



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: March 1, 2019

TO: Regional Managing Directors
Community Based Care Lead Agencies
Sheriff's Offices Conducting Child Protective Investigations

THROUGH: Patricia Babcock, Deputy Secretary *PB*

FROM: JoShonda Guerrier, Assistant Secretary for Child Welfare *JS*

SUBJECT: Quality Visit Guidelines and Tool

PURPOSE: This memorandum provides notification that the Office of Child Welfare has developed guidelines and a tool to support quality contacts with children, parents, and caregivers.

BACKGROUND: The Department and its partners' Program Improvement Plan (PIP) has three goals that were identified through the Child and Family Services Review (CFSR) as areas for enhancement. Each of the goals outlined within the PIP contain strategies and key activities identified to address case work practice and systemic improvements that are necessary for outcomes related to safety, permanency, and wellbeing. The development of this tool is outlined in goal number three which states that families have enhanced capacity to provide for their children's needs and the well-being of children is improved through services to meet their education, physical health and mental health needs. This key activity will assist the Department in meeting CFSR items: 2, 3, 12, 13, 14, and 15.

ACTION REQUIRED: Please share this memorandum and attached guidelines and tool with all child welfare professionals responsible for prevention, investigation, or case management functions.

CONTACT INFORMATION: If you have any questions or need more information, please contact Atarri Hall at Atarri.Hall@mflfamilies.com or (850) 717-4651 or Monique McCaskill at Monique.Mccaskill@myflfamilies.com or (850) 717-4710.

cc: Regional Family and Community Services Directors
Center for Child Welfare

Quality Visit Guidelines



Essentials of Quality Contacts

Preparation	Investigation	Unsafe (In-Home/Out-of-Home/Judicial/Non-Judicial)
- Review all case documents prior to meeting with the family. - Consult with your supervisor and CLS when required and as often as necessary to support your decision making. - Be prepared for tough conversations and follow-up discussions with the family.	- Requires the child(ren) to be seen alone, if the child is older than an infant. - All children in the home must be assessed for risk and safety including those not under agency supervision. - Discussion topics include child's needs, service delivery to ensure those needs are met, goal achievement, and case planning at developmentally appropriate levels.	
		- Utilize parent and caregiver contact to focus on issues pertinent to child safety, case planning, service delivery, and goal achievement. - All parents must be included, including those on the Case Plan and those not on the Case Plan, "non-offending," or any other designation. - Discussion should also include barriers to child safety, increasing caregiver protectives capacities, understanding parent needs and provisions required for meeting those needs.
		Location of visits should be in a place conducive to open, honest conversation, such as a private home, rather than a public environment, such as a courthouse or restaurant.

Child Visits

Children in the home should be visited and assessed as frequently as needed, but no less than once every 30 days. Child Welfare Professionals should assess for safety, permanency, and well-being. During each visit, always keep in mind the following:

- Must be interviewed alone
- Child understands reason for agency involvement
- Substance abuse assessments and treatment needs
- Mental/behavioral health assessments and treatment needs
- Educational assessments and treatment needs
- Professional assessments and evaluations used to facilitate treatment
- Developmental milestones
- Relationship with caregivers
- Parent/child interactions should be observed and assessed to evaluate caregiver protective capacities
- Conditions for return

Parent Visits

Should occur as frequently as needed based on the case-specific circumstances, but no less than once every 30 days. Child Welfare Professionals should assess the parents for social, emotional, and behavioral capacities to support/identify when agency intervention is no longer needed:

- Discuss and address barriers to service provision
- Counseling/therapy
- Substance abuse assessments and treatment needs
- Mental health assessments and treatment needs
- Parenting education and support
- “Bundled” providers that encompass many services
- Professional assessments and evaluations used to facilitate treatment
- Services that support treatment delivery (e.g., transportation, legal fees, supervised visitation, respite care)

Caregiver Visits

Assessments and services provided to the caregiver ensure certain desired conditions in the life of the child are present and the caregiver’s needs are met in effort to support the placement:

- Counseling and therapy
- Professional assessments and evaluations used to facilitate a child’s treatment
- Assessments to identify what the caregiver needs to enhance their capacity to provide appropriate care of the child (e.g., transportation, child care, supervised visitation, respite care, post-adoption services after finalization, education and training)
- If child is placed with a relative or non-relative, inquire at every visit if they are interested in becoming a Level I Foster Parent

Case Plan and Safety Plan Effectiveness: Should be assessed at each visit and modified when required.

Frequency and Quality: Should be reflected in and easily discerned from the case notes in FSFN.

QUALITY CHILD WELFARE PROFESSIONAL VISIT

Quality contacts are purposeful interactions between child welfare professionals, children, and parents and should reflect engagement and contribute to the assessment and case planning processes. A visit is defined as a face-to-face contact between the child welfare professional or other responsible party and the child. The responsible party would include parents, foster parents, and relative and non-relative caregivers. Quality visits improve safety, permanency, and well-being. Child welfare professionals can use this as a guide to assist with consistent quality contact. Federal and state guidance was used to develop this tool for frontline staff.

QUALITY VISITS WITH CHILDREN

- Visits should occur as frequently as needed but no less than every 30 days.
- The child welfare professional shall see the child alone if the child is older than an infant (1-year-old), for at least part of the visit.
- If the child is older than an infant but has not reached the stage in development where he or she is comfortable being away from the parent, visitation should be conducted in a way that is sensitive to the child's needs but allows the child welfare professional to determine the safety and well-being of the child.
- The child welfare professional shall assess the child's home environment/living arrangement at each visit for new danger threats and parents social, emotional and behavioral capacities.
- Observe the child's interaction with the caregiver to assess the Six Information Domains along with the family's strengths and needs for effective decision-making.
- Topics discussed during the visits will include issues pertaining to the child's needs, safety, and service delivery. When a family has a need for or is under service intervention, workers shall include goal achievement and case planning in discussion with the child.
- Ask developmentally appropriate questions.

QUALITY VISITS WITH PARENTS AND CAREGIVERS

- Contact should focus on issues pertinent to case planning, service delivery, and goal achievement.
- Inform the caregiver of court hearings including the type of hearing and date and time.
- Discuss all tasks on the case plan and the parent's progress.
- Discuss case goals, progress toward goals since the last visit, and actions needed-in language that all participants can understand.
- If the child is placed with a relative or non-relative, inquire at every visit if they are interested in becoming a Level I Foster Parent unless they are already foster parents.
- If the parent is incarcerated, all efforts should be made to have contact with the parent.

- Assess child safety and risk (including identification of safety threats, vulnerabilities, and protective capacities).
- Explore the well-being of the child or youth and family.
- Observe what is happening in the home.
- Discuss what the agency will do to support the family to meet identified needs and expectations for the child or youth and family.
- Don't forget to include the father.

ADDITIONAL INFORMATION

- Prepare for the visit. Review all necessary documents, meet with children's legal services, and consult with Supervisor, as needed.
- Understand that engagement is an ongoing process.
- The length of the visit (e.g., was it of sufficient duration to address key issues with the parent or was it just a brief visit?).
- The location of the visit (e.g., was it in a place conducive to open and honest conversation, such as a private home, or was it in a formal or public environment that might be uncomfortable for the parent, such as a court house or restaurant?).
- All contact with children, parents, and caregivers must be documented in FSFN within two business days of contact.
- Each visit should build upon the previous visit.
- All family members should be included in the visit.
- Make sure children, youth, parents, and caregivers feel comfortable discussing challenges and needs.
- Make any needed changes to the case plan.
- Communicate support and partnership.
- If the child is out-of-home, have the conditions for return been satisfied?
- Provide feedback from any previous conversations or visits.
- Discuss any barriers and solutions to those barriers.
- Document any follow-up that is needed.