

# Big Bend Community Based Care Policy & Procedure

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<b>Series:</b>	400: Child Welfare Services	
<b>Policy Name:</b>	Contact with Children and Caregivers	
<b>Policy Number:</b>	404	
<b>Origination Date:</b>	03/09/2009	<b>Revised:</b> Board Meeting of 12/13/2018
<b>Regulation:</b>	65C-30.007, F.A.C.	

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## Policy

It is the policy of the Big Bend Community Based Care, Inc. (BBCBC), to mandate that all CMOs manage contact between children, their caregivers, separated siblings, and their Dependency Case Manager (DCM) in a manner that assures that: the care needs of each child are identified and appropriately addressed, parents are assisted with completing case plan tasks in a timely manner taking unique circumstance into consideration; and substitute caregivers receive support and assistance in a way that promotes safe and stable care for the child in their care. It is recognized that maintaining frequent and meaningful contact throughout the life of the case is critical to good outcomes.

## Procedure

### A. Contacts with Children Under Supervision.

1. Initial contact shall occur within two (2) working days of the case being accepted for supervision.
2. The date accepted for supervision is the date of the CTS staffing or the date of the court order for supervision, whichever occurs first.
3. The DCM will make face-to-face contact with children at least one (1) time every thirty (30) days.
4. The contact with the child will occur at the child's residence if at all possible.
5. Contact with the child outside the child's current place of residence will occur in an environment critical to the life of the child, such as early education or child care program, school setting, or child's therapeutic setting.
6. Each contact will be purposeful and focus on the reasons for supervision and progress with services and tasks in the case plan or safety plan. During the visit the DCM must evaluate the sufficiency of the safety plan and parent's or caregiver's progress in behavior change.
7. When the child resides outside the DCM's jurisdiction, supervision and services must be immediately requested from the contracted service provider in the jurisdiction where the child is living.
8. DCM contact with children, parents and caregivers must be in compliance with CFOP 170-9.

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## **B. Contacts with Parent or Caregiver Living in Florida.**

1. The DCM will establish and maintain regular face-to-face contact at least once every thirty (30) days with the custodial parent of any child under in-home supervision.
2. The DCM will make face-to-face contact with the parent who is a party to the case at least once every thirty (30) days when the case plan goal is reunification.
3. If the parent lives in another jurisdiction, services and supervision will be requested from the contracted services provider in that jurisdiction.
4. The DCM will make face-to-face contact with the child's caregiver at least once every thirty (30) days when the child is in out-of-home placement.
5. During these contacts the DCM must discuss with the parent or caregiver the case plan progress and the child's progress, development, health and education.
6. If the DCM learns that a new adult has moved into the home of the parent or caregiver, the required background checks must be completed. This must be documented in the case record, made a part of the Judicial Review Social Study Report, and made part of the 6-month family assessment.

## **C. Contacts with Children in Shelter Status.**

1. The DCM or the CPI will make periodic contact with children in shelter status. This will be negotiated at the CTS staffing, as the CMO has primary responsibility for contact once the case is accepted for services.
2. Face-to-face contacts with the child and caregiver are to occur at least one time every seven (7) days as long as the child remains in shelter status and is residing in a licensed home or facility.
3. Face-to-face contacts are to occur at least one (1) time every seven days during the first thirty (30) days after removal for children placed with a relative or non-relative. After the first thirty (30) days the frequency of contact may be modified but must occur at least one time every thirty (30) days. The DCM must document a safety plan that includes frequency of contacts. This plan must be approved by the DCM's supervisor.

## **D. Contacts with Children Under Supervision in a State Other than Florida.**

1. The Office of Florida Interstate Compact on the Placement of Children will notify the receiving state of Florida's requirement for a face-to-face contact with the child and the child's caregiver at least one (1) time every thirty (30) days.
2. The DCM will contact the person in the other state who is supervising the child at least one (1) time each thirty (30) days.
3. The child's and caregiver's progress will be documented in the case record following each contact with the person supervising in the other state.

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## **E. All Contacts.**

1. If a required face-to-face visit with the parent or child is not completed, the DCM will document all attempts to make the visit and record these attempts plus any other alternate contacts made.
2. The DCM supervisor will review all efforts made to determine if sufficient effort was made and therefore the missed visit is excusable.
3. The DCM supervisor will discuss this with the DCM and provide guidance as appropriate.
4. Face-to-face contacts may be required more often than every thirty (30) days.
5. The DCM Supervisor will determine the need for more frequent visits based upon the child's circumstance, risk level, and the court's determination.
6. All contacts or attempted contacts must be documented in the FSFN within forty-eight (48) hours of the contact or attempted contact.
7. When contact is made the following will be documented in FSFN:
  - a. Progress towards completion of the case plan objectives; sufficiency of the safety plan and progress of the parent's or caregiver's behavior change;
  - b. Effectiveness of current services and identification of additional service needs;
  - c. Observation of the child's development, physical condition and interaction with the parent or caregiver and other household members;
  - d. Assessment of progress in tasks and services aimed at ensuring the child's well-being, including educational, emotional, developmental, physical or mental health needs;
  - e. When the child is scheduled for a Child Health Check-up according to the periodicity schedule and whether steps are being taken to ensure the child receives this service; and
  - f. When children are placed out-of-home and are 13 years old or older, documentation must include comments from the child and caregiver concerning the progress in learning identified life skills.

## **F. Sibling Group Contact.**

1. When siblings are separated every effort must be made to keep the children in contact with each other.
2. All attempts to keep the children in contact must be documented for each sibling as part of the monthly visit.

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3. If the child(ren) are not receiving regular visits, all efforts to facilitate visits must be recorded in the case record.