

Big Bend Community Based Care Policy and Procedure

Series:	Placement Services	
Policy Name:	Placement, Prevention and Safety Planning of Child Victims and Aggressors in Substitute Care	
Policy Number:	209	
Origination Date:	03/09/09	Revised: Board Meeting of 12/13/2018
Regulation:	65C-13.109, F.A.C. 65C-29.007, F.A.C. CFOP 175-88	

Referenced Document:

200-209 x 1, Family Safety Contract

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to establish safeguards that identify and assist children in substitute care who are alleged juvenile sexual offenders, sexual aggressors, sexually reactive children, known victims of sexual abuse, or who have behaviors or mental health conditions that could pose a risk to the child or others and consider their unique risk factors and needs prior to selecting a placement for the child.

Procedure

A. Placement of children into Licensed Care.

1. It is the responsibility of the Child Protective Investigator (CPI) or Dependency Case Manager (DCM) to gather all available pertinent historical information when seeking licensed placement. This includes, but is not limited to:
 - a. Child's abuse history (FSFN);
 - b. Previous assessments or evaluations, treatment, support services, forensic/disclosure interviews, placement recommendations, and treatment goal progress.
2. When licensed placements are requested, the Placement Specialist will complete a placement intake with the information provided to them by the CPI or DCM.
3. If a child is identified as having a history of being sexually victimized or sexually victimizing other children, the Placement Specialist will gather more detail surrounding the nature of the sexual abuse/sexual behavior/offender-perpetrator incident to include the following:

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- a. When;
 - b. Where;
 - c. Frequency;
 - d. Victim;
 - e. Special circumstances;
 - f. Treatment/assessments/services provided in the past or currently.
4. A sexual safety plan is required upon placement for use with a placement provider when a child known to have been sexually victimized or a child who is sexually aggressive is placed with them. The safety plan will be created by the services worker upon the child's movement to the new placement. Caregivers and service workers will review the plan and sign. A copy of the sexual safety plan will be in the child's resource record and case file, with a copy provided to the Intake/Placement Unit.
 5. If any child has been identified as being a victim of sexual abuse or has a history of being sexually aggressive, but has not had a clinical consultation with a professional trained in childhood sexual abuse, a referral will be initiated by the services worker within three working days of the child's identification. The consultation will address the treatment services and placement needs of the child and will yield documentation of treatment recommendations to be kept in the child's file.
 6. A new clinical consultation must be completed every time there is a change in a child's placement circumstances (i.e., offender completed treatment; child is showing new offender behaviors, etc.) The clinical consultation must address and provide written documentation as to the child's current potential risk to other children in the home. The risk will be determined as high, moderate, or low. Appropriate placement will be located in conjunction with the clinician's recommendations.
 7. A new signed sexual safety plan must be completed for each subsequent placement. Active safety plans may warrant updating in the event there is a change in the child's placement circumstance (i.e., a new child enters the home or the child's risks has changed).
 8. It is the responsibility of the service worker to complete sexual safety plans for children in non-licensed, substitute care such as relative or non-relative placements.
- B. Prevention of Child-on-Child Sexual Abuse.** The following safeguards will be used when placing a child known to be a sexual abuse victim or a sexual aggressor or currently involved in child-on-child sexual abuse:
1. Older sexual abuse victims shall not be placed with younger children, if treatment agents or therapists indicate in writing that it is not safe to do so.

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2. The Placement Specialist and/or DCM or CPI will provide caregivers (current and potential) with written, detailed and complete information related to sexual abuse victims and aggressors placed with them so they can prevent the reoccurrence of child-on-child sexual abuse incidents.
 3. The information given to caretakers prior to the placement being made will include:
 - a. Date of the sexual abuse incident(s);
 - b. Type of abuse, brief narrative outlining the event;
 - c. Type of treatment the child received and outcome of the treatment and if the child is currently in treatment when placed with the caregiver (with contact information).
 4. Every effort will be made to place sexually aggressive children in homes where there are no other children.
 - a. A sexually aggressive child shall never be placed in a bedroom with another child.
 - b. Children age 5 or younger may be placed in homes with other children, if they are the youngest child living in the home.
 - c. Consideration will be given to the sexual behavior and vulnerabilities of the other children in the placement. Mental handicap, physical disability, chronic illness, physical size and age will be considered.
 5. Substitute caregivers for sexually abused and sexually aggressive children will be given specific information and strategies to provide a safe living environment for all of the children living in their home.
- C. Safety Planning for Children.** The following “house rules” are recommended when sexually victimized and sexually aggressive children are in substitute care placements (i.e., family/facility where the child is residing. This can be in the form of a family foster home, residential group home, shelter, relative placement or non-relative placement). The children and the caregivers will be made aware of these rules and their purpose.
1. A child who has been sexually abused shall be placed in a private bedroom until the child becomes better known to the caregivers.
 2. If this is not possible, the child will be monitored very carefully and frequently by the caregivers until a reduction in supervision is determined to be appropriate.
 3. Never place a sexually aggressive child in a bedroom with another child.
 4. Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions.

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5. Establish rules regarding bathroom utilization (one (1) family member uses the bathroom at a time with the door fully closed).
6. Establish a dress code which outlines the type of clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas).
7. Establish reasonable guidelines concerning what level of supervision (auditory, visual, in the same room) is required for persons living in the home.
8. Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).
9. The caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets allowed.
10. The caregivers should follow all psychiatric and counseling recommendations.