documentation and presenting evidence as needed.

### **i. Documentation**

There are several documents that provide information to the courts about Conditions for Return, including:

- Judicial Review Social Study Report (JRSSR)
- Family Functioning Assessments (Progress update, FFA-Initial, FFA-Ongoing)
- Professional evaluation, if applicable
- Prior safety plans, if applicable

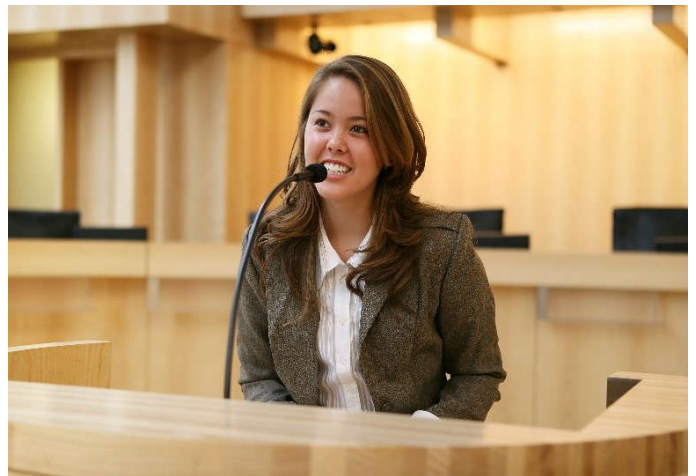
It is imperative that the Case Manager thoroughly explains and articulates the family situation and progress toward Conditions for Return in each family assessment and JRSSR that is filed with the court.

If the Conditions for Return includes the need for a professional evaluation, the required evaluation will need to be filed with the court as soon as it is completed and received.

Safety plans are fluid documents modified throughout the life of the case as needed. It is important the Case Manager provide these to the court as they change. Safety plans include information on who is involved in monitoring child safety, the level of intrusiveness of the plan and the current safety concerns. As they change, the Case Manager should provide a status report to the court identifying the reasons for the change, including the need to lessen or increase the intrusiveness of the plan, concerns with safety monitors and/or other new safety incidents.

### **ii. Articulating Status of CFR**

The court is required to inquire about the status of Conditions for Return and why the child cannot be returned home with an in home safety plan at all Judicial Review hearings. While it is only required at Judicial Review hearings, the Case Manager should anticipate being asked at every court hearing what is preventing the child from being reunified. Preparation for court is key to the Case Manager presenting well and maintaining the confidence of the court team and judiciary in their decision making and analysis. The Case Manager needs to be prepared to describe the danger threat and the parents' progress on meeting the 5 criteria for an in home safety plan. The Case Manager also needs to be able to articulate what still needs to change in order for an in home safety plan to be implemented and the efforts the Case Manager has made to help the family accomplish these changes.



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## h. Role of the Supervisor

Supporting and growing the Case Manager's understanding and skills related to the practice model, including Conditions for Return, is the responsibility of the Case Manager Supervisor. Conditions for Return can be a complicated concept within Florida's practice model because it requires frequent, ongoing assessment and communication with multiple team members. The Case Manager Supervisor should focus on supporting the Case Manager in several key areas to ensure a collaborative approach to Conditions for Return.

- Parent engagement
- Information collection
- Assessment
- Effective communication

Supervisors must document all relevant activities, supervisory reviews and consults in FSFN.

Supervisors should provide ongoing support to Case Managers to improve their engagement skills. This could include helping the Case Manager plan an approach to engagement and brainstorm ideas to overcome parent resistance. Parent engagement lays the ground work for quality data collection and assessment.

Supervisors are responsible for ensuring that Case Managers collect sufficient information and validate the information collected. Data should be collected from multiple sources including parents, service providers, prior documentation, and other system partners. Quality data collection is essential to making informed assessments regarding family progress and readiness for reunification. This could include helping the Case Manager prepare for discussions with service providers, parent visits and contact with other system partners and support determining what information is needed to fill in gaps in safety analysis and progress toward achieving Conditions for Return.

Quality data collection supports accurate assessment. Supervisors can support case managers in assessment by helping to sift through all the information collected to identify key pieces of relevant information that inform safety analysis and progress. Case Managers may also need help organizing the key information to enable them to draw conclusions about safety analysis and achieving Conditions for Return.

Both written and verbal skills contribute to Case Managers being effective communicators. Supervisors can support Case Managers in communicating with parents and system partners by reviewing all court reports that address the Conditions for Return for clarity and accuracy prior to distribution and filing with the court. To support effective verbal communication, Supervisors can help Case Managers prepare talking points for discussions with parents and system partners making sure to provide guidance on utilizing language that will promote understanding and clarification for their audiences. Supervisors should also help Case Managers prepare for staffings and meetings where Conditions for Return will be discussed.

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## IV. Achieving Conditions for Return and Reunification

### a. Assessing for Reunification

The Case Manager is responsible for ongoing assessment of family progress toward meeting Conditions for Return. This includes gathering information during contacts with service providers, parents, system partners and observations during visits and family visitation. This information is documented in case notes and addressed in supervision, during court hearings, family meetings/staffings and included in family assessments at least once every 90 days.

If it appears that the parent has met, or is close to meeting, Conditions for Return at any point in the case, the Case Manager should have a discussion with their supervisor and initiate a new progress update to formally assess the family for reunification. Input from the GAL, child, caregivers, parents, service providers and other relevant providers and individuals should be included and considered in the assessment.

As part of the assessment, updated local and criminal history checks are required. CFOP 170-7 12-2 d states that “updated local criminal history checks have been completed on the parent(s)/legal guardian(s), and Florida and local criminal history checks, including required fingerprint submission for any household members 18 years of age or older. The analysis of these results must be captured in the Progress Update.”

The Progress Update also includes the completion of the safety analysis questions and should contain documentation that supports the safety analysis responses and decision. In order for an in home safety plan to be initiated, the response to all 5 questions must be yes.

### b. Staffing for Reunification

Per Florida Statute 39.521(e) (9), the reunification decision evaluates the extent to which the circumstances and behaviors identified in the Conditions for Return can now be met and if safety of the child can be managed using an in-home safety plan. Reasonable efforts require that any child with an out-of-home safety plan should be reunified as soon as it is safely possible with an in home safety plan. Reunification is active as of the date the child returns to the home with an in-home safety plan.

CFOP 170-7 12-3 requires the completion of a planning conference prior to reunification. This conference is focused on reviewing the most recent Progress Update including caregiver protective capacities and safety analysis, development or review of an in-home safety plan, addressing child safety issues and supports for child and family needed to ensure a smooth transition of the child to the home.

The conference should include the parents, treatment providers, caregivers, Guardian ad Litem, any safety plan providers, including as many members of the team as possible in the decision making and planning can support consensus and prevent adversarial court hearings and communication issues. The conference can be coordinated with family team meetings or other planned staffings. This meeting is an opportunity to collaborate with the entire team supporting the family to ensure smooth transitioning and thorough safety planning. Agencies across the state vary in how and when these meetings are scheduled. Please check with your agency to learn the process for requesting and holding reunification planning meetings.

#### CFR/Reunification Staffing Participants:

- ✓ Parents
- ✓ Child(ren), if appropriate
- ✓ Caregivers
- ✓ Guardian ad Litem
- ✓ Safety plan formal & informal supports

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The decision to reunify the child(ren) is a collaborative decision with the team including the attorney for the department. Prior to the recommendation for reunification being made to the court, CFOP 170-7 12-4b requires the case manager and case manager supervisor to staff with the attorney for the department. "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."

## c. Reunification Packet

When the agency is ready to make a recommendation for reunification, the Case Manager needs to file a packet of information with the Department attorney. Once the information is provided to the Department attorney, the attorney will draft a motion for reunification. The motion and the information filed by the Case Manager will be filed with the court for consideration by the court team and judiciary.

The Conditions for Return status report explains how the parents are meeting Conditions for Return. The report should address all 5 criteria individually and describe the specific evidence, behaviors or changes the parents have made that reflect meeting the criteria.

The creation of the in home safety plan and transition plan will be addressed in later sections.

### Reunification Packet:

- ✓ Conditions for Return Status Report
- ✓ In-home Safety Plan
- ✓ Progress Report/FFA (Initial/Ongoing)
- ✓ Home study, if applicable
- ✓ Transition Plan
- ✓ Professional evaluation, if applicable

## d. Court

If all parties are in agreement with reunification, the court can sign an order that reflects the plan outlined in the reunification packet. If all parties are not in agreement, or if the Court requires a hearing, a hearing will be scheduled. The Case Manager will need to prepare to testify and answer questions about the decision to reunify the child.

### i. Preparation

Case Managers need to be ready to explain the decision to reunify the child. This includes being prepared to discuss the danger threat, how it manifests in the home and how the safety plan will mitigate the safety concerns. The Case Manager will also need to be able to articulate how the family situation has changed to allow for an in home safety plan, including how the parents are currently meeting criteria for an in home safety plan. The Case Manager should be able to provide evidence for each of the 5 criteria.



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## Example of Conditions for Return statement when CFR has been met.

- The parent is willing and cooperative. The parent reported that they are willing to cooperate with an in home safety plan and has identified two informal supports that are willing to be safety monitors. The parent consistently returns phone calls to the Case Manager and Guardian ad Litem. The parent has been open and honest during discussions with the Case Manager about the reasons for agency involvement. The parent has initiated services with the referred providers and the provider reports the parent has been open and honest during the initial assessment and ongoing sessions.
- 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. The parent has moved into the home of the maternal grandmother with the Case Manager and court's approval. The family schedule is predictable and consistent from week to week. The parent has been living in the home for approximately 1 month and is committed to following the family's current schedule. The parent is consistently taking the medication prescribed by the psychiatrist to address the erratic behaviors that resulted in the removal of the child. The parent has not been biker acted or acted in a violent or erratic manner in the last 3 months.
- The 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. The parent has moved into the home with the maternal grandmother. The maternal grandmother has agreed to watch the parent take the prescribed medication daily. The maternal grandmother resides in the home and is able to protect the child if necessary. The parent has identified two additional informal supports that will stay with the parent in the event that the grandmother is out of town as she travels for work approximately once a month.
- 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. The parent has completed a psychiatric evaluation that prescribed medication to help manage the diagnosis. The evaluation has been filed with the court.
- The parent has a physical location in which to implement an in-home safety plan. The parent recently moved into the maternal grandmother's home. The maternal grandmother has an approved relative home study with completed background screens and an assessment of the home environment. The parent is welcome to stay in the home as long as she remains medication compliant and making progress in treatment. The parent will reside with the maternal grandmother for the foreseeable future.

Details related to how the transition plan was created and how it meets the needs of the child and parent to ensure a successful transition should also be available for discussion. Having open lines of communication during the decision making process to reunify will ensure that the Case Manager is aware of the objections and concerns any other parties have with the plan for reunification with the parent. Preparation for the hearing should also include a focus on these specific concerns. The Department attorney and Supervisor can provide guidance and support to help the Case Manager get ready for the hearing. An in-depth preparation guide is included as Appendix E for additional support.

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## ii. Court Order:

A court order will be created for reunification by the Department attorney that includes the following:

- The Court must make a specific finding of fact that the child's safety, well-being, physical, mental and emotional health will not be endangered.
- The order must include the requirements of the In-home safety plan.
- The order must identify what the ramifications are for failure to comply with the conditions of the in-home safety plan.
- The order must outline what the parent is still required to do on their case plan.
- The order must outline a transition plan from the child's current placement to the parent's home.
- The order must 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.

## V. Safety Planning

Safety planning is an essential part of successful reunification. Returning children to the home when the parent is not in substantial compliance with their case plan hinges on the creation and monitoring of the safety plan. When children are reunified while the parent continues to make progress towards enhancing their protective capacities through participation in recommended services, children are in danger of repeat and/or new maltreatment if a sufficient safety plan is not in place and being actively monitored. Creating a sufficient safety plan requires collaboration with system partners and parents, a thorough understanding of the danger threat, and coordination of immediately available safety management services. Examples of safety plans are included as Appendix F of this guide.

A collaborative approach to safety plan development is important to foster support for, and compliance with, the safety actions developed, communicate effectively and create a more comprehensive and robust safety plan. Because the safety plan is being created for placement in home with the parent, the parent must be engaged in the development of the plan. CFOP 170-7 1-5a states that "to the fullest extent possible, the parents/legal guardians will be engaged in developing the safety plan and identifying members of their resource network who might be willing and able to participate as safety management provider." The Case Manager should talk to the parents about their ideas for safety plan actions that could keep the child safe. The parents should also be encouraged to identify friends and family in their network that can be a support after reunification. The informal supports the parent identifies will need to be screened for appropriateness which is addressed later in this section.

The Case Manager should also seek input from service providers and system partners including the Guardian ad Litem. These team members have valuable information and input that will support the creation of a robust safety plan. Coordination with the court partners including the Department Attorney, GAL, and AAL, in the development of the safety plan, can allow for a smoother reunification and prevent unnecessary tension and adversarial court hearings.



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Creation of a sufficient in-home safety plan is based on understanding the danger threat and how the danger threat manifests in the home. This includes knowing specific information about the frequency, duration and intensity of the danger threat.

- **Frequency** - The Case Manager should be able to articulate the frequency of the condition or behavior that is impacting the child's safety.
- **Duration** - The Case Manager should be able to articulate the length of time the behavior or condition is present.
- **Intensity** - The Case Manager should be able to articulate the severity of the condition or behavior. For example, for a parent who 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 engaging in this behavior, when the parent is most tempted and/or most likely to drink and how long the child is alone with the caregiver while he/she is in this state without intervention. With this information, safety management services can be identified to manage the behaviors.

## **a. Safety Management Services**

The purpose of safety management services is to control or manage the conditions that are resulting in the child being unsafe. Safety management services manage caregiver behavior and/or emotions or replaces caregiver responsibilities when caregivers are not able to care for, or protect, their children.

There are 5 categories of safety management services described below. Additional information about safety management services and examples of activities within each category can be found in CFOP 170-7 Chapter 8 and Appendix G of this guide

### **i. Behavioral Management**

CFOP 170-7 8-2 b(1) describes the category of behavioral management safety services as being "concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – all of which threaten a child's safety."

### **ii. Crisis Management**

CFOP 170-7 8-2 b(2) states "the purpose of crisis management is crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis is an acute matter to be addressed so that the present danger, or impending danger, is controlled and the requirements of the in-home safety plan continue to be carried out."

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## iii. Social Connection

CFOP 170-7 8-2 b(3) states that the category of “social connection is concerned with present danger, or impending danger, that exists in association with, or influenced by, caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others). Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection.”

## iv. Resource Support

According to CFOP 170-7 8-2 b(4), “resource support refers to the safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety.”

## v. Separation Safety

CFOP 170-7 8-2 b(5) defines separation safety as a “safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include supervision and monitoring function. Separation refers to taking any member or members of the family out of the home for a period and is viewed as a temporary action, which can occur frequently during a week or for short periods. Separation may involve any period from one hour to a weekend to several days in a row and may involve professional and/or non-professionals caring for the child.”

Safety management services can be provided by formal or informal supports. Regardless of the type of provider responsible for the safety management service, it is imperative that the provider is informed of the family dynamics and conditions resulting in the child being unsafe as well as their role in the safety plan.

## b. Informal Supports

The safety plan may involve a combination of formal and informal safety services. CFOP 170-7 7-1 defines an informal provider as “a responsible adult identified by a parent/legal guardian who agrees to provide safety management services as specified in a safety plan.” Informal providers are usually relatives, neighbors, close family friends, church members, etc. The child’s current or former caregivers are also considered informal providers. Case Managers will need to approve informal providers before including them in the safety plan.

There are several steps that the Case Manager must follow to determine the appropriateness of any informal providers including a background screening that include child abuse history, Florida Sexual Offenders and Predators registration check and local criminal history check and an interview. It is important to explain to the parent the approval process before moving forward. The parent needs to be aware that in order to determine appropriateness of the provider, the individual will need to be made aware of the family dynamics and conditions that are occurring in the home that result in the child being unsafe. If the parent is not open to this information being shared with the person identified, the person cannot be explored or approved as an informal provider.

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Following parent approval to move forward with exploring the identified person, the Case Manager must conduct an interview to determine appropriateness. In order to be approved, the informal safety plan provider must meet the criteria identified in CFOP 170-7 7-2b. “The providers must demonstrate that they:

1. Understand and believe the danger threats.
2. Are aligned with the child’s need for protection.
3. Understand the protective actions they are being asked to provide.
4. Are willing, able and have the time to provide the protective actions requested.
5. Agree to child abuse and local/state criminal background checks and provide information as to what a records check will reveal.
6. Agree to communicate openly and frequently with agency staff responsible for monitoring.
7. Agree to work as a team member with other safety plan providers involved.”

Per CFOP 170-7 7-3 a, once the interview has been completed, the Case Manager must conduct background screenings to include:

1. Child abuse history
2. Florida Sexual Offenders and Predators registration check
3. Local criminal history check

The Case Manager will review the results of the background screens to assess the person’s ability to protect the child. The results may require the Case Manager to gather additional information to inform the assessment in which case additional interviews with the person, parent or other individuals who can shed light on the circumstances or behaviors should be conducted.

A consultation with the Case Manager Supervisor is required prior to approval of informal providers. The Supervisor is also required to complete a supervisor consultation for all approved informal providers. If the individual is approved, they must be involved in the development of the safety plan, sign the safety plan, be provided with a copy, and then the safety plan with signatures must be uploaded in FSFN within two business days.

Documentation of interviews and information collected to inform the decision to approve or deny an informal provider should be documented in FSFN. If the informal provider is approved CFOP 170-7 7-5 b states “the child welfare professional will document the approved informal safety plan provider as a ‘Family Support Network’ member, including their phone contact information on the ‘Professional /Family Support Network contacts’ tab on the ‘Maintain Case’ page. This information must also be recorded in the participant’s tab under ‘Family Support Network’ on the FFA-Ongoing and Progress Update.”

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## c. Formal Supports

Formal supports are service providers, child welfare professionals and system partners that are responsible for managing or controlling the condition(s) in the home making the child unsafe. This could include for example, a parenting coach, therapist, behavior analyst or Guardian ad litem that is currently working with the family. Most lead agencies also contract with service providers specifically to provide safety management services in the home. These contracted safety management service providers vary across the state and it is the responsibility of the Case Manager and Case Manager Supervisor to know the providers and services that are available in their respective area.

Formal providers are pre-approved and do not require additional background screening and interviews to determine appropriateness. It is important to ensure that the formal support providers are aware of the family conditions and dynamics that exist in the home making the child unsafe. This can be accomplished by providing copies of the most recent family functioning assessment, safety plan and a referral form (if applicable). Be sure to check in with your local providers to determine the referral process.

As with the informal safety management service provider, the formal provider also needs to be involved in the development of the safety plan if they are responsible for safety actions.

## d. Developing and Documenting Safety Plans

Developing and documenting the safety plan begins with summarizing the specific threat to child safety. This statement should reflect the information gathered about the family, how the danger threat manifests in the home, and it should be written in plain language that the parent and safety service providers understand.

The second part of the safety plan is the creation of specific actions that control the behavior, emotions or condition(s) resulting in an unsafe child. Each action must be tailored to the needs of the family and identify a frequency that is necessary to manage the safety issue.

Safety plan actions are:

- Developed in collaboration with the parent, formal and informal safety service providers, the Guardian ad litem and other relevant individuals on the case.
- Not promissory commitments from the parents. If the parents were able/willing to take the appropriate steps to maintain the safety of the child in the home, the safety plan would not be necessary.
- Not treatment needs. The actions must control, not remedy or treat, the underlying condition.

The safety plan actions developed are then assigned to approved formal and/or informal safety service providers. These providers are required to be involved in the development of the safety plan, be informed of the specific threat to child safety, receive a copy of the plan and sign it. Safety management services included in the safety plan must be available immediately to be included in the plan. For clarity and easy follow up, the contact information for the safety service providers should be included in the safety plan.

A safety plan consult is required between the Case Manager and Case Manager Supervisor to assess sufficiency. The consultation and any subsequent discussions with safety service providers must be entered in FSN as case notes. Completed and signed safety plans must be timely uploaded in FSN.

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## e. Intimate Partner Violence

Florida Statute 39.301(9)(a)6a requires the creation of two safety plans in situations of intimate partner violence. CFOP 170-7 chapter 4 outlines the activities and requirements for creating intimate partner violence safety plans. The purpose of the two plans is to ensure the perpetrator does not have access to information about safety actions that need to remain confidential to protect the survivor of violence and the child. See CFOP for guidance on creation and documentation of these plans.

## VI. Transition Planning

### a. Purpose

Florida Statute 39.4023(3) requires that the Department, or the community based care lead agency, create and implement an individualized transition plan before each placement change experienced by a child. A multidisciplinary team staffing must convene before a child's placement is changed or within 72 hours of moving the child in an emergency situation, for the purpose of developing an appropriate transition plan. The transition plan must be developed through the cooperation among the child, if developmentally appropriate, the child's parents, the child's out-of-home caregiver, the guardian ad litem, the attorney for the child and the attorney for the Department. The transition plan must meet the requirements of Florida Statute 409.1415(2)(b)8 which include that the transition plan must involve the cooperation and sharing of information among all persons involved, respects the 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, allows for continued contact with the caregiver after the child leaves. The transition plan must be filed with the Court within 48 hours after the creation of the plan. The purpose of the transition plan is to minimize any additional trauma created by the move. Carefully planned transitions help children to build trust and healthy attachments.

### b. Focus

Transition plans are not a one-size-fits-all template. They need to be tailored to the needs of the child. Transition plans for children that have multiple service providers and have been in out of home care for an extended period of time will look very different from the child that has been in out of home care for a brief time period with no special medical, mental health or behavioral needs. Examples of transition plans are included under Appendix H.

#### Consider the following when developing a transition plan:

- ☐ Mental/behavioral health and Medical needs
- ☐ Educational and Developmental needs
- ☐ Relationships
- ☐ Level of preparedness

#### i. Mental/Behavioral Health and Medical Needs

Transition plans need to consider any mental and behavioral health as well as medical needs of the child. Mental and behavioral health providers need to be involved in the plan for transition to ensure the child's needs are met. Their input is critical to minimize trauma to the child and reduce behavioral issues. Behavioral issues can also place stress on newly reunified parents which can destabilize families and result in the child re-entering out of home care.

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Ongoing medical needs make children more vulnerable and add to the stress of parents. The medical needs of children also need to be considered including any upcoming appointments, plans for prescription refills and changes in medical insurance. When children are reunified, the parent will need to reapply for Medicaid or submit the request to add the child to the parent's insurance through their employer. Services may need to be scheduled to support the child's medical needs in the home of the parent.

Ideally, the medical and service providers will follow the child to the parent's home and continue providing services. If this is not feasible, the team needs to make a plan to ensure a new provider is assigned timely.

## ii. Educational and Developmental Needs

Children's educational and developmental needs are also crucial to consider for successful reunification and child well-being. Children that are not school age need to be enrolled in daycare as a safety service unless alternative arrangements have been made and approved by the team. This requires the coordination of an at-risk daycare referral with the local provider responsible for subsidized daycare services.

For children that are school age, the agency will need to follow the requirements in the Every Student Succeeds Act (ESSA) when making decisions about school enrollment or transfer. Children should be maintained in their school whenever possible to prevent disruption of their education. Before the decision is made to transfer the child's school, consideration should be given to the length of time the child has attended the school, history of school transfers, child's wishes, parents' wishes, impacts it would have on the child's grades, credits and progress, length of commute from the parent's home and any special needs outlined in a 504 or IEP. If the decision is made to move the child to a new school, the team needs to address school enrollment and transfer of the child's education record as well as 504 and IEP plans to the new school in the transition plan. Every agency has a process for making decisions related to school transfer in accordance with ESSA requirements. Be sure to reach out to your ESSA point of contact to follow your agency's process.



Many children in out of home care become involved in extracurricular activities and consideration needs to be given to continuing participation in these activities. Extracurricular activities are important for children's emotional and social well-being. These activities provide an outlet for the child, increase visibility in the community and encourage healthy peer and adult relationships. Extracurricular activities can also provide a support to the parent. They allow the parent a break during the week and an opportunity to build connections with other parents whose children are also involved in the activity. Scout leaders, coaches and other volunteers or paid staff that have developed a supportive relationship with the child can act as informal safety service providers on the safety plan.



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## iii. Relationships

In order to encourage healthy attachment and reduce trauma to the child(ren), it is important to consider the child's relationships with parents, caregivers and other important individuals during transition planning.

A child's relationship with their parent is dependent on the type of connection the child had with the parent prior to agency involvement and the visitation schedule during the out of home care episode. The agency may need to include additional time in the transition plan for the child to build or re-build a relationship with the parent. Children that have been placed with a family member that has allowed frequent and consistent contact with the child ongoing will likely need a shorter transition period than a child who has been placed in foster care with only weekly one hour supervised visits.

The child's connection with the caregiver is another important relationship to consider. If at all possible, plans should be made to maintain this relationship after the child returns home for the benefit of the child as well as the parent. Many out of home caregivers express an interest in supporting the parents after the child returns home. It is usually in the best interest of children to assist with this connection. Approved caregivers can act as safety service providers, respite caregivers and babysitters for parents when the child returns home. Encouraging a relationship between the parent and out of home caregiver (including foster parents) beginning at the time the child is removed reduces the initial trauma to the child and will make the transition home easier for the caregiver, parent and child.

Children also develop relationships with friends at school, extracurricular activities and their foster siblings. A well planned transition will allow the child to say goodbye to their friends and/or get the contact information to maintain a connection with them after they return home. If appropriate, the child should be involved in deciding how they want to handle maintaining or ending these relationships.

## iv. Level of Preparedness

In addition to considering the relationships and needs of the child, the plan needs to consider preparation planning and the details about who will move the child and when the child will be moved. Preparation planning includes sharing information about the child with the parent that may have changed since the child was in their care. This includes the child's routine, comfort items, likes and dislikes, favorite foods, effective discipline techniques, etc. Preparation also involves making decision about how and when to tell the child of the planned move.

The team also needs to decide who will be responsible for completion of the actions on the transition plan including coordinating referrals and transportation to additional visits and overnight stays during the transition period. The Team also needs to determine who will be returning the child to the home on the day of reunification and when this move will occur. Ideally the out of home caregiver will be involved in the final transition to the home to reduce the trauma to the child but this is not always possible based on case circumstances. Setting specific dates for these activities are helpful for clarity purposes for the team; however, they should also be flexible based on the needs and reactions of the parent and child during the transition period.

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## **c. Collaboration**

For a successful transition home, the entire team supporting the child needs to be involved in the planning process. This includes the parent, child (if age/developmentally appropriate), caregiver, Guardian ad Litem, service providers and any other individuals deemed necessary based on the case circumstances. The transition plan should be developed during the reunification staffing when the safety plan is discussed and developed prior to reunification. Input from all relevant sources is important to ensure the child's needs are met as well as build consensus and support for the reunification plan.

## **d. Documentation**

The transition plan should be documented in detail and shared with the team. The transition plan is also required to be included in the reunification packet that is provided to the department attorney for filing with the court. A transition plan example is included in the Appendix.

## **e. Caregiver Support**

Transition plans are primarily designed to support and set up the child and new caregiver for success. It is also important to remember that the current caregiver will require support after the child leaves their home as well. Relative, non-relative and licensed foster families have cared for and loved the child as their own during one of the hardest times in the child's life. This commitment and care on the part of the caregiver takes an emotional toll. Case Managers, licensing staff, GALs and other providers that support the caregiver should check in and offer emotional support for the current caregiver during the transition and after the child leaves the home. Encourage caregivers to take care of themselves during this time and reach out for support when needed. Licensing staff should consider encouraging the foster family to take a short break to recover from the move especially if the child was placed in their home for an extended period of time.

## **VII. 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. 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 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.

The period after reunification is critical as the family is adjusting to the child being in the home. This time can be stressful for the parents so it is important for the Case Manager to consistently monitor and provide the family with support. Active monitoring includes continually assessing that the safety plan is dependable, sufficient and least restrictive. CFOP 170-7 12-5a requires the Case Manager and supervisor to confirm the sufficiency of the ongoing safety plan within 5 business days of reunification. This discussion should be documented in a supervisory consult note in FSFN.



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## 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 that are outlined below. 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.

### i. Child and Parent Home Visits

#### 1. Frequency

Per CFOP 170-7 11-2, face to face contact in the home is required with the parent and child at least once every 7 days for the first 30 days following reunification. The frequency of face to face contact in the home can be decreased based on case circumstances after the initial 30 days. The frequency of face to face home visits must occur at a minimum of every 30 days. Unannounced visits to the home are also required at least once every 90 days.

#### Minimum Contact Requirements:

- ☐ 1x every 7 days for first 30 days
- ☐ At least every 30 days thereafter
- ☐ Unannounced 1x every 90 days
- ☐ Private interview/assessment with child
- ☐ Discuss safety plan
- ☐ Monitor for changes or red flags

#### 2. Child Visits

Quality home visits with children include a private interview or assessment away from the caregiver for all children over 12 months. For children that are developmentally appropriate (usually school age), these private interviews should include assessment of the child's safety, permanency and well-being. Private interviews with children that have been reunified should also include monitoring the sufficiency of the safety plan. The Case Manager should be checking in with the child on the frequency of the safety services providers coming to the home, the conditions in the home, safety concerns, new incidents, new or frequent visitors to the home, or other case specific issues. These discussions should be in child-friendly language and tailored to the developmental level of the child. If the child reports new concerns or provides information that suggests the safety plan is not working as intended, follow up is required to address these concerns including possibly modifying the safety plan. If immediate safety concerns are identified, the Case Manager should not leave until the present danger is addressed and the child is safe. If present danger is identified during the home visit, the Case Manager should reach out to the supervisor for direction on next steps.

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## 3. Parent Visits

Quality home visits with parents are essential to ensure the safety of the child in the home and continue engagement in services to move closer to case closure. During home visits with parents following reunification, the case manager should focus on monitoring the safety plan as well as monitoring for any changes or issues that necessitate changes to the safety plan.



Safety plan monitoring discussions should include asking the parent if they feel the safety services are a good fit and benefiting the family as well as determining the frequency of the service provider contact with the parent. Also, parents should be asked about any new safety issues or incidents that may have occurred since the last home visit. If the parent reveals information that indicates the safety plan is not working as intended, follow up is required. If the Case Manager identifies present danger during the visit, the case manager should not leave until the safety of the child is ensured and discussion on next steps is held with the supervisor.

The Case Manager also needs to be aware of any potential red flags or upcoming changes to the home environment that would necessitate a modification to the safety plan. Reunification is a stressful time for parents and children. High stress levels are a red flag that can lead to poor decision making and the potential for recurring maltreatment to the child. Discussion with parents to monitor child safety during the post placement period should include an assessment of the parent's stress level. This includes asking about any additional support needed, how the child is adjusting to returning to the home and how the parent is adjusting with the child home. During the home visit the case manager should be monitoring for any changes in the parent's willingness to cooperate with the current safety plan.

Changes to the home environment that could necessitate a safety plan modification include any new or frequent visitors to the home, changes to the household composition (including a pregnancy or birth of a new child) and any planned moves. These changes do not always require a change to the safety plan but contact with the safety service providers to provide new information is likely warranted and follow up will be required to determine if there is an impact to child safety.

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## ii. Safety Service Providers

Safety service providers are the persons or agencies with actions or tasks on the safety plan. In order to effectively monitor the safety plan, the Case Manager needs to be in communication with the providers at a frequency appropriate to case circumstances and having discussions about the effectiveness of the service being provided. CFOP 170-7, Chapter 11 outlines minimum requirements for contact with safety service providers. 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.

### 1. Frequency

The frequency of contact with the safety service providers is dependent on the specific case circumstances. The Case Manager and Supervisor should discuss the frequency of contact during supervision and consultations. All contacts with these providers should be entered in case notes. The minimum requirement for contact is “no less than every 30 days and frequently as is necessary to manage the effectiveness and dependability of the safety plan.”

### 2. Monitoring Activities

The discussions and follow up with the safety service providers should be tailored to the provider’s role in the safety plan and address specific safety concerns for the family. CFOP 1707 11-3d identifies specific safety plan monitoring activities.

If the provider reports new concerns or provides information that suggests the safety plan is not working as intended, follow up is required to address these concerns including possibly modifying the safety plan. If immediate safety concerns are identified, the case manager should contact their supervisor immediately to determine next steps.

**CFOP 1707 11-3d identifies the following items as safety plan monitoring activities:**

Verify that all safety service providers know the name and contact information for child welfare professionals responsible for managing the plan.

Confirm with safety service providers what actions they are providing.

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

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

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

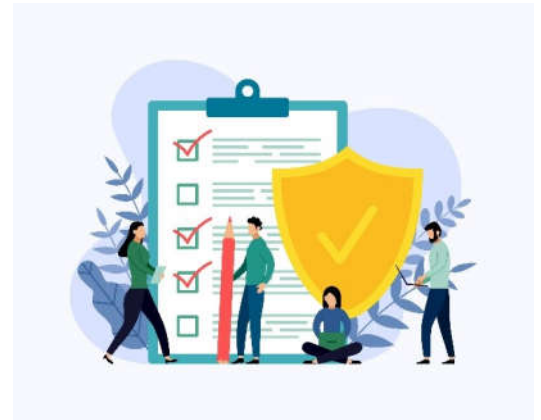
Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.

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

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## b. Safety Plan Modifications

Safety plans will need to change as the family dynamics change. Plans are fluid documents that must be flexible to add or eliminate safety services or safety service providers as appropriate. 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.



### i. 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. The Case Manager must contact their supervisor immediately to determine the most appropriate actions to ensure child safety. These actions could include the modification of the current in home safety plan 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.

### ii. Modifications

When safety plan modifications are necessary for reasons other than identification of present danger, the Case Manager should, to the extent possible, collaborate with the providers, parents and other individuals involved in the original safety plan to make the necessary revisions. Discussion should be held regarding the current family dynamics and what has changed since the creation of the previous safety plan that necessitates modification. Family input and family resources are vital to the success of the new plan as well as building the family's natural ability to provide protection to prevent future involvement with the child welfare system. 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 Manager must follow up with Children's Legal Services. Finally, the discussions and changes to the safety plan must be documented in a case note and the new safety plan needs to be drafted and signed by all safety service providers and the parent. The safety service providers should be given a copy of the new safety plan and the Case Manager should confirm the providers are aware of their role and how to reach the case manager to report issues. A supervisory consult is also required for safety plan modifications.

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## c. Ongoing Family Assessment

Reunification based on Conditions for Return does allow for children to return home sooner but it does not eliminate the need for Case Manager to assess the parents' needs or eliminate the requirement for parents to participate in services. Case Managers and parents that have had their children returned to them are still under a court ordered case plan and are still held accountable for those requirements during ongoing court hearings.

### i. Parent Engagement

The Case Manager will continue face to face home visits with parents at least once every 7 days during the first 30 days following reunification and at least every 30 days thereafter during the post placement period. In addition to child safety and monitoring the safety plan, discussions should continue to be centered on the parent's needs, services, progress and any additional referrals and support required for success. The Case Manager should be eliciting feedback from the parent on how the case plan services are benefiting them to ensure they are still the best fit for the family circumstances and are supporting the parent in achieving their goals.

Parent engagement and buy-in is essential in this phase of a case. If the parent becomes unwilling to cooperate with the safety plan, or uncooperative during the post placement period, the Case Manager must consult with their supervisor to try and overcome the engagement barriers. The Case Manager needs to make exhaustive efforts to engage the parent, including working diligently to identify and overcome the barriers, frequently and actively inviting the parent to participate, work toward establishing a partnership by reminding the parent of the need for their perspectives ideas and input, and interviewing other persons who know the parent to elicit their suggestions or help engaging with the parent. If the issues cannot be resolved, the Case Manager or Supervisor should contact Children's Legal Services to discuss the next steps. A parent that is determined to not be willing and cooperative after reunification no longer meets the requirements for an in home safety plan and therefore an out of home plan may be necessary to protect the child.

### ii. Assessing Progress

Assessing progress involves gaining a full understanding of the parent and child functioning, strengths, needs and how it changes over time. To effectively evaluate family progress, Case Managers will need to maintain contact and dialogue with the family as well as all of the individuals and agencies that are working with the family. This includes case plan service providers, safety service providers, child service providers and others involved in the case.

Follow up with case plan service providers and other individuals involved in the case is necessary to monitor the parent's progress and determine if/when the parent can be discharged or if additional needs have been identified. Case Managers are required to connect with case plan service providers to assess changes in the parents' behavior and protective capacities. Service providers that were given sufficient information at the start of services should be able to provide key insight into these areas and help the Case Manager determine when the parents have made sufficient progress. Case plan service providers should also be providing written reports that can be filed with the court.

Safety service providers are in the home to monitor the safety of the child but because they are frequently in the home, these individuals can provide valuable insight into the functioning of the parents and needs of the children. Case Managers should discuss parent and child progress and needs with safety service providers to help inform their understanding of the overall family functioning.

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Children are also frequently involved in services or with individuals that will have insight into their strengths and needs. Case Managers should maintain contact with these providers, schools and daycares, and individuals including the Guardian ad Litem to assess for any additional needs and monitor progress. The Case Manager is responsible for collecting enough information to confidently scale the child's strengths and needs in the progress update. School report cards and progress reports, therapy reports, medical records and other documentation should be filed with the court as they become available.

All contact with parents, parties and case plan service providers is required to be entered in FSFN as a case note. The information collected about ongoing services, progress and needs should be documented in the progress update and judicial review reports. Judicial reviews are held at least once every 6 months. Progress updates are due at least every 90 days; however, they may be required more frequently if there is a critical juncture in the case. Critical junctures include if the child is removed from the home, birth or death of a sibling, addition of a new family member including intimate partners, before recommending unsupervised visits, before recommending or implementing reunification, before recommending case closure and when a case is dismissed by the court.

## **d. Role of the Supervisor**

Supervisors are responsible for oversight of the Case Manager's ongoing assessments, service delivery and progress toward case closure. This is accomplished through consults, supervisory reviews and ongoing coaching to support skill development and eliminate barriers for the Case Manager.

### **i. Supervisor Reviews**

Supervisor reviews are typically scheduled face to face time between the Case Manager and Supervisor to look at the overall status of the case and identify next steps, follow up and needs of the family. They are required at least once every 90 days and should cover issues related to safety, permanency and well-being, parent and child needs and progress, follow up from the last review, preparation for upcoming meetings and court hearings and planning for safe case closure. Supervisor reviews should be done as frequent as necessary to support the Case Manager in meeting the family needs and advancing toward closure.

Supervisor reviews during the post placement period should focus primarily on the safety plan effectiveness and safety of the child, ongoing needs of the child and parents and progress toward safe case closure. The Supervisor can potentially recognize red flags that are not as obvious to the Case Manager and therefore is it imperative that these reviews include the Supervisor reading all case notes and documentation on the current status of the case since the last review.

### **ii. Consults**

Supervisor consults are meetings between the Case Manager and Supervisor that address the day to day changes or issues that arise in the case. CFOP 170-9 Chapter 10 provides the definition of, and general requirements for, supervisor consultations. Supervisor consultations are "guided discussions at specific points in the case management process that apply the child welfare practice model criteria focused on promoting effective practice and decision-making. Effective supervisor consultations provide modeling of strength-based interviewing, encouraging case manager input and ideas, and offering feedback." Supervisor consultations are required during the post placement period to approve safety plans, family assessments, critical junctures and case closure. Case closure consultation will be addressed in the next section on safe case closure. For a full list of requirements for supervisor consultations see CFOP 170-9 Chapter 10.



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Safety Plan modifications require the Supervisor to review the sufficiency of the safety plan within 5 days of the change. The consultation should confirm that the Case Manager is clearly able to describe and document how the impending danger is manifesting in the home, the plan is the least intrusive and most appropriate option, the family was involved in the creation and that the plan is managing and controlling the danger threats.

The supervisor is responsible for reviewing the information collected and documented in the progress update prior to approval. These consultations focus on providing support to the Case Manager in evaluating family progress. The Supervisor should find evidence that the Case Manager is consistently monitoring family progress, is focusing on behavioral changes vs. compliance, sought input and information from multiple sources and assessed the effectiveness of strategies to enhance caregiver protective capacities and improve child function. The consultation should also include reviewing the information collected and documented in each domain to assess if the case manager has accurately scaled child needs and caregiver protective capacities. The Supervisor is responsible for providing feedback to the Case Manager that further explores any issues, promotes critical thinking and offers direction.

If Case Managers are struggling to engage parents in the assessment or to motivate parents to continue making progress, it is vital that the supervisor provides coaching to build engagement and motivation skills. It can be tempting for parents to lose momentum or stop making progress once the child has been returned to the home. Supervisors are responsible for helping Case Managers overcome these barriers and consider new ways to encourage the parent toward achieving their goals.

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## **e. Case Closure**

The requirements for safe case closure are outlined in CFOP 170-9 Chapter 9. The recommendation for closure can be made when it is determined that the safety plan is no longer necessary and the child has achieved the permanency goal. For children that have been reunified with the parent, this means that the parent has made sufficient behavioral changes and enhanced their protective capacities enough to be able to protect the child by managing danger threats on their own.

### **i. Progress Update**

Prior to making this recommendation the Case Manager must gather information and input from the parent, service providers, safety managers and others involved in the case including the Guardian ad Litem. Information collected should include progress in services and changes in attitudes, beliefs and behavior that show evidence of the parent's ability to protect the child and meet the child's needs. This information should be documented in a new progress update and used to scale child needs and caregiver protective capacities. Sufficient information collection from multiple sources will give the Case Manager the necessary data to draw accurate conclusions for child safety. If the information collected indicates that the parent is able to protect the child on their own, the Case Manager will indicate in the progress update that a safety plan is no longer needed.

The parent and child do not need to be scaled as an A in all areas to be ready for case closure. Parents and children can continue to be diminished in some protective capacities or needs and still be able to protect the child from future harm. For example, parents that have cognitive delays are not likely to improve this protective capacity; however, the parent may have developed a healthy support system that will continue after the case closes to meet the needs the parent is not able to meet on their own. In the same way, children with severe behavioral or mental health needs may continue to have ongoing issues but the parent has learned ways to cope and meet the needs that will ensure the safety of the child.

### **ii. Supervisor Consult**

The progress update with the recommendation to close the case requires review and approval by the Supervisor prior to moving forward with recommending case closure to the court. The Case Manager must be able to explain the current family dynamics and the behavior, attitude and belief changes that the parents have made since the case opened that has resulted in the child being safe without a safety plan. The consult should focus on exploring issues, providing feedback regarding the quality of information collected, analysis of that information and the appropriateness of a closure recommendation.

### **iii. Closure Recommendation to Court**

Following the decision to request case closure, the Case Manager should file a status update with the Department attorney to formally request case closure. The completed progress update and any reports from service providers that offer additional information or recommendations related to case closure should be attached to the status report. The filing of these items is not statutorily required; however, it is helpful to provide the court and court partners with the documents and information that informed the decision to recommend case closer.



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## VIII. Roles

Effective collaboration is necessary to meet the needs of children and families and it is especially important when planning for safe and timely reunification. The prior sections have focused on the process and Case Manager and Child Protective investigator requirements. The following section is focused on a brief overview of the role of the Guardian ad Litem and Caregivers. This section is not intended to be an exhaustive list of responsibilities and case participation as each partner has their own specialized training that they undergo prior to starting their role. This is only meant to compliment training and provide specific guidance related to reunification and Condition for Return.

### a. Guardian ad Litem

The primary role of the Guardian ad Litem is to represent the best interest of the child. Guardians ad Litem are vital members of the team that is working collaboratively to achieve the permanency goal and ensure the safety and well-being of children. As a member of the team, Guardians ad Litem are involved in all areas of the case and play an important role throughout the life of the case. This guide is focused on their role as it relates to Conditions for Return and reunification.

#### i. Assessment of Progress

Child and family assessments are completed by the Case Manager with the input from multiple sources. Guardians ad Litem are a valuable source that should be included in the ongoing assessment of family needs, progress and readiness for reunification.

The decision to reunify is a team decision. Team members should play an active role in staying informed and involved in assessing progress toward reunification. This includes maintaining contact with the child and the parents. Guardians ad Litem have different relationships with parents and children than Case Managers and Child Protective Investigators. This means that the Guardian ad Litem might have the ability to motivate and gather information from children and parents in cases where the Case Manager may not be getting through or making progress.

Children can perceive the Case Manager as the reason they cannot live at home or that they are getting their parent in trouble if they share information with them just because of the nature of the Case Manager's role. Children tend to have a relationship with their Guardian ad Litem that allows them to let their guard down and share information that they are not ready to share, or are worried about sharing with their Case Manager. This special relationship gives the Guardian ad Litem the opportunity to learn and assess the child's needs that will be valuable to better understand family needs and readiness for reunification.

Communication and engagement with parents is also important. It is difficult to advocate for the best interest of the child without an understanding of the child's family of origin. Meeting face to face with parents in their home, or during child and parent visitation, can also help team members answer questions of their own about the home environment and meeting the Conditions for Return. Guardians ad Litem should have a clear understanding of Conditions for Return when talking to parents to provide the same consistent message as the Case Manager. This requires the Guardian ad Litem to consistently read court reports, attend case staffings and maintain an open line of communication with the Case Manager.

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## **ii. Safety Planning**

Safety planning is the most important part of a successful and safe reunification. Guardians ad Litem should be involved in developing the safety plan. Sufficient safety planning depends on quality information collection. Guardians ad Litem have information about the child and family that is valuable to this process. Safety planning discussions are also opportunities to share concerns and alleviate issues prior to bringing a reunification recommendation to the court. The Guardian ad Litem should use these meetings to ask questions about the plan for reunification and safety plan to ease apprehensions and address outstanding issues. Guardians ad Litem are also encouraged to participate as a safety monitor in the safety plan checking on the family to report concerns or progress toward safe case closure.

## **iii. Transition Planning**

Transition plans are created whenever a child is moved from one placement to the next. This includes when the child is returned to the home for reunification. The Guardian ad litem should be an active participant in planning this transition and should be invited to participate in all planning discussions and asked for their recommendations prior to the creation of the transition plan.

The Guardian ad Litem should have ongoing discussions with the child and caregiver about their needs, wishes and relationships they want to maintain following reunification. They can also reach out to service providers or review the service provider reports and assessments to help them identify supports that will be necessary at the time of reunification. The Case Manager will be assessing needs but it is helpful to have multiple perspectives to ensure the smoothest possible transition. Many Guardians ad Litem have also been willing to participate in transition planning by providing transportation support to and from school or extracurricular activities.

## **iv. Ongoing Monitoring**

Ongoing monitoring of families after the child has returned to the home is also an important part of the Guardian ad Litem's role in the reunification process. A Progress Update is completed prior to the decision to safely close a case is made to the court. The Guardian ad Litem should be one of the many sources the Case Manager includes in the final assessment of family progress after reunification.

Cases should not be recommended for closure until the parents are in substantial compliance and are able to keep the child safe without a safety plan. Closure cannot be recommended until at least 6 months post reunification. The Guardian ad Litem should ask questions during case closure discussions to address any outstanding questions and alleviate any issues that they might have with case closure.

## **b. Kin and Foster Caregiver**

Kin and Foster Caregivers includes licensed and unlicensed placement providers such as foster parents, relative and non-relatives and group home staff. Caregivers are an essential part of the team supporting children and families. Caregivers have agreed to bring a child into their home and incorporate them into their family. This emotional investment should be respected by child welfare professionals and system partners. As a member of the team, Caregivers should be involved in ongoing collaboration with the parents for successful implementation of the case plan and the development of a productive relationship through communication for mutual support. This guide is focused on their role as it relates to Conditions for Return and the reunification process.

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## i. Assessment of Progress

Child and family assessments are completed by the Case Manager with the input of multiple sources. Caregivers are a valuable source that should be included in the ongoing assessment of family needs, progress and readiness for reunification.

Caregivers have valuable information about the child's well-being and health, and have opportunities to coach and guide parents on how to ensure the child's needs are met. With the support for the Case Manager, Caregivers are responsible for ensuring the child's medical, dental, mental health and other well-being needs are met. It is important that the Caregivers attend all appointments to address any ongoing needs and be able to provide information and documentation to the Case Manager for ongoing assessment of the child.

Caregivers also frequently supervise visitation and can provide information about the parent's behavior and interaction with the child to the Case Manager to support ongoing assessment of the parent's functioning and behavior. The child's adjustment and behavior during and following visitation are also key pieces of information that the Case Manager will need for assessing the child and ultimately the family's readiness for reunification. Taking notes during visitation or following visitation that includes this type of information is necessary if the Caregiver is the person charged with supervising. Also the Caregiver should discuss with the Case Manager any rules for visitation, frequency, length and location, and when it is appropriate to end or deny a visit due safety or other concerns.

The decision to reunify is a team decision. Team members should play an active role in staying informed and involved in assessing progress toward reunification. This includes maintaining contact with the Case Manager, Guardian ad Litem and the parents. Caregivers should ask about Conditions for Return during home visits including the current Conditions for Return statement and the parent's progress toward achieving Conditions for Return. The Caregiver can also find this information in the court documents provided to the Caregiver for placement in the child resource record such as the Judicial Review Report, Progress Updates and court orders.

## ii. Parent Coaching and Modeling

Caregivers are an important resource for children to ensure they are safe while they are unable to live at home with their parents, but Caregivers can also be a resource to parents. Caregivers should invest in the whole family by having a role in helping the parent learn new ways of interacting with, and parenting, the child. Caregivers that build a relationship with the parent are more likely to remain a support to the child and parent following reunification.

Child related appointments are opportunities for the Caregiver to provide needed guidance and support to parents. When safely possible, Caregivers should invite parents to all appointments. This allows the parent to continue to be involved in the child's life outside of visitation. It is also a learning opportunity. Parents will observe the Caregiver's handling of the appointment including learning the appropriate questions to ask, information to provide and behaviors during the appointment. This also gives the parent an opportunity to hear directly from the professionals treating the child about how to care for the child when the child returns home. These activities will ultimately set the parent and child up for success when the child is reunified and ensure a smoother transition.

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Supervising visitation is another valuable opportunity for Caregivers to provide coaching and modeling to parents to support their goals. Modeling appropriate behavior and coaching the parent when necessary during visitation can be helpful for parents to learn new parenting techniques. It is important to note that not all parents will be open to this type of support. Caregivers should discuss this with the Case Manager and parent prior to offering coaching during visitation.

Inviting the parent to participate in the child's celebrations, extracurricular events and activities is also important to allow the parent to continue to be in the child's life outside of visitation if it can be arranged safely and in compliance with court orders. Always speak to the Case Manager and child prior to inviting the parent to any events and activities. This provides an opportunity for the parent to rebuild their relationship with the child and observe the Caregiver's behavior and parenting during the event.

### **iii. Safety Planning**

Safety planning is the most important part of a successful and safe reunification. Caregivers are allowed to be involved in safety planning for reunification if the parent gives permission for the necessary information to be shared with the Caregiver. Caregivers can be safety monitors and provide support to parents following reunification with the parent's permission. This may include helping with transportation, respite or babysitting, checking on the parent at specified times, etc. Caregivers that have built healthy supportive relationships with the parent are more likely to be included in safety planning and stay involved with the family after the child returns home.

### **iv. Transition Planning**

Transition plans are created whenever a child is moved from one placement to the next. This includes when the child is returned to the home for reunification. The Caregiver should be an active participant in planning this transition. The Caregiver is the best resource to provide information on the current needs of the child and the child's routine. Caregivers will be invited to participate in the planning discussion or asked about their recommendations prior to the creation of the transition plan. The Caregiver should have ongoing discussions with the child about their needs, wishes and relationships that they want to maintain following reunification. The Caregivers should help the child gather the contact information for the friends and relationships they wish to maintain. The Case Manager will also be assessing needs but it is helpful to have multiple perspectives to ensure the smoothest possible transition.

The Caregiver is also the point of contact for most of the professionals that work with the child including the school, therapist, coaches, mentors, etc. The Caregiver can support transition planning by informing these professionals about the timeline once it is created so that they are prepared to either transfer the child to a different professional upon reunification or make a plan to continue providing services. Caregivers can participate in the transition plan through transporting the child to and from visits, school or extracurricular activities, and being willing to supervise more frequent and longer visitation.

Caregivers also need to consider their own needs during transitions and after children leave their home. Being a Caregiver takes an emotional toll on the Caregiver, their immediate family and their support network. Caregivers should be encouraged to ask for support during the transition and after the child leaves. Caregivers should identify someone to talk to for emotional support in their personal or professional networks. Look into support groups, Foster and Adoptive Parent Associations, or other services offered for foster and relative caregivers in the area that can help process this big change in their life and the life of their family. Taking breaks from fostering to emotionally recover should be encouraged especially if the child was placed with the Caregiver for an extended period of time.

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## IX. Appendix

### a. Appendix A: Danger Threats

1. Parent/legal guardian/caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.
2. Child has a serious illness or injury (indicative of child abuse or neglect) that is unexplained, or the parent/legal guardian or caregiver explanations are inconsistent with the illness or injury.
3. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured.
4. There are reports of serious harm and the child's whereabouts cannot be ascertained; and/or there is a reason to believe that the family is about to flee to avoid agency intervention; and/or the family refuses access to the child; and the reported concern is significant and indicates serious harm. This threat refers to situations in which the location of the family cannot be determined, despite diligence
5. Parent/legal guardian or caregiver is not meeting the child's essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed.
6. Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage
7. Parent/legal guardian or caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.
8. Parent/legal guardian or caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.
9. Parent/legal guardian or caregiver is threatening to seriously harm the child, or is fearful he/she will seriously harm the child.
10. Parent/legal guardian or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.
11. Other

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## **b. Appendix B: Caregiver Protective Capacities**

1. The parent/legal guardian/caregiver demonstrates impulse control.
2. The parent/legal guardian/caregiver takes action.
3. The parent/legal guardian/caregiver sets aside her/his needs in favor of a child.
4. The parent/legal guardian/caregiver demonstrates adequate skill to fulfill caregiving responsibilities.
5. The parent/legal guardian/caregiver is adaptive as a caregiver.
6. The parent/legal guardian/caregiver has a history of protecting.
7. The person is self-aware as a parent/legal guardian/caregiver.
8. The parent/legal guardian/caregiver is intellectually able/capable and has adequate knowledge to fulfill caregiving duties.
9. The parent/legal guardian/caregiver recognizes and understands threats to the child.
10. The parent/legal guardian/caregiver recognizes the child's needs.
11. The parent/legal guardian/caregiver understands his/her protective role.
12. The parent/legal guardian/caregiver plans and is able to articulate a plan to protect children.
13. The parent/legal guardian/caregiver is able to meet own emotional needs.
14. The parent/legal guardian/caregiver is resilient as a caregiver.
15. The parent/caregiver is tolerant as a caregiver.
16. The parent/legal guardian/caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with regard to the child's perspective and feelings.
17. The parent/caregiver is stable and able to intervene to protect children.
18. The parent/caregiver is positively attached to the child.
19. The parent/legal guardian/caregiver is supportive and aligned with the child.



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## c. Appendix C: Safety Planning Analysis

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### Safety Planning Analysis

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

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

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

#### Question #1:

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

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

#### Justification for Use of an In-home Safety Plan:

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

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involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;

- Caregivers are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers are demonstrating progress toward achievement of treatment plan goals.

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

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

## **Question #2:**

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

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

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

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

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

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

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

## **Question #3:**

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

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

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

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

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

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

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

Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the *capacity of the caregiver*; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.

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

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

## **Justification for Use of an In-Home Safety Plan:**

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



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- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verified as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

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

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

#### **Question #4:**

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

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

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

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

#### **Justification for Use of an In-Home Safety Plan:**

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

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- Caregiver's attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

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

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child's essential needs even with reasonable controls possible through an in-home safety plan;
- Caregivers' physical limitations coupled with the child's specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child's essential needs even with reasonable controls possible through an in-home safety plan;
- A child has exceptional needs which the parents/caregivers cannot or will not meet and requirements to meet the child's needs are not possible within the home setting or through controls that can be established with an in-home safety plan;
- A caregiver's emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they cannot do what is minimally required to support an in-home safety plan and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;
- A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;
- A caregiver's emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;
- Caregivers' own needs are so pre-dominant and pre-imminent to a child's needs that they are completely consuming and void of any recognition or accounting for the child's needs, and in-home safety services would not be sufficient to compensate for the caregivers' behaviors, motivations, and limitations;
- Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

## **Question # 5:**

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

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

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

## **Justification for Use of an In-Home Safety Plan:**

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



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

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

- No residence;
- No stable residence;
- Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;
- There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
- Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.

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## d. Appendix D: Conditions for Return (CFR)

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### Conditions for Return (CFR)

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

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

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

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

#### Question #1:

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

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

#### Conditions for Return and Use of an In-Home Safety Plan:

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

#### Examples:

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

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## Question #2:

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

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

## Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out-of-home safety plan.

Examples:

- *The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;*
- *Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver's [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;*
- *Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in-home safety plan-[describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in-home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;*
- *Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;*
- *Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];*
- *Child [name] no longer expresses fear of the home situation;*
- *Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;*
- *There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];*
- *Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];*
- *Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;*
- *The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];*
- *There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;*
- *There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;*

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

### Question #3:

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

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

### Conditions for Return and Use of an In-Home Safety Plan:

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

### Examples:

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

### Question #4:

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

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

### Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with a caregiver's capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

### Examples:

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



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

## Question # 5:

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

*Physical location* refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed, and (2) caregivers live there full time. Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live there full time, etc.).

## Conditions for Return and Use of an In-Home Safety Plan:

CFR statements associated with a caregiver's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan.

Examples:

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

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- *Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;*
- *Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];*
- *The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;*
- *Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.*



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## e. Appendix E: Court Preparation Guide

In order to prepare for a hearing on reunification, Case Managers should be ready to clearly articulate responses to the following questions related to the impending danger, safety analysis and Conditions for Return.

### **Impending Danger/Unsafe Finding:**

1. What was the impending danger threat on this case?
2. What evidence was relied upon to make the impending danger threat finding?

### **Willingness of the Parent:**

1. Is the parent willing for an in-home safety plan to be developed and demonstrated?
2. Is the parent willing to cooperate with all identified safety service providers?
3. What has made the parent willing?
4. What has changed?
5. What has the parent done since removal that shows that they would demonstrate commitment to cooperate?

### **Calm and Consistent:**

1. 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?
2. What has changed for safety service providers to be in the home safely based upon what was making the home environment unpredictable?
3. If domestic violence was a factor, what has changed?
4. Who has moved in or out of the home?
5. Who is coming in and out of the home?
6. What behavior has changed and how did the change lead to the environment being calm and consistent?
7. Can the environment accommodate plans, schedules and services and be non-threatening to those participating in the safety plan?

### **Safety Management Services:**

1. 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?
2. What was the reason why the service providers were not available?
3. What was done to get the service providers in place?
4. Specify who the safety service providers are.
5. What is the parent attitude toward the services?
6. How is the service going to specifically manage the identified threat?
7. If there are safety services that will be provided to the family resource network, what needs to happen?
8. If additional safety services will also be provided to the family, what is the explanation of those services?
9. If the safety services are key to the child/children remaining in the home, how is this service provision going to be monitored?
10. What plan will be in place if there is a lack of ongoing cooperation from the family?

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## **Professional Evaluation:**

1. If a professional evaluation was needed, what was learned from the evaluation that allows the development of an in-home safety plan?
2. Why was a professional evaluation needed to understand the impending danger threat, caregiver capacity/behavior, or family functioning related to impending danger?
3. What evidence was relied upon to come to the conclusion that a professional evaluation was necessary?
4. Who conducted the evaluation?
5. What type of evaluation was completed and what was the purpose?
6. What information did the evaluator rely on to render their opinion?
7. What were the findings of the evaluation?
8. If the parent/legal guardian is required to be on medication, has there been a full discussion on medication compliance?
9. How is medication compliance going to be monitored and recorded?

## **Physical Location:**

1. 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?
2. What are the specifics of the home?
3. Discuss the progress update (home study factors) or the home study in areas where the progress update is not used for those purposes.

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## f. Appendix F: Safety Plan Examples

### Example 1: In Home Safety Plan

Case name: Nina Johnson

Case no: 2019-DP-123

Worker name: Tiana Masters

Safety Plan Purpose: Impending Danger

Child's name:	Age:
Sally Johnson	15 years

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

The child has type 1 diabetes and requires consistent oversight of her medical condition. The mother previously struggled to meet her daughter's medical needs by not taking the child to medical appointments, filling prescriptions and not monitoring her blood sugar or diet which resulted in multiple emergency room visits and hospitalizations.

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 nurse at Winter Park High School, Hannah Watkins, will watch the child check her blood sugar and administer her medication daily during lunch hour.	Hannah Watkins, School Nurse	None	Monday – Friday during lunch hour
The nurse will take necessary actions in line with school policy and report concerning blood sugar readings and any other concerns related to the child's health to the Case Manager, Tiana Masters.	Hannah Watkins, School Nurse	None	Monday - Friday when absence unexcused
Should Sally not be in attendance at school			

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without notice, the nurse will notify the Case Manager, Tiana Masters.			
<p>Coach Jones will report to the Case Manager, Tiana Masters, if she notice any changes in the child's behavior or health status during practice and games and take actions to address the child's health needs in accordance with school policy.</p> <p>Concerns after hours and on weekends should be reported to the on call number</p>	Coach Annie Jones		Tuesday and Thursday after volleyball practice
<p>Parenting Coach, Jackie Patterson, will visit the home on Saturdays to help the mother create healthy meal plans and review the child's blood sugar meter log.</p> <p>Ms. Patterson will take a picture of the log and send it to the Case Manager, Tiana Masters, during her home visits.</p> <p>If immediate health concerns exist, the parenting coach will call an ambulance and/or ensure the child is seen by a doctor immediately.</p> <p>Ms. Patterson will report any concerns</p>	Jackie Patterson, Parenting Coach	Janice Bumble, Parenting Coach Supervisor	Saturday

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regarding the mother's ability to manage the child's illness and or the child's health immediately to the Case Manager. Concerns after hours and on weekends should be reported to the on call number			
<p>The family therapist, Donna Goodman, will meet with the child and mother Monday 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>	Donna Goodman, Family Therapist with Devereux	Jason Douglas, Devereux Supervisor	Monday at 6:30 pm
If the child misses or re-schedules any appointments, the doctor's office will notify the Case Manager, Tiana Masters.	Dr. Smith, Primary Care Physician, Nemours	Dr. Khan, Endocrinologist, Nemours	Ongoing

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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			
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>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: 555-555-5555

\_\_\_\_\_  
Hannah Watkins (Winter Park High School Nurse)



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Contact Number: 555-555-5555

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Annie Jones (Winter Park High School Volleyball Coach)

Contact Number: 555-555-5555

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Jackie Patterson (Parenting Coach)

Contact Number: 555-555-5555

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Janice Bumble (Parenting Coach Supervisor)

Contact Number: 555-555-5555

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Donna Goodman (Family therapist)

Contact Number: 555-555-5555

---

Jason Douglas (Family therapist Supervisor)

Contact Number: 555-555-5555

---

Dr. Smith (PCP, Nemours)

Contact Number: 555-555-5555

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Dr. Khan (Endocrinologist, Nemours)

Contact Number: 321-223-2302

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Tiana Masters (Case Manager)

Contact Number: 555-555-5555

On Call: 555-555-5555

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Tennille Summer (Case Manager Supervisor)

Contact Number: 555-555-5555

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## Example 2: In Home Safety Plan

Case name: Kelvin Watson

Case no: 2020-DP-123

Worker name: Cara Duggen

Safety Plan Purpose: Impending Danger

Child's name:	Age:
Keith Watson	7 years
Keshawn Watson	9 years
Kevin Watson	14 years

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

The mother is deceased and was the primary caregiver for the children. At the time of the mother's death, the father of the children did not have a residence. The father has a history of housing instability and misusing his prescription pain medication prescribed for a serious back injury that occurred during his employment 5 years ago. When the father takes more than his prescribed dose of medication, the father becomes drowsy and lethargic to the point that he is unable to care for the children.

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 case manager and safety management provider will visit the home unannounced at least 1 time per week and complete a pill count for the father's pain medication and Kevin's psychotropic medication.  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 law enforcement and the case manager (or	Cara Duggen, Case Manager  Caleb Martin, Safety Management Service provider	Jennifer Craft, Case Manager Supervisor  Jacob Kelly, Safety Management Provider Supervisor	Case Manager – 1x weekly unannounced on a weekday  Safety Management Provider – 1x weekly unannounced on a weekend day

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<p>on call) immediately for further direction.</p> <p>The safety management provider will report the pill count to the case manager via email after each visit. If the provider has concerns for the father's behavior, pill count or other safety concerns, they will report the concerns to the case manager.</p>			
<p>The case manager will send the father at least 1 time weekly for a drug screen and request the lab analyze the levels of substance present in the sample.</p>	<p>Cara Duggen, Case Manager</p>	<p>Jennifer Craft, Case Manager Supervisor</p>	<p>At least 1x weekly</p>
<p>Keith's tutor will visit the child in the home weekly.</p> <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 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>Bobby Jenkins, A-Z Tutoring</p>	<p>None</p>	<p>Tuesday</p>

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<p>Kevin's therapist will visit the child in the home weekly.</p> <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>Tony Martinez, Devereux Therapist</p>	<p>None</p>	<p>Thursday</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</p>	<p>Caleb Martin, Safety Management Service provider</p>		

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provider cannot participate in this safety plan as described, they will immediately contact the Case Manager.	Jacob Kelly, Safety Management Provider Supervisor  Bobby Jenkins, A-Z Tutoring  Tony Martinez, Devereux Therapist  Minnie Fisher, Former foster mother  Gina Rios-Fisher, Former foster mother		
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**Signatures:****Date:**

\_\_\_\_\_  
Kelvin Watson (Father)  
Contact Number: 555-555-5555

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\_\_\_\_\_  
Caleb Martin (Safety Management Provider)  
Contact Number: 555-555-5555

\_\_\_\_\_

\_\_\_\_\_  
Jacob Kelly (Safety Management Provider Supervisor)  
Contact Number: 555-555-5555

\_\_\_\_\_

\_\_\_\_\_  
Bobby Jenkins (A-Z Tutoring)  
Contact Number: 555-555-5555

\_\_\_\_\_

\_\_\_\_\_  
Tony Martinez (Devereux Therapist)  
Contact Number: 555-555-5555

\_\_\_\_\_

\_\_\_\_\_  
Donna Goodman (Family therapist)  
Contact Number: 555-555-5555

\_\_\_\_\_

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Minnie Fisher (Former foster mother)  
Contact Number: 555-555-5555

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Gina Rios-Fisher (Former foster mother)  
Contact Number: 555-555-5555

---

Cara Duggen (Case Manager)  
Contact Number: 555-555-5555  
On Call: 555-555-5555

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Jennifer Craft (Case Manager Supervisor)  
Contact Number: 555-555-5555



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## Training Simulation Example: 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 the 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	Mary Hawkins, Maternal Grandmother	John Hawkins, Maternal Grandfather	Monday – Friday at 5pm-8pm

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the week and will stay with him at the mother Stacey's home.  She will leave @ 8pm when the Paternal Grandmother arrives.			
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	Mary Hawkins, Maternal Grandmother  Julie Woods, Paternal Grandmother	None	Daily

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present in the home, or is 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.			
<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>	Camilla Martin, Case Manager	Lesley Reed, Case Manager Supervisor	<p>Weekly (every Friday)</p> <p>Weekly (at a minimum of every 7 days)</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>Mary Hawkins, Maternal Grandmother</p> <p>Julie Woods, Paternal Grandmother</p> <p>John Hawkins, Maternal Grandfather</p>		

**Signatures:**

**Date:**

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Stacey Gordon (Mother to Emmanuel)

Contact Number: \_\_\_\_\_

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Mary Hawkins (Maternal Grandmother)

Contact Number: \_\_\_\_\_

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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: \_\_\_\_\_

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## **g. Appendix G: Safety Management Services**

### **CFOP 170-7 8-2 b (1-5)**

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

- (1) Behavioral Management Category. This category is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety. The following are safety management service types associated with the behavioral management category.
  - (a) Supervision and monitoring is the most common safety service in safety intervention. It is concerned with supervising caregiver behavior, children's conditions, the home setting, and the implementation of specific activities in an in-home safety plan.
  - (b) Stress Reduction. In-home safety service provider (relative, friend, or formal provider) comes to the home to engage in activities that relieve family stress or funds are provided for immediate, concrete needs. The in-home presence also allows for continuous monitoring of family conditions and dynamics.
  - (c) Behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. This safety management service attempts to:
    1. Limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan.
    2. Influence caregiver behavior to encourage acceptance and participation in the in-home safety plan and to assure effective implementation of the in-home safety plan.
- (2) Crisis Management Category. The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis is an acute matter to be addressed so that present danger or impending danger is controlled and the requirements of the in-home safety plan continue to be carried out. Crisis management is specifically concerned with intervening to:
  - (a) De-escalate and halt a crisis.
  - (b) Mobilize problem solving.
  - (c) Control present danger or impending danger.
  - (d) Reinforce caregiver participation in the in-home safety plan.
  - (e) Reinforce other safety management provider/resource's participation in the in-home safety plan.
  - (f) Avoid disruption of the in-home safety plan.

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- (3) Social Connection Category. Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others). Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection (see Behavior Management – Supervision and Monitoring, paragraph 8-2b(1)(a) of this operating procedure). The following are safety management services associated with the social connections category:
- (a) Friendly Visiting. Friendly visiting is directed at reducing isolation and connecting caregivers to social support. Friendly visiting can include professional and non-professional safety management providers/resources or support network. The child welfare professional will direct and coach any person responsible for friendly visiting in terms of:
    - 1. The purpose of the safety management service.
    - 1. How to set expectations with the family.
  - (b) Basic Parenting Assistance. Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills. Basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety management service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, this is related to children with special needs (e.g., infant, disabled child) and the caregivers are in some way incapacitated or unmotivated. Someone brought into the in-home safety plan becomes a significant social connection to help the caregiver(s) with challenges they have in basic parenting behavior, which is fundamental to the children remaining in the home.
  - (c) Supervision and Monitoring as Social Connection. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide social connection for the caregiver.
  - (d) Social Networking. In this safety management service, the child welfare professional is a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term "network" is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that the child welfare professional introduces into the caregiver's life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.



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- (4) **Resource Support Category.** Resource support refers to the safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and safety management services that constitute resource support include such things as the following.
- (a) Resource acquisition related specifically to a lack of something that affects child safety.
  - (b) Transportation services particularly in reference to an issue associated with a safety threat.
  - (c) Financial/Income/Employment assistance aimed at increasing monetary resources related to child safety issues.
  - (d) Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child's safety.
  - (e) General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child's safety.
  - (f) Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.
  - (g) Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child's safety.
- (5) **Separation Safety Category.** Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include supervision and monitoring function. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods. Separation may involve any period from one hour to a weekend to several days in a row. Separation may involve professional and non-professionals and can involve anything from babysitting to temporary out-of-home family-made arrangements to care for the child or combinations. Separation services include:
- (a) Planned absence of caregivers from the home.
  - (b) Respite care.
  - (c) Day care that occurs periodically or daily for short periods or all day.
  - (d) After school care.
  - (e) Planned activities for the children that take them out of the home for designated periods.
  - (f) Any arrangements to care for the child out of the home; short-term, weekends, several days, or a few weeks.

# Reunification Guidebook | 2021

## h. Appendix H: Transition Plan Examples

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.

# Reunification Guidebook | 2021

Case Name: Johnson  
Case No.: 2019-DP-123  
Transition Plan

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 good bye 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 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: \_\_\_\_\_

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?

# Reunification Guidebook | 2021

Case Name: Johnson  
Case No.: 2019-DP-123  
Transition Plan

- 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 have 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?

# Reunification Guidebook | 2021

Case Name: Johnson  
Case No.: 2019-DP-123  
Transition Plan

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.

- ☒ **Extra Curricular 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: \_\_\_\_\_



# Reunification Guidebook | 2021

Case Name: Johnson  
Case No.: 2019-DP-123  
Transition Plan

- ☐ **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 week day 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



# Reunification Guidebook | 2021

Case Name: Johnson  
Case No.: 2019-DP-123  
*Transition Plan*

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

(x ) Youth Input Form attached. If not, why?

(x ) Caregiver Input Form attached. If not, why? \_\_\_\_\_

Respectfully Submitted By: *Tiana Masters*

# Reunification Guidebook | 2021

IN THE CIRCUIT COURT OF THE Ninth  
JUDICIAL CIRCUIT, IN AND FOR  
**ORANGE COUNTY, FLORIDA**  
DIVISION: 7

CASE NUMBER: **DP20-123**

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?

# Reunification Guidebook | 2021

Case Name: Watson  
Case No.: 2020-DP-123  
Transition Plan

Issues: Keith, and Keshawn attends 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 good bye 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

# Reunification Guidebook | 2021

Case Name: Watson  
Case No.: 2020-DP-123  
Transition Plan

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 the foster parents have provided copies of the proof of rabies vaccination to the 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 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: 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?

# Reunification Guidebook | 2021

Case Name: Watson  
Case No.: 2020-DP-123  
Transition Plan

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.

- ☐ **Extra Curricular 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: 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 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: \_\_\_\_\_



# Reunification Guidebook | 2021

Case Name: Watson  
Case No.: 2020-DP-123  
Transition Plan

- ☐ **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 child 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



# Reunification Guidebook | 2021

Case Name: Watson  
Case No.: 2020-DP-123  
*Transition Plan*

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

(x ) Youth Input Form attached. If not, why?

(x) Caregiver Input Form attached. If not, why? \_\_\_\_\_

Respectfully Submitted By: Cara Duggen

# Reunification Guidebook | 2021

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.

## 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

# Reunification Guidebook | 2021

Case Name: Emmanuel Gordon  
Case No.: 2020-DP-701494  
Transition Plan

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 good bye 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 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: \_\_\_\_\_

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 a 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

# Reunification Guidebook | 2021

Case Name: Emmanuel Gordon  
Case No.: 2020-DP-701494  
Transition Plan

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 health care provider written in the back. The mother has transportation and the appropriate care 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 bag 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.

- ☐ **Extra Curricular 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?

# Reunification Guidebook | 2021

Case Name: Emmanuel Gordon  
Case No.: 2020-DP-701494  
Transition Plan

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 week day 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 Saturday and Sunday 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 the day visits.
- The child will spend consecutive Tuesday and Thursday 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

# Reunification Guidebook | 2021

Case Name: Emmanuel Gordon  
Case No.: 2020-DP-701494  
*Transition Plan*

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

(x ) Caregiver Input Form attached. If not, why? \_\_\_\_\_

Respectfully Submitted By: Camilla Martin