

Inside

Left

Cover



Table of Contents

Section 1-Critical Child Information

- Custody letter
- Initial Behavior/Health Checklist
- Medicaid card, copy of card, or number if card is unavailable
- Copy of birth certificate or birth verification by the Office of Vital Statistics
- Copy of Social Security Card or Social Security Number if card is unavailable
- Recent picture of the child
- Names and phone number of staff to be contacted in emergencies

Section II-Medical, Dental, Psychological, Psychiatric and Behavioral History

- Immunizations records
- Copies of documentation regarding all ongoing medical, dental, psychological, psychiatric, and behavioral services, including child health check-ups provided through Medicaid.
- Medication Log
- Prescribing Psychotropic Medication -Children in Out-of Home Care-Medical Report
- Parental consent for treatment or court order(if applicable)

Section III- Education

School records, including, as available,

- Report cards;
- FCAT results;
- Any psycho-educational evaluations of the child made to determine the
 - Child's educational needs and/or eligibility for special education services;
 - All disciplinary records;
 - All Individual Education Plans(IEP), including meetings notes;
 - Any consents or communication from the child's parents; and
 - Any noted or information from the guidance counselor/guidance office

Section IV- Legal

- Copy of the shelter order/court order
- Copy of the Case Plan
- Copy of the most recent Judicial Review
- Copy of Predisposition Report
- Any other court orders which may include visitation orders, travel orders, etc...
- Documentation of immigration status, including certificate of citizenship, if applicable

Section V- Miscellaneous

- All other pertinent documents that do not fit in the above categories
 - Notes
 - Child Resource Update Log
-



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Taylor Hatch
Secretary

SPECIAL INSTRUCTIONS TO CAREGIVERS

This green book is the Child Resource Record, and it must accompany the child to all medical appointments and to placements.

If, for any reason, the child is moved from one home to another, the caregiver needs to forward this book to the Dependency Case Manager/Family Support Worker at the time of the move.

Please maintain this Child Resource Book in a safe and handy place.

Section

I



OUT-OF-HOME CUSTODY LETTER

Date:

To Whom It May Concern

RE:

(name of caregiver/provider)

(address)

(city and zip)

- Licensed Foster Parent
 Relative
 Non-Relative Caregiver
 Licensed Facility

The above individual(s) is approved for placement of:

Child's Name: _____ Medicaid#: _____
DOB: _____ Race: _____
SSN: _____ Gender: _____

The above named individual(s) is authorized to sign all forms or permits necessary to ensure his/her health, safety and well being. This includes permission and admission forms for school placement.

The above individual(s) CAN NOT sign for any invasive procedures, psychotropic medication or anesthesia.

Case Management Agency: _____
Dependency Case Manager: _____
Phone# _____
Dependency Case Manager Supervisor: _____
Phone# _____
On Call Phone #: _____





INITIAL BEHAVIORAL/HEALTH CHECKLIST

CHILD'S NAME		
DOB:	RACE:	GENDER:
NAME OF SCHOOL OR DAY CARE:		
SSN:	MEDICAID #:	

CHILD SPECIFICS	YES	NO	DETAILS
Immunizations up to date			
Immunization record attached			
Under doctor's care			If yes, doctor's name:
Chronic health problems			
Requires special equipment			
Taking any medications			If yes, list:
Special directions for giving medications			
Allergic to any medications			
Any allergies			If yes, list:
Special diet			If yes, detail:

INFANT CARE	FEEDING INSTRUCTIONS
Name of milk or formula	
Amount per feeding	
Number of feedings per day	
Baby foods: kind & amount	
Please list any problems such as difficult to feed, spitting up, hungry too often, sleeps through feedings, etc.	



EXHIBITS THE FOLLOWING BEHAVIORS/CONDITIONS THAT MAY BE INDICATIVE OF EMOTIONAL OR MENTAL HEALTH NEED(S):

BEHAVIOR	YES	NO	DETAILS
Enuretic and/or encopretic			
Physical harm to self			
Uses drugs/alcohol			
Physical aggression/threats			
Fire setting			
Age-appropriate sexual behavior(s) and/or knowledge			
Runs away from home			
Suicidal thoughts/threats			
Sexually aggressive			
Excessive school absence			
Sexual abuse victim or aggressor (Family Safety Contract is Required)			Family Safety Contract Signed Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			

Instructions regarding visitors and phone calls (In and Out):

Signing this document acknowledges that you have placed/received the child and provided/accepted the CRR, accepted the child.

Counselor/Case Manager

Phone# Date

Relative/Non-Relative Shelter/Facility

Phone# Date



FORM COMPLETED BY:	DATE COMPLETED:
PRIMARY CARE PROVIDER:	HOSPITAL OF BIRTH:

Health Information

- Do you consider your child to be in poor health? Yes* No
- Are you concerned about your child's physical development? Yes* No
- Are you concerned about your child's mental or emotional development? Yes* No
- Does your child wear eyeglasses or contacts? Yes* No
- Does your child use any medical equipment (nebulizer, spacer, orthotics, hearing aids, etc.)? Yes* No

***Explain any "yes" answers in space provided below**

Chronic Medical/Developmental/Mental Health Conditions

Hospitalizations (include psychiatric and residential treatment)

Date	Location	Explain

Surgery

Date	Location	Explain

Medications

Name	Dose	Explain

Allergies (food, medication, insect stings)

Name/Type	Reaction

CPI Checklist

Items to accompany child:

- Eyeglasses
- Medication(s)
- Medical equipment
- Immunization record

For Newborns:

- Discharge summary
- Follow-up appointments
- State newborn screening form
- Immunization record
- Results of newborn hearing screen

INITIAL HEALTH INFORMATION	CHILD'S NAME	
	SSN	Gender
	DOB	AGE

Contact Information

Case Management On Call

Children's Home Society

Martin County: 772-631-3868

Indian River County: 772-321-3044

Okeechobee County: 863-697-1966

Adoptions: 772-332-0041

Communities Connected for Kids

Saint Lucie County: 800-431-7513

Placement On-Call

772-985-9756

CCKids Emergency Messaging System

866-322-3535

Department of Children and Families

Abuse Hotline: 800-96ABUSE (800-962-2873)

Section

II



EMERGENCY INTAKE

Date and Time: _____ County: _____

Child's Name: _____ Date of Birth: _____

Child's Physician Contact Information:

Physician's Name	Physician's Phone Number
Physician's Address	

Are siblings also in foster care? Yes No

If yes, siblings' names and ages: _____

Parents'/Caregivers' Names: _____

Reasons for Removal:

- Suspected Physical Abuse
 Suspected Neglect
 Father Incarcerated
 Mother Incarcerated
 Suspected Sexual Abuse
 Other (specify): _____

Any known allergies: Yes No

If yes, list allergies: _____

Any known physical or emotional problems: Yes No If yes, list problems: _____

Any special dietary needs/formulas: Yes No If yes, list needs: _____

I (print name of parent or legal guardian) _____ certify that my child (print child's full name) _____ is currently prescribed and taking the listed medications and by my signature I am giving authorization to the Department of Children and Families to continue to provide the listed medications and continue any listed behavioral health services.

Signature of Parent: _____ **Date:** _____

Medications	Reason for taking medication	Dosage	Length of Time on Medication	Giving to Shelter/ Foster Parent
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Equipment/Information Accompanying Child: Eyeglasses Medication Medical Equipment
 Immunization Records Newborn Discharge Summary

Where is the child being taken: Temporary shelter Relative of family Temporary foster home
 Friend of family Other (specify): _____

Contact Name: _____ Phone Number: _____

Address: _____

Notes:

Name/Title of person completing form: _____ Phone #: _____



Communities Connected for Kids Psychotropic Medication Log

Please note any side effects or adverse reactions

Child's Name:					Month:					Caregiver:							
Medication:					Pharmacy:					Dosage:			Dosage (2):				
Dr's Name:					Pharmacy Phone:					Effective Date:			Effective Date (2):				
Day	Time	AM	Dose	Int.	Time	AM	Dose	Int.	Time	PM	Dose	Int.	Time	PM	Dose	Int.	Notes
1		AM				AM				PM				PM			
2		AM				AM				PM				PM			
3		AM				AM				PM				PM			
4		AM				AM				PM				PM			
5		AM				AM				PM				PM			
6		AM				AM				PM				PM			
7		AM				AM				PM				PM			
8		AM				AM				PM				PM			
9		AM				AM				PM				PM			
10		AM				AM				PM				PM			
11		AM				AM				PM				PM			
12		AM				AM				PM				PM			
13		AM				AM				PM				PM			
14		AM				AM				PM				PM			
15		AM				AM				PM				PM			
16		AM				AM				PM				PM			
17		AM				AM				PM				PM			
18		AM				AM				PM				PM			
19		AM				AM				PM				PM			
20		AM				AM				PM				PM			
21		AM				AM				PM				PM			
22		AM				AM				PM				PM			
23		AM				AM				PM				PM			
24		AM				AM				PM				PM			
25		AM				AM				PM				PM			
26		AM				AM				PM				PM			
27		AM				AM				PM				PM			
28		AM				AM				PM				PM			
29		AM				AM				PM				PM			
30		AM				AM				PM				PM			
31		AM				AM				PM				PM			
Signatures				Initials (Int.)				Instructions for filling out form:									
								1) Fill in blanks at the top of the form									
								2) Start on the row matching the actual calendar date. Fill in the time given, the amount and initial of person giving medication.									
								3) Each row has 4 blocks in order to record up to 4 dosages of the medication in one day									
								4) People placing their initials in the blocks must fill out the signature line at the bottom of the page.									
								5) If an error is made, write an "E" in the box instead of your initials and explain in the "Notes" column.									
								6) If a dosage is changed during the month, but not the medication, fill in the blocks marked "Dosage (2)" and "Effective Date (2)".									
								7) When the medication is given to others outside the household to administer, count the medication, and have them sign that they received the medication in the "Notes" column. Then count the medication and note how many were later returned.									



Prescribing Psychotropic Medication Children in Out-of-Home Care MEDICAL REPORT

OPTION FOR PHYSICIAN

YOU MAY SUBSTITUTE A MEDICAL REPORT PREPARED BY YOUR OFFICE AS LONG AS THE MEDICAL REPORT SUBSTITUTED ADDRESSES ALL ELEMENTS IN THIS REPORT. PLEASE NOTE THAT IF A COURT ORDER IS NEEDED TO ADMINISTER THIS MEDICATION, SOME JUDGES MAY ASK FOR ADDITIONAL INFORMATION.

Child's Name: _____
Evaluating
Physician's Name: _____
Address: _____

Date/Time of Office Visit: _____

Phone #: _____ Fax #: _____

Please indicate if you are a:

Child Psychiatrist General Psychiatrist

Pediatrician Other: _____

Board Certified? Yes No

Dear Physician:

The attached Medical Report has been developed to guide the treatment of children in the custody of the Florida Department of Children and Families who are prescribed a psychotropic medication. These children are not residing with their parent or legal guardian.

- Prior to prescribing a psychotropic medication, s. 39.407, F.S. requires the prescribing physician to attempt to obtain express and informed consent from the child's parent or legal guardian. This is required even when the medication is prescribed for medical reasons unrelated to behavioral healthcare.
- In the absence of the parent's express and informed consent or in emergency situations, the completed and signed Medical Report will be submitted to the court and admitted into evidence at a hearing. The information in the report will be used in lieu of a court appearance by the physician. Therefore, it is critical that all information contained in the report be complete and thorough.
- Express and informed consent may only be given by the child's parent or legal guardian. In no case may the dependency case manager, child protective investigator, or the child's foster parents provide express and informed consent for a child to be prescribed a psychotropic medication.

Florida Statute 39.407 requires physicians who prescribe psychotropic medications to children in foster care complete a medical report that includes the following information:

1. A statement indicating that the physician has reviewed all medical information which has been provided concerning the child.
2. A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address.
3. An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver.
4. Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services that the prescribing physician recommends.

Thank you for your work with children in the foster care system.

*An electronic version of this form can be downloaded from
<http://www.dcf.state.fl.us/DCFForms/Search/DCFFormSearch.aspx>*



Medical Report for
Children in Out-of-Home Care
(to be completed by the physician)

SECTION 1: CHILD'S INFORMATION

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Gender: _____

SECTION 2: INFORMATION RECEIVED BY PHYSICIAN. *Briefly list any persons consulted, tests performed, and documents reviewed in conjunction with this child's evaluation. (NOTE: The dependency case manager is responsible for providing all pertinent medical information known to the Department concerning the child.)*

Documents Provided: (check all that apply)

- Comprehensive Behavioral Health Assessment.
- Previous psychological evaluation.
- Current Health Physical Examination or recent well child exam.
- Referral Information including all medications currently prescribed, health status, health services and therapy currently receiving.
- Current school records, including assessments (e.g., Functional Behavioral Assessments, etc.)
- Other (list):

Persons Consulted: (Name, title/relationship to child, date of consultation)

Does child's medical history include conditions that may indicate the presence of brain injury (for example, blows to head, fetal alcohol syndrome, loss of consciousness, head scars, fever above 104°)?

- Yes No Further assessment needed (see Section 4)

Other health conditions considered (list):

Comments:

Child's Name: _____

Date of Birth: _____

SECTION 3: DIAGNOSED CONDITIONS, SYMPTOMS, BEHAVIORS. Details should be provided for each separate diagnosis. If necessary, continue on page 9 for additional diagnoses/medications. List all diagnosed conditions, symptoms, and behaviors that support the need for the requested medications, including current medications that will be continued, for a complete profile. Please provide the Axis diagnosis(es) if known.

Diagnosis # _____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

Diagnosis # _____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

Child's Name: _____

Date of Birth: _____

SECTION 5: CERTIFICATION OF SIGNIFICANT HARM. *This section must be completed when it is likely that any delay in taking the prescribed medication would cause significant harm to the child.*

I, the physician, have reviewed all medical information concerning this child provided to me by DCF/CBC and/or the child's caregivers, and certify that a delay in providing the prescribed psychotropic is likely to cause significant harm to the child as noted below:

- I find that it is likely that any delay in taking this medication would cause significant harm to this child.** I recognize that this finding statutorily *pre-authorizes* the Department to provide the proposed medication profile to the child immediately and prior to obtaining a court order. Delay in taking the psychotropic medication(s) will more likely than not harm the child.

Please provide detailed explanation of the nature and extent of harm the child will likely experience:

- This child is currently in a hospital, crisis stabilization unit, or psychiatric residential treatment center.** I recognize that this finding statutorily *pre-authorizes* the Department to provide the proposed medication profile to the child immediately and prior to obtaining a court order. A court order must then be sought within 3 business days.

SECTION 6: MEDICATION INFORMATION. *Section 39.407(3)(c)4., Florida Statutes (2009), requires that the Medical Report include information covering the recognized side effects, risks, contraindications, drug-interaction precautions, and possible effects of stopping medication for each medication. This information must be attached to this medical report. Medical reports without such information attached cannot be filed with the court.*

Please attach the appropriate information for all psychotropic medications listed in section 3 of this report.

- I have provided a copy of the attached medical information to the child and to the child's caregiver.
- I have also discussed this information with the child and with the child's caregiver.

Child's
Name: _____

Date of Birth: _____

SECTION 7: SUPPLEMENTAL INFORMATION. *Please describe below information on other treatment options. In addition please attach any supplemental information that might explain or support this medical report.*

1. Are there other treatment options available in lieu of administering the psychotropic medications recommended above? Yes No

If yes, what are those alternatives?

2. Have these alternatives been tried? Yes No

If yes, what was the response to the alternative treatments?

3. If the alternative treatments were not tried, explain why:

4. Other supplemental information:

Child's Name: _____

Date of Birth: _____

SECTION 8: EXPRESS AND INFORMED CONSENT BY PARENT OR GUARDIAN. *To be completed by parent or guardian in consultation with the physician.*

By signing this section I am certifying that I am a parent or guardian of the above-named child, and that the physician has explained to me each of the following (initial each):

- _____ the reason for treatment;
- _____ the proposed treatment;
- _____ the purpose of the treatment to be provided;
- _____ the common risks, benefits, and side effects of the treatment;
- _____ what results are expected;
- _____ the specific dosage range for the medication;
- _____ alternative treatment options and the risks and benefits thereof;
- _____ the approximate length of treatment;
- _____ the potential effects of stopping treatment; and,
- _____ how treatment will be monitored.

Further, by signing this section I am certifying the following (initial each):

- _____ The physician has answered all of my questions about this medical report.
- _____ I understand that I am not required to consent to this medical report. The Department may, after consultation with the prescribing physician, seek court authorization to provide the psychotropic medication to my child.
- _____ I understand that any consent given for treatment in this medical report may be revoked orally or in writing before or during the treatment period and the Department will then be required to obtain a court order to continue the medication.

SIGN HERE IF YOU CONSENT TO THE TREATMENT:

Signature of parent or guardian CONSENTING

Date

SIGN HERE IF YOU DO NOT CONSENT:

Signature of parent or guardian NOT CONSENTING

Date

Print Name

Relationship to Child

Child's Name: _____

Date of Birth: _____

SECTION 9: SIGNATURE OF PHYSICIAN.

By signing this document, I am certifying that I have reviewed all medical information concerning the child which has been provided, and I am certifying that the psychotropic medication, at its prescribed dosage, is medically necessary for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, and its prescribed dosage, is expected to address.

I have discussed with the child's parent/legal guardian the reason for treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects of the treatment; the specific dosage range for the medication; alternative treatment options; the approximate length of care; the potential effects of stopping treatment; and how treatment will be monitored.

by phone in person

I have discussed with the child the reason for treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects of the treatment; the specific dosage range for the medication; alternative treatment options; the approximate length of care; the potential effects of stopping treatment; and how treatment will be monitored.

Child assents Child does not assent Child is not age/developmentally appropriate

Comments, especially reason for nonassent:

I have not discussed this treatment with the parent/legal guardian and have not obtained express and informed consent for administration of this medication.

Signature of prescribing physician

Date Signed

Print Name

License: _____

Telephone Number: _____

Emergency Contact Telephone Number: _____

Child's Name: _____

Date of Birth: _____

SECTION 3: DIAGNOSED CONDITIONS, SYMPTOMS, BEHAVIORS (continued from page 3).

Use this page only if it is necessary to continue from page 3 with additional diagnoses/medications. List all diagnosed conditions, symptoms, and behaviors that support the need for the requested medications, including current medications that will be continued, for a complete profile. Please provide the Axis diagnosis(es) if known.

Diagnosis # ____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

Diagnosis # ____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

Child's Name: _____

Date of Birth: _____

SECTION 3: DIAGNOSED CONDITIONS, SYMPTOMS, BEHAVIORS (continued from page 9).

Use this page only if it is necessary to continue from page 9 with additional diagnoses/medications. List all diagnosed conditions, symptoms, and behaviors that support the need for the requested medications, including current medications that will be continued, for a complete profile. Please provide the Axis diagnosis(es) if known.

Diagnosis # _____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

Diagnosis # _____: ADHD/ADD Oppositional Defiant Disorder Adjustment Disorder Depression
 Post Traumatic Stress Disorder Reactive Attachment Disorder Bipolar Disorder Mood Disorder
 Other (specify): _____

Medication recommended: _____

Starting dose: _____ Dosage Range: _____

Expected length of medication treatment/Plan to reduce or eliminate the medication (Titration Plan):

Side effects for caregiver to monitor:

Target symptoms/behaviors medication will address and expected results:

This Medication is NEW

This Medication is for Medical Condition Behavioral Health Condition

Comments regarding medication:

When to Call Your Pediatrician

Is it OK to call my child's pediatrician even if I'm not sure my child is sick?

Routine care

You should always feel free to call your pediatrician's office, even if it's for routine things like medicines, minor illnesses, injuries, behavior, or even parenting advice. Keep in mind, though, that your pediatrician may not be able to answer your questions without seeing your child first.

Urgent care

Sometimes it's hard to tell how sick your child is. However, urgent care or a trip to the hospital is usually not needed for a simple cold or cough, mild diarrhea, constipation, temper tantrums, or sleep problems. However, if your child has any of the following, call to find out if he needs to be seen:

- Vomiting and diarrhea that last for more than a few hours in a child of any age
- Rash, especially if there is also a fever
- Any cough or cold that does not get better in several days, or a cold that gets worse and is accompanied by a fever
- Cuts that might need stitches
- Limping or is not able to move an arm or leg
- Ear pain with fever, is unable to sleep or drink, is vomiting, has diarrhea, or is acting ill
- Drainage from an ear
- Severe sore throat or problems swallowing
- Sharp or persistent pains in the abdomen or stomach
- Pain that gets worse or does not go away after several hours
- A rectal temperature of 100.4°F (38°C) or higher in a baby younger than 2 months
- Fever and repeated vomiting at the same time
- Blood in the urine
- Bloody diarrhea or diarrhea that will not go away
- Not drinking for more than 12 hours

Emergency care

Call 911 (or your emergency number) for any severely ill or injured child or if your infant or child has any of the following:

- Bleeding that does not stop with direct pressure over the wound
- Suspected poisoning (Call the Poison Help line at 1-800-222-1222.)
- Seizures (rhythmic jerking and loss of consciousness)
- Trouble breathing
- Skin or lips that look blue, purple, or gray
- Neck stiffness or rash with fever
- Head injury with loss of consciousness, confusion, vomiting, or poor skin color

- Sudden lack of energy or is not able to move
- Unconsciousness or lack of response
- Acting strangely or becoming more withdrawn and less alert
- A cut or burn that is large, deep, or involves the head, chest, abdomen, hands, groin, or face

Tips Before and During A Call To The Doctor

Your pediatrician may prefer that you call with general questions during office hours. Some offices even have special "phone-in" times. Before you call, have a pen and paper ready to write down any instructions and questions. It's easy to forget things, especially if you are worried about your child. During the call make sure your child is near the phone, if possible, in case you need to answer any questions.

Also, be prepared to provide information about your child's health.

- **Fever**
If you think your child has a fever, take your child's temperature before you call. If your child does have a fever, write down the temperature and time you took it.
- **Medical problems**
Remind the doctor about past medical problems (such as asthma, seizures, or other conditions). He or she cares for many children each day and may not remember your child's health history.
- **Medicines**
Be sure to mention if your child is taking any medicines, including prescription or nonprescription drugs, inhalers, supplements, vitamins, herbal products, or home remedies.
- **Immunizations**
Keep immunization records at hand. These are especially helpful if your child has an injury that may require a tetanus shot or if pertussis (whooping cough) is in your community.
- **Pharmacy**
Have the phone number of your pharmacy ready.

If the doctor needs to return your call, make sure you are available for a callback. Unblock your phone "call block," and keep phone lines open so that your pediatrician can return your call in a timely manner. Do not leave pager numbers. If you leave a cell phone number, be sure that you have your cell phone on and will be in an area where you can receive calls.

Last Updated 8/7/2013

<http://www.healthychildren.org/English/family-life/health-management/Pages/When-to-Call-Your-Pediatrician.aspx>

Section

III



DEPARTMENT OF CHILDREN AND FAMILIES and
COMMUNITIES CONNECTED FOR KIDS

School Registration Information for Foster Care Children
(To be completed by the Child Protective Investigator or Case Manager prior to school registration.)

Date: _____
 First: _____
 Last: _____
 : _____
 Student ID: _____
 Sex: _____
 Grade: _____
 Assigned School: _____
 Name of Caregiver: _____
 Caregiver Address: _____
 Caregiver Phone #: _____
 Referring Worker Name: _____
 Phone#: _____
 Supervisor's Name: _____
 Sup. Phone #: _____
 Children's Legal Services Attorney Name: _____
 Phone #: _____
 Guardian Ad Litem Name: _____
 Phone#: _____
 Court Appointed Attorney Name: _____
 Phone #: _____

Special Needs: ESE ESOL SOCIAL MEDICAL EMOTIONAL
 Comments: _____

Have parental rights been terminated? NO YES (attach court order)
 Is there a court order prohibiting/limiting natural parent or other person from contact with student? NO YES (attach court order)
 Date of last psychological reports? NO YES (attach court order)
 Date of last psychiatric reports? NO YES (attach court order)
 Date of last CBHA? NO YES (attach court order)

Persons authorized to sign non-ESE school consent forms (Code of Conduct, Permission for Field Trips, etc.) include all Devereux CBC representatives and the caregiver listed above.

Persons listed below are authorized to pick up this child:

CCKids Representative
Caregiver listed above

School Related Quick Reference Guide

Question:

Response:

1. Who can enroll a child into school? Legal parent, custodian or guardian.
2. What documentation is needed to enroll a child? Copy of the court order or letter from DCF/CCKids stating the child is in the temporary custody of someone other than the parent.
3. If a child is placed in a home outside his/her current school's zone, does he/she have to change schools? Not always, there are a few exceptions. Contact the DCF investigator or the CCKids Clinical services Director for more information.
4. What is needed to get a child's bus changed? Contact transportation office and provide new address and school information.
5. Who does school contact in case of an emergency? Any person on the child's emergency contact card may be contacted. If DCF/ CCKids needs to restrict persons, they need to provide that information to the school in writing.
6. Who should be invited to school conferences? The parent along with the child's current custodian, and the DCF/ CCKids case manager.
7. Who should receive information on the child's progress? How much information can be given to the parents? Custodian? Parents can and should always receive information on their child's progress unless there is a court order specifically prohibiting this. The legal guardian/custodian should also receive information in order to help the child succeed in school.
8. Who can sign documentation for the child? The parent should be the first person contacted to sign necessary paperwork for the child. In the case of out of home placement, the foster parent or guardian may sign paperwork.

Section

IV

CAREGIVERS AND THE COURTS



A Primer on Juvenile Dependency Proceedings for Florida Foster Parents and Relative Caregivers



INTRODUCTION

A Primer for Florida Foster Parents and Relative Caregivers

Federal law now gives foster parents (including preadoptive parents) and relatives caring for children the right to be heard in court, subject to certain restrictions. As a foster parent or relative caregiver, you are an important member of the team caring for a dependent child. You may have valuable information that would help the court make its decisions. If you want your information to have the greatest chance of being heard by the court, it is important for you to understand the legal issues judges face at different types of hearings about the child, how to assess whether certain information is appropriate for the court process, and how best to present it to the court.

This brief manual provides general information about the court process as well as, in the last section, some specific suggestions on how you can participate in the process. By providing the juvenile court with current, detailed information, you can help the court to make the best possible decisions about the child in your care.

THE COURT PROCESS

How a Case Gets to Court

The dependency process begins when someone reports suspected child abuse or neglect. An investigation is done by the Department of Children and Families. If the investigator believes that the child's safety requires immediate removal from the home, a petition for shelter is filed and heard by the Court within 24 hours of the child's removal. If the investigator believes that a child is in need of court protection, either with or without removal from the home, then a petition is filed to declare the child a dependent of the court. This petition is called a *Petition for Adjudication of Dependency* and alleges facts that the investigator believes are the basis of the need for protection.

Initial Hearing

As noted above, within 24 hours after a child is removed from a parent¹, the juvenile court holds an initial court hearing, called the shelter *hearing*. This hearing is the court's first chance to hear about the situation that brought the family to the attention of the Department of Children and Families (DCF). At the shelter hearing the judge decides whether the child's safety requires that she be removed from her home until legal proceedings take place on the allegations of abuse or neglect filed against the parent(s), and whether the safety of the child requires that she should stay in shelter, in the temporary custody of a relative, appropriate non-relative, or DCF.

Since the initial hearing happens very quickly after the child is removed from her home and most caregivers do not have firsthand knowledge about the events addressed by the court, you probably will not have information to submit at the initial hearing.

Adjudicatory Hearing

The child's parents have a right to a trial on the allegations of abuse or neglect charged against them. At this hearing, the court receives evidence and determines whether the allegations of abuse or neglect are true. If it decides that they are, then the court sustains, or upholds, the petition. To do this, the court must determine whether the alleged abuse, neglect or abandonment fits the maltreatment descriptions in Chapter 39, Florida Statutes, which authorizes the court to intervene for a child's protection.

Most relative caregivers and foster parents will not have information on whether the child falls within one of the categories that authorize the court to take charge of the child.

Disposition Hearing

If the court declares that the child is a court dependent, the judge then decides whether the child should remain with a parent or be legally removed from the parents' care. If the child is removed from the parents, the

¹ Some children live with a legal guardian. If a child is removed from a legal guardian, the court follows the same process as if the child were removed from a parent.

court then considers who should care for the child. The court must consider relatives as the first placement alternative. If placement with a relative is not possible, the child is usually placed in a foster home.

In most cases, the court orders a reunification plan for the parents so that the child can return home. A reunification plan describes the responsibilities and duties of both the social services department and the parents to remedy the problems that caused the child's removal. At the disposition hearing the court can also make orders about visitation, issue restraining orders, and make any other orders the judge finds are in the best interest of the child.

The decisions that are made at the disposition hearing focus on the parents' ability to provide care for the child and on services the child and family need in order to reunify as soon as possible; input by a foster parent or relative caregiver is usually not appropriate. However, in cases where the child has been in your home for many months, you may have information about the child's needs that could assist the court.

Six-Month Review Hearing

The juvenile court must review the cases of all children placed in foster or relative care at least once every six months. At the first review hearing, information is given on the parents' progress with their reunification plan and on how the child is doing in foster care. The court may return the child to his home or may order that the child continue to live in a relative's home or a foster home.

As the child's foster parents or relative caregivers, you must be given notice of this hearing. The notice must tell you that you may attend all hearings or submit to the court, in writing, information you believe to be relevant.

Foster parents or relatives caring for a child often have valuable information about the child's physical, emotional, educational, and social development. This kind of information may help the court to understand the child's needs. If you have been supervising visits between the child and a parent, you may also have some information about the parent's progress to relay to the court at the review hearing.

Permanency Hearing

A permanency hearing must be held within 12 months of the date the child entered out-of-home care.² The court will decide if the child can safely be returned home or if efforts to reunify the child with his birth family should end. In some cases, the court may decide to continue trying to reunify the family. It is important to remember that terminating reunification services does not terminate parental rights. The child's parents are often able to continue visits and other involvement with the child even if the court terminates reunification services.

If the child cannot return home, another permanent plan will be selected at the permanency hearing. That plan could be adoption, long term relative placement or another planned, permanent living arrangement. The preferred choice is the most permanent home possible for the child, so the court considers first adoption. If adoption is determined by the court to not be in the child's best interest, then the following options are considered:

- Long-term custody (adult relative or other adult approved by the court)
- Long-term licensed custody
- Independent Living
- Guardianship pursuant to chapter 744

Foster parents and relative caregivers are given notice of the permanency hearing in the same way they are given notice of the review hearing.

You may have information about the child's physical, emotional, educational, and social development while in foster care that will be helpful to the court at this stage of the proceedings.

² A child is considered to have entered foster care on the removal date.

Post-Permanency Review Hearings

A hearing is held every six months to update the court on the child's progress and needs. This continues until either the child is adopted or until the Department's supervision over the child's long term relative placement is terminated by the court. Foster parents and relative caregivers are given notice of the hearings in the same way they are given notice of review and permanency hearings.

Once a year, the court must address whether or not the permanent plan for the child continues to be appropriate. The court can add or modify orders until the child turns 18 or until Department supervision is terminated.

Information focused on the child's physical, emotional, educational, and social progress may assist the court in deciding issues having to do with the child's placement, services to the child, and visitation.

HOW YOU CAN PARTICIPATE IN COURT HEARINGS

Federal Law

The Adoption and Safe Families Act, passed by Congress in 1997, says that foster parents, preadoptive parents, and any relative providing care for a child must be given notice of, and the opportunity to be heard in, any review or hearing to be held with respect to the child. It does not require that foster parents, preadoptive parents, or relatives providing care for a child be made *parties* to the action. This means that, although caregivers can go to court and present information, they do not have the same legal rights as DCF, the child's birth parents, or the child. Caregivers are not *required* to attend court hearings under the law.

Information the Court May Consider Helpful

The information you provide is meant to assist the court in making decisions about the child in your care. Following are some types of information that the court may find useful. You do not need to address all of these, only the ones important to the child's case. It is helpful to provide factual information, describe behavior you have observed in the child, and present information about the child's needs. In general, you should focus on giving firsthand information about the child in your care and not offer opinions about other people involved in the court process (for example, the social worker, the child's birth parents, and the attorneys involved in the case).

1. PLACEMENT INFORMATION

- The date the child came to your home and a brief description of the child's physical and emotional condition at that time.

2. MEDICAL INFORMATION

- Doctor visits or hospitalizations since the last court hearing, and the results of those visits.
- Any medications the child is taking, and the dosages.
- Any adverse reactions the child has had to medical procedures or medications.
- A brief description of the child's physical development, and any developmental lags you have observed.

3. DENTAL INFORMATION

- Visits to the dentist since the last court hearing, and the results of those visits.

4. EDUCATIONAL INFORMATION

- The child's grade in school, and whether the child is performing at grade level.
- The dates of any school conferences you have attended, and the results of those conferences (especially if the child is in special education classes).
- Any educational testing the child has had, who administered the testing, and the results of the testing.

5. BEHAVIORAL INFORMATION

- A brief description of the child's behavior in your home.
- Any services the child is receiving to address behavioral difficulties, who is providing the services, and how often the child goes for the services.

- A brief description of how the child expresses his needs and feelings and how he calms himself.
- A brief description of the child's eating and sleeping patterns and any difficulties the child has eating or sleeping.

6. CHILD'S SPECIAL INTERESTS AND ACTIVITIES

- A brief description of any special activities the child participates in (Scouts, music lessons, church groups, etc.) and how often the child participates in them.
- A brief description of any talents, interests, hobbies, or skills you have observed in the child.

7. VISITATION

- The dates of visits between the child and her parents or other family members.
- If you supervised the visits, a brief description of the behaviors of the child and the other family members present at the visits. *Carefully describe only the behavior. Do not comment on the reason for the behavior.*
- A brief description of any arrangements for sibling visitation.
- The dates of any telephone contacts between the child and the child's parents or other family members.

8. PROFESSIONAL CONTACTS

- All in-person and telephone contacts between you and the child's social worker.
- All in-person and telephone contacts between you and the child's attorney.
- All in-person and telephone contacts between you and the child's Court Appointed Guardian Ad Litem (GAL).

9. RECOMMENDATIONS

- A brief description of any services you believe the child would benefit from, and why.

Written Reports or Court Attendance?

Remember that judges have a small amount of time to listen to the people attending the court hearing and to make decisions about the child. Some judges prefer to have information from caregivers submitted in writing to the court before the hearing. Any reports you submit will be distributed to all the other people involved in the case. Written reports should be short (a few pages) and well organized, with headings. Reports should present only facts----never opinions. If you want to submit a written report, send it to the court as soon as possible after you receive notice of the hearing. You may also want to send a copy to the child's social worker, attorney, and GAL (if the child has one).

Some judges may limit your attendance at court to answering any questions he or she has about the child. Others may allow you to make a short statement. Remember, *the court has a limited amount of time, and your comments should be short and to the point.*

Local Court Culture

The information presented here is a general overview of the dependency process and how you can participate in it. It is important to understand, however, that each judge has procedures and rules about what happens in his or her courtroom. Before submitting written material or attending court proceedings, you should check with your social worker or the child's attorney about appropriate procedures in your local juvenile court.

Foster parents and relative caregivers are important members of the team providing care for dependent children. Your goal should be to give the juvenile court current, detailed information about the child. In doing so, you can assist the court in making the best possible decisions about the child in your care.

Testifying in Court

Foster parents and relatives caring for children are sometimes called as witnesses in dependency court proceedings. If you are to be called as a witness, one of the attorneys involved in the case will generally contact you to tell you that he or she plans to ask you some questions in court. In some cases, you may receive a subpoena (a legal document the court issues telling you when and where you must come to court).

In court, after taking an oath to tell the truth, a witness sits in the witness stand and answers questions from one or more attorneys about what he or she saw or (sometimes) heard.

Here are some tips for testifying in court:

- Tell the truth.
- Dress professionally (as you might for a job interview).

- Be organized and prepared.
- Be calm and sincere, especially if you are challenged or criticized.
- Be serious and polite.
- Listen carefully to each question, pause, think, then respond directly to the question.
- Wait until the question is completed before you answer.
- When an objection is made about a question, wait to speak until the judge decides whether or not you should answer the question.
- If you do not understand a question, ask the lawyer to rephrase it.
- Answer each question completely.
- Be sure of the answer you are giving.
- Offer to explain your answer, if necessary.
- Use language you are comfortable using.
- Listen carefully when the other people in the courtroom are talking.
- Always show the highest respect for every person in the courtroom.

Special Thanks to the Judicial Council of California Center for Families, Children & The Courts for their input and assistance with the creation of this document.

Cases involving the immediate danger of abuse, neglect, or abandonment of a child are handled in dependency court. As a foster care, relative, non-relative, or preadoptive caregiver, you are important in the court process because your knowledge assists the judges in making informed decisions about the safety and well-being of children. This guide informs you of your rights, describes each dependency court hearing, provides helpful tips, and gives information about the court process for older youth who may be in your care.

YOUR RIGHTS

Caregivers have rights in dependency court as mandated by state and federal laws, and court rules. You have a right to:

Participate in Court Proceedings. Section 39.01(50), Florida Statutes (2009) defines "participant" to include foster parents or the legal custodian of the child, identified prospective parents, actual custodians of the child; and any other person whose participation may be in the best interest of the child.

Be Notified of Court Hearings. §39.502(17), Florida Statutes (2009) requires that the legal custodians, foster and preadoptive parents, and all other participants are to be given reasonable notice of all hearings and proceedings. §39.502(17) further requires that all foster or preadoptive parents must be provided at least 72 hours notice, verbally or in writing, of all proceedings or hearings relating to children in their care or children they are seeking to adopt to ensure the ability to provide input to the court.

Address the Court. The Adoption and Safe Families Act of 1997 states caregivers have a right to address the court. §39.701(7)(a)(6) and §39.701(7)(d), Florida Statutes (2009) state caregivers may (1) speak to the guardian ad litem or Department of Children and Family Services (DCF) attorney and address the court and ask that they present the caregivers' concerns before a judge; (2) submit a written statement to the court; or (3) in lieu of any written statement provided to the court, address the court with any information relevant to the child's best interest.

HOW A CASE GETS TO COURT

The dependency court process begins with a report to the child abuse hotline alleging child abuse, neglect, or abandonment. As a result of the, a child protective investigator or county sheriff visits the child's report home to determine whether or not the child's living environment is unsafe. If the living environment is considered unsafe, and the child is in need of court protection, the child may be removed from the home or a petition filed for dependency or shelter without prior removal. If a child is removed, a shelter petition must be filed immediately thereafter.

THE COURTROOM

There may be numerous people in the dependency courtroom. It is the judge's responsibility to listen to all parties and make informed and unbiased decisions based on the information presented in court. The following people are typically present:

- **Child Protective Investigator (CPI):** The person responsible for investigating the abuse report.
- **Attorney for the State:** An attorney representing the State of Florida, by and through the Department of Children and Families (DCF), to ensure the health and safety of children and the integrity of families.
- **Case Manager:** The person who coordinates services for the family and prepares most reports for the court.
- **Guardian ad Litem (GAL):** An attorney or case coordinator who represents the best interest of the child and works independently of the courts and the DCF.
- **Parent's Attorney:** The attorney who represents the views and interest of the parents.
- **Parents Caregivers**
- **Child(ren)**

SHELTER HEARING

The shelter hearing is held before or within 24 hours after removal of a child from the home. At the shelter hearing, the court will hear testimony about the alleged child abuse, neglect, and/or abandonment. During the hearing, the judge determines whether probable cause exists to place or keep a child in shelter status pending further investigation of the case. Visitation and other concerns are also addressed during this hearing.

ARRAIGNMENT HEARING

The arraignment hearing occurs within 28 days of the shelter hearing. During the hearing, the parents or legal custodians enter a plea of "admit," "consent," or "deny" in response to the dependency petition. If the parents/legal custodians deny the allegations in the dependency petition, the judge will set an adjudicatory hearing within 30 days of the arraignment hearing. However, if the parents/legal custodian admit or consent to the allegations in the petition, the judge will set a disposition hearing within 15 days of the arraignment hearing unless a continuance is necessary. Rule 8.225(c)(1) requires that all parties and participants whose identity and address are known, including the child's foster parents and relative caregivers, must be notified of the arraignment hearing.

ADJUDICATORY HEARING (TRIAL)

The parents or legal custodians deny any of the allegations in the petition, an adjudicatory hearing occurs within 30 days of the arraignment hearing. During this hearing, the judge listens to the facts of the case and determines if the child is dependent (found to be abused, abandoned, or neglected, or at imminent risk of abuse, abandonment, or neglect). Adjudicatory hearings are conducted without a jury and a "preponderance of evidence" (it is more likely than not that the allegations in the petition are true) is required to establish dependency. If the court determines that the child is dependent, then the case is scheduled for a disposition hearing.

DISPOSITION HEARING

The disposition hearing should occur within 15 days of the arraignment hearing or within 30 days of the adjudicatory hearing. During this hearing, the judge makes decisions regarding the most appropriate placement for the child, and determines the necessary protections and services.

CASE PLAN APPROVAL

During the disposition hearing or within 30 days of the disposition hearing a judge will review the case plan and may accept it or suggest changes. A case plan contains specific goals and steps the parents or legal custodians need to accomplish to address the behavior that created the risk for the child. In addition, the case plan lists the services to be provided to the child, foster parents, and legal custodians.

JUDICIAL REVIEWS

The first judicial review occurs within 90 days of the disposition hearing or the date of the case plan approval, whichever comes first, but no later than six months from the date of removal. Additional reviews occur every six months and within 90 days after the child's 17th birthday. During judicial review hearings, the court receives updates on the parents/legal custodians' case plan progress. Under §39.701(5), Florida Statutes (2009) the following people, among others, are required to be noticed of judicial review hearings: the foster parent or legal custodian in whose home the child resides, any preadoptive parent, the attorney for the child, and the child (13 years of age or older).

PERMANENCY HEARING

A permanency hearing must be held no later than 12 months after the date the child was removed from the home or no later than 30 days after a court determines that reasonable efforts to return a child are not required, whichever occurs first. At the permanency hearing, the court considers the permanency options of reunification, adoption, permanent guardianship, permanent placement with a fit and willing relative, and placement in another planned permanent living arrangement.

TERMINATION OF PARENTAL RIGHTS

Termination of Parental Rights (TPR) begins with a TPR petition. This petition alleges that the child's parents have met at least one ground for TPR. (See §39.806, Florida Statutes (2009) for a detailed explanation of TPR grounds.) A TPR adjudicatory hearing will be held within 21 days of the court receiving the TPR petition if the parents voluntarily surrender parental rights. If the child's parents deny the charges in the TPR petition, a TPR adjudicatory hearing must be held within 45 days following advisory, unless all necessary parties agree to a different date.

DEPENDENCY COURT ACRONYMS

CBC: Community-Based Care

CLS: Children's Legal Services

CMS: Children's Medical Services

DCF: Department of Children and Families

DJJ: Department of Juvenile Justice

DOR: Department of Revenue

GAL: Guardian ad Litem

JR: Judicial Review

JRSSR: Judicial Review Social Study

Report

TPR: Termination of Parental Rights

ICPC: Interstate Compact on the Placement
of Children

PDS: Predisposition Study

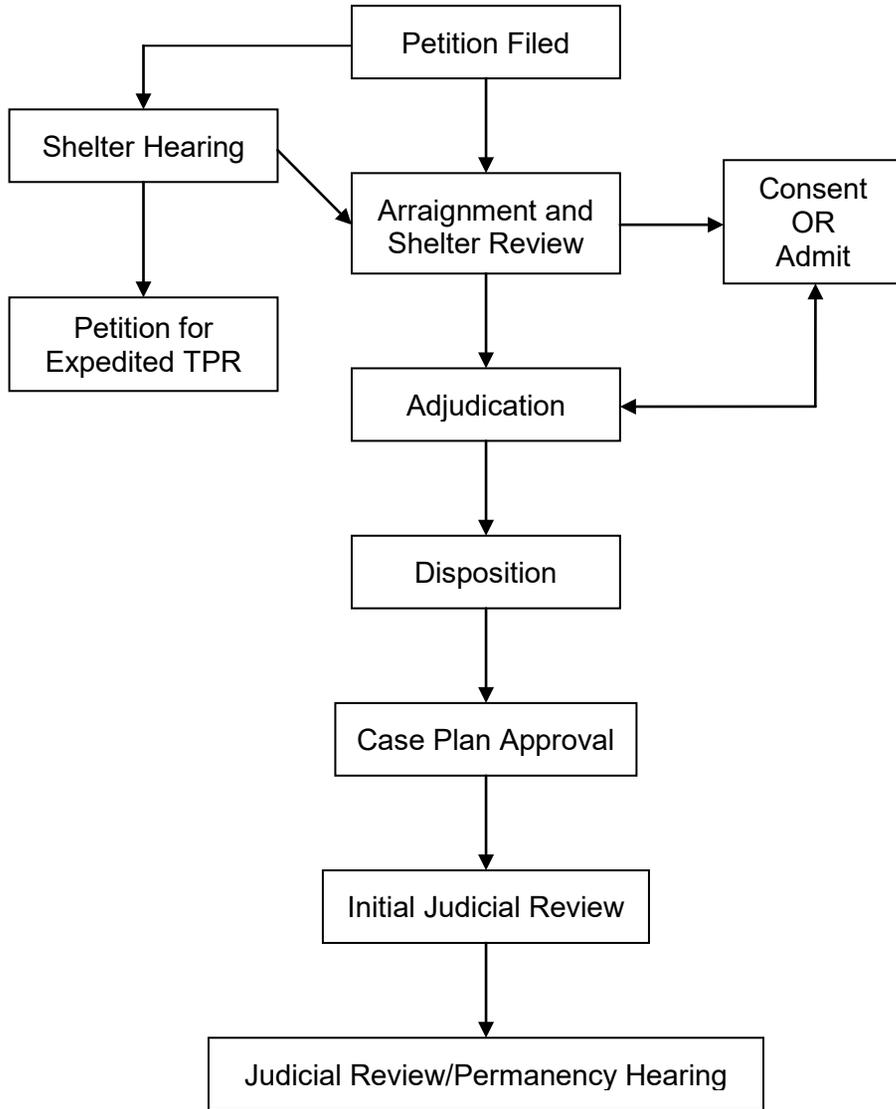
THINGS TO CONSIDER IF CARING FOR OLDER CHILDREN

Independent Living Transition Services. Youth who have reached age 13 and are in foster care are eligible for independent living services. The goals of these services include ensuring that older foster children obtain life skills and education, and assisting them to make the transition to self-sufficiency as adults. The caregivers, case manager, and the youth should develop a written plan that includes specific goals and age appropriate activities for the youth. §409.1451 (3)(a)(3), Florida Statutes (2009).

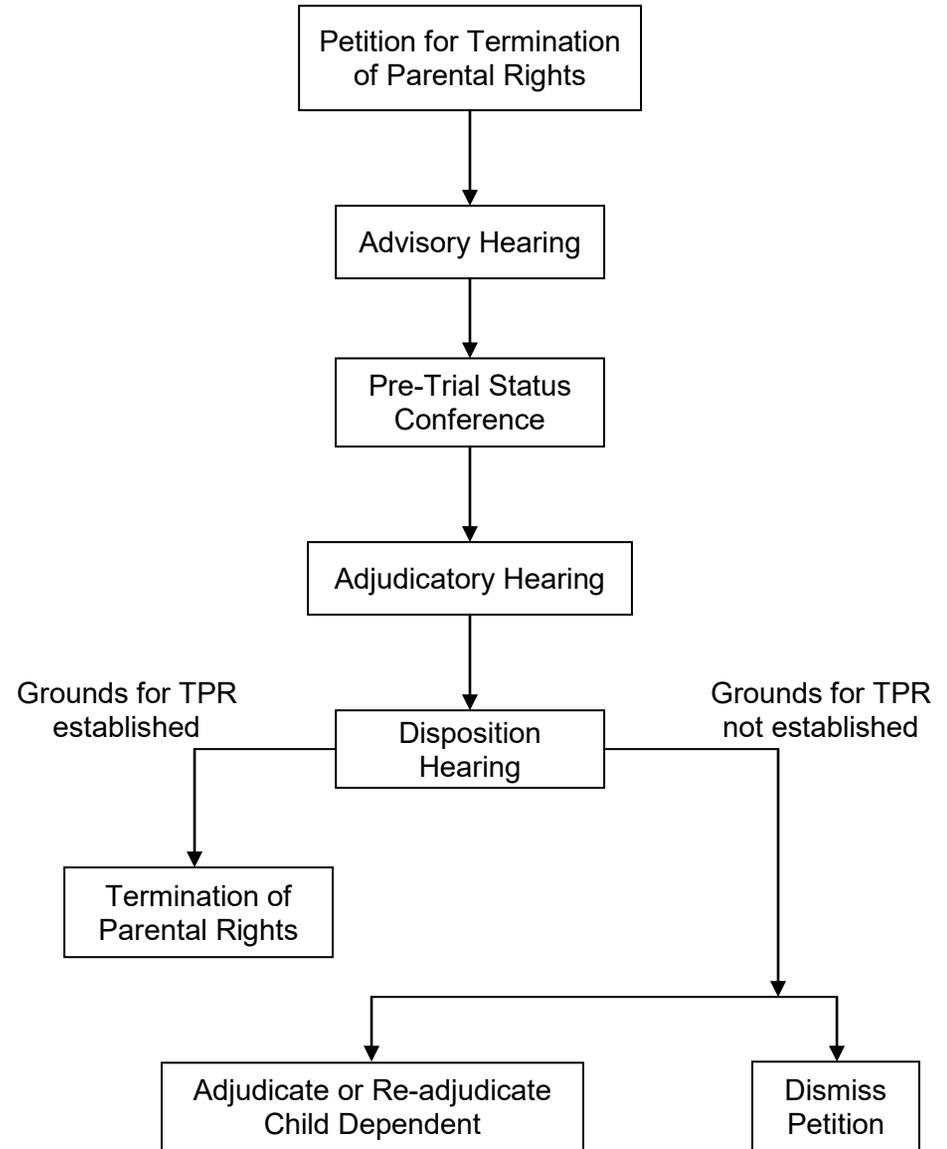
Non-Age Disability. The court can remove the disability of non-age to ensure that a youth in foster care can: 1) secure financial services, such as a checking or savings account, (must be 16 years old), §743.044, Florida Statutes (2009); 2) execute a lease for residential property (must be 17 years old), §743.045, Florida Statutes (2009); and 3) secure utility services at a residential property (must be 17 years old), §743.046, Florida Statutes (2009).

Judicial Review. In addition to the regular schedule for judicial reviews, Florida Statutes require the court to hold a judicial review hearing within 90 days after a child's 17th birthday. Foster parents, legal custodians, guardians ad litem, and the child have the opportunity to address the court, particularly with information related to independent living transition services. The department must submit a judicial review social study report including "aging out" information, and an updated case plan that includes specific information related to independent living services that have been provided.

DEPENDENCY COURT FLOW CHART



DEPENDENCY COURT FLOW CHART (CONTINUED)



Section

v

