
Series:	Operating Procedures	COA: N/A CFOP: 170-1, Chapter 9
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Procedure Name:	Newborns or other New Children in Households with Active Investigations or Ongoing Services
Procedure Number:	OP-1072
Reviewed Date:	04/04/12, 04/16/24, 10/7/2025
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Applicable to: All FPOCF Staff and Contract Providers

PURPOSE: To provide guidance to Family Partnerships of Central Florida staff on requirements to assess any child joining a household that is involved in an active investigation or ongoing services case. This includes the birth of a new child in any focus household. This chapter provides guidance on the assessment as part of the Family Functioning Assessment-Initial (FFA), Family Functioning Assessment-Ongoing (FFA-O), or Progress Update.

PROCEDURE: This procedure is to recognize family relationships, enhance family preservation and stability, and recognize that permanency in the best interests of the child can be achieved through a variety of options.

References

Section 65C-30.015 Florida Administrative Code

CFOP 170-01, Chapter 9

F.S. 39.301 (23), 39.701 (1)(h)(1-3)

Definition

- a. "Designee" means a person, contractual provider or other agency or entity named by the department and/or Family Partnerships of Central Florida to perform duties assigned by the department and/or Family Partnerships of Central Florida.
- b. "Children's Legal Services" (CLS) means attorneys of the department or designees.

Required Assessment:

The child welfare professional must complete an assessment in any of the following circumstances:

- a. A child joins a focus household that is under investigation for allegations of abuse, neglect or abandonment or receiving ongoing services. The child welfare professional will follow requirements

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in CFOP 170-1, Chapter 2, paragraph 2-3c (3) to determine if the child is a member of the focus household.

b. A child will be residing in the home of the parent/significant caregiver receiving ongoing case management services. “Resides” means that the child will live in a home on a permanent basis including any timesharing custody agreements.

Protective Investigations:

Conduct Family Functioning Assessment – Initial. If a child joins a focus household under investigation for allegations of abuse, neglect or abandonment, the Child Protective Investigator (CPI) must:

a. Add the name and demographics of the child to the investigation and the FFA.

b. Assess the child as part of the FFA. Include information as outlined in CFOP 170-1, Chapter 2, paragraph 2-4 about the child and the impact on family dynamics in each of the domains.

c. The CPI must re-evaluate and update any safety plan already in place.

Conduct Pre-Birth Assessment During Ongoing Services.

a. When a parent/significant caregiver or a minor in a focus household is pregnant, the care manager responsible will conduct a pre-birth assessment. The care manager’s supervisor should provide active collaboration and guidance. The care manager must complete the pre-birth assessment whether the current safety plan for the siblings is in-home or out-of-home.

b. The care manager will complete the pre-birth assessment as part of the FFA-O or Progress Update, whichever is due after learning of the pregnancy. Per s. 39.701(1)(h)1, F.S., the care manager must complete the assessment as follows:

(1) At least 30 days before a child is expected to be born; or,

(2) Within 72 hours after learning of the pregnancy if the child is expected to be born in less than 30 days.

c. The care manager must convene a multidisciplinary staffing or family team meeting to plan for the newborn’s care and supervision. The case planning conference should inform the development of the FFA-Ongoing or Progress Update. Participants must include the following persons:

(1) The mother and father, whether in the same or separate households.

(a) The care manager and supervisor will determine whether there should be separate case planning conferences when one or both parents are responsible for family or intimate partner violence. Please see CFOP 170-7, [Chapter 4](#), for additional information on handling cases involving intimate partner violence.

(b) The care manager must complete a home study and obtain home study approval prior to a non-maltreating parent’s participation in a case planning conference.

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(2) When the conference involves a minor parent(s), the minor parent's birth parents (unless termination of parental rights has occurred, or it is not in the best interest of the mother).

(3) The Guardian ad litem (GAL)/Attorney ad litem (AAL) if appointed for a sibling. If a GAL attorney or AAL participates in the case planning conference, the counsel for mother and father must also be permitted to participate.

(4) Any current caregivers.

(5) Any other parties deemed appropriate by the care manager or invited by the parent(s) may also participate.

d. Participants in the case planning conference will:

(1) Determine prenatal care and pre-birth needs.

(2) Identify the anticipated needs of both mother and father to care for the child when born

(a) If mother had to stop taking medications during pregnancy, when can she resume taking her medications?

(b) Will the parent(s) have access to mental health or substance abuse treatment services, including Medication Assisted Treatment?

(3) Identify the services and support to address family needs when the child is born.

e. The care manager will document pre-birth assessment information in the FFA-O or Progress Update, whichever is due. The FFA-O or Progress Update will document the following pre-birth assessment information in addition to the standard requirements in CFOP 170-1, [Chapter 2](#).

Information Domains:

(1) Child Functioning.

As age appropriate, what are the feelings expressed by the child(ren) about having a new baby in the home?

(2) Adult Functioning.

(a) Who are the new child's parents? Do they reside together?

(b) Was this a planned pregnancy? If not, how does each parent feel about the pregnancy? What are the parent(s) concerns, if any?

(c) What is the plan for the mother's pre-natal care? Are there any barriers to accessing pre-natal care?

- (d) If the mother had prior births, did she experience post-partum depression?
- (e) If the parents do not reside together, how much time will the new child spend in the focus household?
- (f) How is the care of the new baby expected to affect daily household routines and responsibilities of significant caregivers in the home? Is the parent/significant caregiver trained in how to care for the infant? If the infant has special needs or conditions that require special care and/or ongoing medical monitoring, has the parent been trained in the infant's special needs? Have supportive services to assist the parent been offered if warranted?
- (g) Will adults be able to provide or access necessary housing and resources to care for the new child?
- (h) Does the parent/significant caregiver have any history that is of concern regarding the safety of the mother or the new child? Is there any history of family or intimate partner violence? If yes, are there any current indicators of intimate partner violence or a perpetrator's pattern of coercive control?
- (i) Does the parent/significant caregiver have a current or past history of mental illness or substance use disorder?
1. Is she/he currently in substance abuse treatment?
 2. Is she/he being drug-tested by a substance abuse treatment provider?
- (j) Is either parent/significant caregiver taking prescribed medications for a substance use disorder or other mental health disorder? If the parent who is pregnant is taking prescribed medications, the following must be ascertained:
1. What are the prescribing physician's recommendations for taking the medication during pregnancy?
 2. If it is not safe to continue with current medications, what needs to happen to stabilize the mother's mental health while pregnant?
 3. Is it possible that the new child will be born substance-exposed?

(3) Parenting/Behavior Management.

- (a) What are the expectations of each parent/significant caregiver, if any, for the shared care and financial support of the new child?
1. If a parent is facing incarceration or for other reasons will not be able to care for the newborn, who will care for the child?
 2. If a non-maltreating parent is going to care for the newborn, when will the child welfare professional complete an Other Parent Home Assessment (OPHA)? Is the non-maltreating parent trained in how to care for the infant? Have supportive services been offered to support the care of the infant if warranted?

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(b) Are there others residing in the household who will have significant responsibilities for the care of the new child? Is there a shared agreement and understanding among all household members as to how the new child will be cared for and what, if any, support will be needed?

(c) How might care of the new child affect the current family conditions that resulted in the investigation or the need for ongoing services?

Conduct Newborn or New Child Assessment During Ongoing Services.

a. When a baby is born or a new child enters the home, the care manager will immediately re-evaluate the current safety plan to determine if new safety plan actions or tasks are needed to protect the new child. The care manager must modify or create a safety plan for a newborn prior to the child's release from the hospital.

(1) The care manager should generate a new report to the Hotline only if he/she suspects the new child was abused, abandoned, or neglected.

(2) The care manager will notify the circuit GAL program, if currently involved with a sibling, of the new child and any related safety plan actions.

(3) The care manager will follow requirements in CFOP 170-7, [Chapter 5](#), Safety Plan Involving Release of a Child with Non-Maltreating Parent/Legal Guardian, if a newborn will receive care from a non-maltreating parent/legal guardian, including background checks.

b. The care manager must add any new child to the FSFN case shell.

c. The care manager will include the new child as a participant in the FFA-O or Progress Update, whichever is due next. Per s. [39.701\(1\)\(h\)1](#), F.S., the assessment must be completed as follows:

(1) At least 30 days before a newborn or new child moves into the home; or,

(2) Within 72 hours after learning, the child will be moving into the home in less than 30 days.

d. The care manager will complete the information domains for adult functioning, parenting and discipline and identify the parent's protective capacities. The care manager will provide information about the newborn in a separate "child functioning" information domain.

e. The FFA-O or Progress Update will provide the following information in addition to the standard requirements in CFOP 170-1, [Chapter 2](#), paragraph 2-4, Information Domains; and CFOP 170-9, [Chapter 6](#), Evaluating Family Progress. The care manager should not repeat any information already provided in the FFA-O or a prior Progress Update.

(1) Child Functioning.

(a) The care manager will provide the following information when the new child is a newborn:

1. Was the child born full-term?
2. Was the newborn within a healthy weight range?
3. Was the child substance-exposed at birth? If so, what were the effects?

4. What are the ongoing possible effects that the newborn's parent(s) or significant caregivers should monitor?

(b) The care manager will provide the following information for any new child:

1. Who are the new child's parents? Why is the new child in the home? How much time is the new child spending in the focus household?
2. Has the new child been diagnosed with any special needs or conditions that require special care and/or ongoing medical monitoring?
3. Does the child have any behaviors that require a Child Placement Agreement per CFOP 170-11, [Chapter 4](#)?

(2) Adult Functioning.

The child welfare professional will provide the following information unless it has already been provided in the previous FFA-O or a Progress Update as the result of a pre-birth assessment:

(a) The care manager will provide the following information when the child is a newborn:

1. What are the parent(s)' current concerns, if any?
2. What is the plan for the mother's post-natal care? Are there any barriers to accessing post-natal care?
3. Does mother have any symptoms of "baby blues" or post-partum depression?

(b) The care manager will provide the following information for any new child:

1. How has the care of the new child affected daily household routines and responsibilities of significant caregivers in the home?
2. Are adults able to provide or access necessary housing and resources to care for the new child?
3. Do the parent/significant caregiver have any history that is of concern regarding the safety of the mother or the new child? Is there any history of family or intimate partner violence? If yes, are there any current indicators of Intimate partner violence or a perpetrator's pattern of coercive control?
4. Does the parent/significant caregiver have a current or past history of mental illness or substance use disorder?
5. Is either parent/significant caregiver taking prescribed medications for a substance use disorder or other mental health disorder? If yes, who prescribes the medication?
6. Is a parent/significant caregiver with a prior substance abuse history currently prescribed with pain medication (e.g., mother prescribed Oxycodone because of a C-Section)?
7. Is a parent currently receiving mental health or substance abuse treatment?
8. Is a parent being drug-tested by a substance abuse treatment provider?

(3) Parenting/Behavior Management.

(a) If the child is a newborn, were there any concerns raised by hospital staff about the infant and mother-child interactions or the parent's ability to care for the newborn? Were any concerns raised about siblings or other persons visiting?

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(b) Is there a shared agreement among all household members as to how to care for the new child?

(c) If there is a parent in a separate household, what are the visitation or shared custody arrangements? If the parent is a non-maltreating parent, has a home study been completed and approved?

(d) How has the care of the new child affected the care and supervision of other children in the home?

(e) If the new child has special needs, is the parent/caregiver able to address those needs?

(f) How has care of the new child affected family dynamics or conditions?

(g) Do the parent/significant caregivers need additional services or supports?

(h) The care manager will update the Safety Analysis to determine whether the criteria for an in-home safety plan are met. The Safety Analysis will provide sufficient information about family conditions to determine whether any changes are necessary to the existing safety plan. As appropriate, the care manager will review and update, or create, Conditions for Return.

(i) For Progress Updates, the care manager will be responsible for the following:

(1) Provide information in the domains that describes whether the parent/significant caregiver is making progress towards achieving the outcomes in the case plan.

(2) Assess the impact of care of the new child on parent/significant caregiver's ability to continue participation in services.

(3) Describe any changes in the family's change strategies.

(4) Determine whether any modifications to case plan outcomes, tasks, and services are necessary.

CLS Staffings.

a. All staffings with CLS will be conducted and documented per the requirements in CFOP 170-7, [Chapter 1](#), paragraph 1-8.

b. CLS staffings must be requested after the care manager completes an FFA-O or Progress Update in the following situations:

(1) In a non-judicial case, a CLS staffing for judicial action must be requested if there are concerns that the criteria for an in-home safety plan are not met per [65C-30.007\(9\)\(d\)](#), F.A.C.

(2) In a judicial case, a CLS staffing must be requested as follows:

(a) Prior to the birth of a child.

(b) After the birth of a child or a new child entering the home.

(3) Documentation must be provided to the CLS attorney prior to the staffing including, but not limited to, the FFA-O or Progress Update. Documentation must include an OPHA if the non-maltreating parent of a new baby is not currently a part of the case.

(4) Participants at the staffing will discuss the following:

(a) The completed FFA-O or Progress Update.

(b) The OPHA if there is a new father involved.

(c) Recommended case plan modifications.

(d) Whether there is a need to seek or continue a shelter of the new child.

(e) Whether there is a legal basis to amend any pending dependency petition if there has not yet been an adjudication of dependency.

(f) In the case of a dependent minor parent, the requirements in [65C-28.010](#), F.A.C. and whether a petition for adjudication of the newborn baby would be legally sufficient.

(g) Whether to file a supplemental or new dependency petition, whichever is legally appropriate.

(5) Regardless of the outcome of the staffing conducted, in a judicial case CLS must file the FFA-O or Progress Update completed before a child is expected to be born or to move into a home with the court within 14 days of receipt of the document, and must file the FFA-O or Progress Update completed after the birth of a child or a new child entering the home within 14 days of receipt of the document in accordance with s. [39.701\(1\)\(h\)1](#), F.S.

Supervisor Consultation and Approval.

a. A supervisor consultation will be conducted prior to the approval of the FFA-O or Progress Update to determine if a pre-birth assessment, newborn child assessment, or new child assessment is incorporated.

b. The supervisor consultation will determine the following:

(1) There was sufficient information collection and assessment.

(2) The care manager engaged the parent(s) and other family members as appropriate in identifying family needs and planning for care of the newborn.

(3) The care manager identified needed services or other actions including any CLS actions.

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(4) FSN Documentation. The care manager will provide documentation of a pre-birth or new child assessment per requirements in CFOP 170-9, [Chapter 4](#), paragraph 4-11.

Resolve Confusion through Issue Escalation/Conflict Resolution.

When confusion or conflict is encountered during shelter or dependency decisions, staff should immediately resort to the Issue Escalation protocol which is as follows:

CLS attorneys must immediately, face to face, or by telephone, bring the matter to the attention of the managing attorney in their respective circuit. If the managing attorneys cannot come to an agreement, the following protocol applies:

Both managing attorneys must immediately take the matter to their respective CLS Regional Director for final decision. If either of the managing attorneys is not available, the CLS attorney must immediately take the matter to his or her CLS Regional Director(s) for final decision.

The State Director for CLS will make the final decision in the event that the CLS Regional Directors cannot agree. The decision must be made within a time frame that allows for adequate time to prepare for the shelter hearing in the agreed-upon jurisdiction.

Finally, if the Protective Investigator believes that CLS is not acting with urgency, they will escalate to the CLS managing attorney and, if necessary, the CLS Regional Director immediately. (The care managers have an articulated protocol).

All Case Management Agency (CMA) care managers are expected to use the CMA chain of command to elevate concerns or questions to CMA Senior Leadership and to use the appropriate contact at the Lead Agency, if necessary, on issues related to child safety when those issues are perceived as not being appropriately addressed by the

CLS attorney. This would include but not be limited to the care manager being uncomfortable with the decision or action by the CLS attorney as well as the response time to deliberate regarding actions taken. Care managers shall consider child safety concerns of the highest priority and are expected to treat with urgency attempts to resolve such concerns.

In the event that a care manager becomes concerned about a child's safety, that individual should immediately report the concern up the CMA's chain of command. At the appropriate level in the CMA, if it is determined that CLS has not responded appropriately to the care manager's concerns or in a manner that has alleviated those concerns, contact will be made with the appropriate individual at the Lead Agency and/or the Regional Managing Director for CLS to expeditiously and appropriately address the concerns about the child's safety.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 10/31/2025