Learning Objectives

Participants will:

✓ Identify practice imperatives

✓ Understand major changes from Practice Guidelines
CFOP 170-1  FLORIDA CHILD WELFARE PRACTICE MODEL

CHAPTER 2, CORE SAFETY CONCEPTS

CFOP 170-2  COMPLETING HOTLINE INTAKE ASSESSMENT
CFOP 170-3  CRIMINAL JUSTICE INFORMATION SERVICES
CFOP 170-4  CHILD MALTREATMENT INDEX
CFOP 170-5  CHILD PROTECTIVE INVESTIGATIONS
CFOP 170-7  DEVELOP AND MANAGE SAFETY PLANS
CFOP 170-9  FAMILY ASSESSMENT AND CASE PLANNING

F.A.C. 65C-28, Out of Home Care
F.A.C. 65C-29, Protective Investigations

CHAPTER 39, F.S.
Where can I locate the operating procedures?

- 3 Locations:
  - DCF Intranet Page
  - DCF Internet Page
  - Center for Child Welfare website
Overview of important changes

- **Family Engagement Standards**
  - Chapter 1, Standards for Preparing for Family Engagement
  - Chapter 2, Standards for Initial Family Engagement
  - Chapter 3, Assessment of Child Functioning
  - Chapter 4, Family Engagement Standards for Exploration
    - Difficulty Engaging the Parents
  - Chapter 5, Case Planning to Support Family Change
  - Chapter 6, Evaluating Family Progress

- **Chapter 9, Safe Case Closure**
Practice Imperatives

- Family engagement
- Sufficient information gathering and analysis
- Supervisor Consultations
- FSFN Documentation
Policy vs. Practice

Phases of Interview & Engagement Skills

OPENING PHASE
- Listening and/or Responding
- EXPLORING SKILLS

INFORMATION COLLECTION PHASE
- FOCUSING SKILLS

PLANNING PHASE
- PLANNING SKILLS
- Leading and/or Influencing

CLOSING PHASE
Chapter 1, Standards for Preparing for Family Engagement

Paragraph 1-2. Preparation Prior to Case Transfer.

- **FFA-Investigation**
  - Analysis of danger threats
  - Safety Analysis
  - Safety Plan
  - Conditions for Return
Chapter 1, Standards for Preparing for Family Engagement
Paragraph 1-3. Preparation Activities after Case Transfer.

- Case history
- FFA-I and Safety Plan
- Special case dynamics and expertise
- Identify information gaps
Chapter 2, Standards for Initial Family Engagement

Paragraph 2-3. During Ongoing Case Management

- Safety plan discussion
- General information about family
- Role and responsibilities of case manager
- Family feedback past experiences
Chapter 3, Assessment of Child Functioning
Paragraph 2-3. During On-going Case Management

Child Functioning

Child Strengths & Needs
### Appendix 1: Child Development Stages Matrix

#### Infants and Toddlers, 0-3 Months

<table>
<thead>
<tr>
<th>Physical</th>
<th>Socio-Emotional</th>
<th>Cognitive</th>
<th>Indicators of Developmental Concern</th>
<th>Positive Parenting Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid height, weight gain</td>
<td>Consisted of satisfaction of needs</td>
<td></td>
<td>Makes eye contact with infant</td>
<td>Disciplined; active, engaging; supports routines; clear scheduling; structured; verbal praise is not needed</td>
</tr>
<tr>
<td>Refuses, eating, grooming</td>
<td>Smiles in response to caregiver’s voice</td>
<td></td>
<td>Interacts with infant, smiling, engaging, etc</td>
<td>Heads are held up without support</td>
</tr>
<tr>
<td>Lifts head</td>
<td>Prefers primary caregiver</td>
<td></td>
<td>Deteriorates infant</td>
<td>Does not follow objects with both eyes</td>
</tr>
<tr>
<td>Responds to sounds of crying</td>
<td>Prefers primary caregiver</td>
<td></td>
<td>Makes eye contact with infant</td>
<td>Needs and desires validity</td>
</tr>
<tr>
<td>Stressful growth ability to grasp objects and to hold</td>
<td>Smiles when faces make memories of pleasure</td>
<td></td>
<td>Interacts with infant, smiling, engaging, etc</td>
<td>Raises hands to explore objects</td>
</tr>
</tbody>
</table>

#### Infants and Toddlers, 3-6 Months

<table>
<thead>
<tr>
<th>Physical</th>
<th>Socio-Emotional</th>
<th>Cognitive</th>
<th>Indicators of Developmental Concern</th>
<th>Positive Parenting Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolls over</td>
<td>Smiles and laughs society</td>
<td></td>
<td>Helps infant “practice” talking</td>
<td>Encourages infant</td>
</tr>
<tr>
<td>Holds head when held in sitting position</td>
<td>Responds to talking</td>
<td></td>
<td>Does not hold head or talk</td>
<td>Encourages infant</td>
</tr>
<tr>
<td>_lifts knees, makes crawling motions</td>
<td>Helps infant “practice” talking</td>
<td></td>
<td>Does not hold head or talk</td>
<td>Encourages infant</td>
</tr>
<tr>
<td>Reaches for objects</td>
<td>Helps infant “practice” talking</td>
<td></td>
<td>Does not hold head or talk</td>
<td>Encourages infant</td>
</tr>
<tr>
<td>Does not tend to either direction</td>
<td>Helps infant “practice” talking</td>
<td></td>
<td>Does not hold head or talk</td>
<td>Encourages infant</td>
</tr>
<tr>
<td>Not gaining weight</td>
<td>Helps infant “practice” talking</td>
<td></td>
<td>Does not hold head or talk</td>
<td>Encourages infant</td>
</tr>
</tbody>
</table>

#### Infants and Toddlers, 9-12 Months

<table>
<thead>
<tr>
<th>Physical</th>
<th>Socio-Emotional</th>
<th>Cognitive</th>
<th>Indicators of Developmental Concern</th>
<th>Positive Parenting Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has developed sufficient muscle control for toilet training</td>
<td>Has great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Is highly mobile: skills are refined</td>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Uses spoon to feed self</td>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Throws and kicks a ball</td>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Disassmbles single objects and puts them back together</td>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Has refined hand coordination—can use simple pincer, strings, blocks, stock blocks</td>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
</tbody>
</table>

#### Pre-School: 2-3 Years

<table>
<thead>
<tr>
<th>Physical</th>
<th>Socio-Emotional</th>
<th>Cognitive</th>
<th>Indicators of Developmental Concern</th>
<th>Positive Parenting Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has great difficulty sharing</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Has strong urges and desires, but is developing ability to exert self-control</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Cannot express wishes, or stop</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Cannot feed self</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not speak in simple sentences</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Needs and desires validity</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Needs and desires validity</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not play simple activities</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not throw simple objects</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not throw simple objects</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not throw simple objects</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
<tr>
<td>Does not throw simple objects</td>
<td>Iris great difficulty sharing</td>
<td></td>
<td>Encourages infant</td>
<td>Iris great difficulty sharing</td>
</tr>
</tbody>
</table>

### Chapter 3, Assessment of Child Functioning

CFOP 170-1, Appendix 1, Child Development Stages Matrix
Chapter 4, Family Engagement Standards for Exploration

Paragraph 2-3. During On-going Case Management

Adult Functioning & Parenting

Family Goal & Change Strategies
Chapter 4, Family Engagement Standards for Exploration

4.2.b. Other Parent Home Assessment

When a child requires an out-of-home safety plan, AND only the removal parent/legal guardian has been found responsible for the unsafe child, an OPHA per requirements in CFOP 170-7, Chapter 5 must be completed.
Chapter 5, Case Planning to Support Family Change
5-3. Co-Constructing a Case Plan with Parent(s) and Child(ren)

- Child Functioning
  - Child Strengths & Needs
  - Case Planning
- Adult Functioning & Parenting
  - Family Goal & Change Strategies
Chapter 6, Evaluating Family Progress

- Child Functioning
- Child Strengths & Needs

- Adult Functioning & Parenting
- Family Goal & Change Strategies

Case Planning:
- Outcome Evaluation
- Tasks & Services
Appendix A: Progress Evaluation Facilitative Objectives

<table>
<thead>
<tr>
<th>Information Sources</th>
<th>Facilitative Objectives and Assessment Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/Legal Guardian(s) Child Welfare</td>
<td>Professional maintains acceptable amount of contact with caregivers to reinforce working relationship and facilitate change</td>
</tr>
<tr>
<td></td>
<td>Reinforce engagement and collaboration</td>
</tr>
<tr>
<td></td>
<td>Support Caregiver Self-Determination</td>
</tr>
<tr>
<td></td>
<td>Accurate perception of conditions resulting in impending danger</td>
</tr>
<tr>
<td></td>
<td>Emphasize what must change related to diminished caregiver protective capacities</td>
</tr>
<tr>
<td></td>
<td>Encourage accurate perception, agreement, and/or continued commitment regarding outcomes for change (enhanced caregiver protective capacities)</td>
</tr>
<tr>
<td></td>
<td>Support caregiver involvement in addressing and meeting the needs of children</td>
</tr>
<tr>
<td></td>
<td>Address caregiver motivational issues as change</td>
</tr>
<tr>
<td></td>
<td>Assess the sufficiency of in-home safety plans</td>
</tr>
<tr>
<td></td>
<td>Consider the potential for a less intrusive safety plan</td>
</tr>
<tr>
<td></td>
<td>Consider the need to step up the level of intrusive ness of the safety plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children Child Welfare</th>
<th>Professional maintains an acceptable amount of contact to effectively manage child safety and ensure that the needs of children are met. It is important that contact with children coincide with the scheduling of the progress evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assess child safety</td>
</tr>
<tr>
<td></td>
<td>Eldo impressions from children regarding safety plan sufficiency</td>
</tr>
<tr>
<td></td>
<td>Psychosocial well-being of children</td>
</tr>
<tr>
<td></td>
<td>Consider progress being made in addressing the needs of children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Plan Service Providers Child Welfare</th>
<th>Professional maintains an acceptable amount of contact with service providers to facilitate change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The approach to change oriented service provision</td>
</tr>
<tr>
<td></td>
<td>Evaluate efforts made by change service providers to address outcomes</td>
</tr>
<tr>
<td></td>
<td>Evaluate efforts made by caregivers to address case plan outcomes</td>
</tr>
<tr>
<td></td>
<td>Evaluate caregiver participation in change oriented services</td>
</tr>
<tr>
<td></td>
<td>Consider barriers to service provision and/or barriers to change</td>
</tr>
<tr>
<td></td>
<td>Effort feedback regarding changes that might influence safety plan sufficiency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Plan Service Providers Child Welfare</th>
<th>Professional maintains an acceptable amount of contact with safety plan service providers to assess continued safety plan sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate changes that could influence the sufficiency of safety plan</td>
</tr>
<tr>
<td></td>
<td>Verify the amount and frequency of safety services</td>
</tr>
<tr>
<td></td>
<td>Determine continued commitment of safety plan service providers</td>
</tr>
<tr>
<td></td>
<td>Consider the need for adjustment to the safety plan</td>
</tr>
</tbody>
</table>

Case Plan Team: Change Services Providers Safety Plan Service Providers Children (as appropriate)

Specific discussion with family and team members should include:
- Status of impending danger safety influences;
- Progress in enhancing caregiver protective capacities;
- Existing caregiver protective capacities that support change;
- Spastic indicators for measuring observable behavioral change;
- Progress in achieving conditions for return (reunification);
- Safety planning assistance and/ or an intrusive provision of protection and the sufficiency of safety plans;
- Caregiver motivational readiness;
- Caregiver participation in case planning service delivery;
- Addressing child needs;
- Anticipated data by which the child will return home or achieve another identified permanency outcome; and
- Effectiveness of case plans services and verification that case plan services are occurring as directed.

Assessment of family visitation and need for change to visitation plan.

Parent(s)/Legal Guardian(s) Child Welfare Professional follow up with caregivers to debrief review sessions to the safety plan and/ or case plan as applicable

Review the conclusions regarding the status of progress related to enhancing Caregiver Protective Capacities:
- Discuss and confirm revisions to the safety plan. If progress evaluation resulted in a determination to proceed with reunification, begin planning when and how the reunification process will occur.
- Discuss and confirm revisions to the case plan.
- Emphasize how revisions to the case plan are intended to address outcomes for change.
- Seek and receive commitment from caregivers to actively participate in change-oriented services.
Chapter 6, Evaluating Family Progress
6-2. Purposeful Case Management Contacts

- Child
- Parent(s)
- Non-maltreating parent
- Out of county services worker
- Providers
6-2. **Purposeful Contacts.**
d. **Monitoring Activities**

1. Child safety and well-being
2. Status of caregiver protective capacities
3. Safety analysis
Chapter 6, Evaluating Family Progress
6-2. When New Progress Update is Required.

- Child removal/out-of-home safety plan
- Birth or death of sibling
- New household member
- Change to unsupervised visitation
- Prior to implementation of reunification
- Before recommendation for case closure
Appendix A to CFOP 170-7, Safety Planning Analysis

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 # L969.

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 providers.

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

Justification for Use of an In-home Safety Plan:
- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;
- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;
- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;
- Caregiver identifies him/herself as a primary caregiver for a child;
- Caregiver demonstrates an investment in having the child remain in the home; Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively involved [e.g., participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;
- Caregivers are open to discussing the circumstances surrounding the child’s injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers and are demonstrating progress toward achievement of treatment plan goals.

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

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.

The home environment circumstances are consistent enough to be amenable to being organized, used, and consistent 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 aggravating.

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.

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 the fear can be observed and detached at its source.

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.

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.

Caregiver agrees to and goes along with an in-home 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 he or she may or will hurt the child and requests placement;

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 aggravating.

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,
Appendix B to CFOP 170-7, Conditions for Return

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.

At the conclusion of the Family Functioning Assessment-Investigations, 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 “condition” for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

**Question #1:**
The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

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

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

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

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

**Question #2:**

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

Im and consistent refers to the environment, it’s routine, how constant and consistent it is, its dictability 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:**

Statements associated with the home environment should reflect what would need to be in place 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 [identity 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 when 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 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].

**Question #3:**

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

Examples:
- Safety services are available at a sufficient level and to the degree necessary in order to manage impending danger in the home.
- 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 a genuine interest in doing what is necessary to have the child [name] return to the home;
- Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;
- Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.

**Question #4:**

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

Example:
- An increased understanding of how Impending Danger [describe negative perception and attitude toward the child that must be better understood is manifested on a day to day basis, and there is an understanding regarding when Impending Danger is more likely to become a part of ongoing safety management.]
- Safety services are 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].
- 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].

**Question #5:**

Caregivers are able to maintain an in-home safety plan and the use of in-home safety management services can manage impending danger without the results of scheduled professional involvement.

Example:
- Safety services are available at a sufficient level and to the degree necessary in order to manage impending danger in the home.
- 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 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.

**Conclusion:**

Individuals residing in the home are known to the agency, cooperative and open to consultation; there is an increased understanding of how Impending Danger [describe negative perception and attitude toward the child that must be better understood is manifested on a day to day basis, and there is an understanding regarding when Impending Danger is more likely to become a part of ongoing safety management.].
Chapter 9, Safe Case Closure

9-2. Requirements for Closure

a. Safety Plan no longer necessary and permanency goal/legal custody achieved

b. If child is determined to be not safe:
   1) All reasonable efforts to engage the parent(s) have been made AND
   2) Staffing with CLS and consensus reached.

c. Progress Update completed that justifies case closure.

d. Court ordered cases have copy of court order terminating supervision.
Thank you for participating!

If you have any questions, please forward to Alissa.Cross@myflfamilies.com

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