

## PROCEDURE

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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: CFOP: 170-1</b>
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<b>Procedure Name:</b>	Requirements for Response and Contact with Families
<b>Procedure Number:</b>	OP1207
<b>Reviewed Date:</b>	4/17/24
<b>Revision #/Date:</b>	09/25/2020, 10/17/2025
<b>Effective Date:</b>	6/23/17

<b>Applicable to:</b>	Family Partnerships of Central Florida
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**PURPOSE:** It is the policy of Family Partnerships of Central Florida (FPOCF) that care managers respond to children and families in a timely manner and maintain frequent and meaningful contact with the child and family throughout the time the case is open.

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### PROCEDURE:

#### **References**

**F.A.C. 65C-30.007, DCF CFOP 170-1; Safety Methodology Practice Guidelines**

#### **Definitions**

#### **Contacts with Children**

Initial contact with the child and the caregiver shall occur within 2 business days of the Case Transfer Staffing.

(a) Face-to-face contacts with the child and caregiver are to occur at least once every seven days as long as the child remains in shelter status. The frequency of contact, while in shelter status, may be modified after the care manager supervisor documents in FSFN that all the following conditions have been met:

1. The child is in the care of a relative, non-relative, or a licensed foster parent and is not demonstrating any behaviors that may lead to a placement disruption.
2. The child has not experienced any placement changes, and the case has been open to case management for more than 30 days.
3. The child's needs have been assessed, and all therapeutic services needed are provided.
4. The child, if developmentally appropriate, and the out-of-home caregiver are in agreement with the modification to the frequency of contact with the care manager.
5. The safety plan for the family does not require more frequent face-to-face contact between the child and care manager.

If the frequency of face-to-face visits while in shelter status are modified pursuant to paragraph (a), above, the care manager must document the reasons why the child is still in shelter status in FSFN.

After disposition, the frequency of contacts may be modified, but in no case shall contacts be less frequently than every 30 days for a child.

At least every 90 days, or more frequently if warranted based on the safety plan, the care manager shall make an unannounced visit to the child's current residence. When a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.

**Contacts with Parent or Legal Guardian, and Caregiver Living in Florida.**

(a) The care manager shall establish and maintain regular face-to-face contact a minimum of every 30 days with the parents or legal guardians and caregiver of any child unless parental rights have been terminated or the court rules otherwise. If the parent, legal guardian, or caregiver lives in a county other than the county of jurisdiction, this shall be accomplished as provided by Rule 65C-30.018, F.A.C.

(b) During these contacts the care manager shall discuss with parents, legal guardians or caregiver the safety plan, the case plan progress and the child's progress in terms of health, and well-being.

(c) If the care manager learns that a new adult has moved into the child's home, a state and local criminal, juvenile and abuse/neglect history check shall be performed and documented as part of the ongoing family functioning assessment or progress update and the judicial review and the Unified Home Study will be updated.

(d) If the care manager is unable to make contact with a parent, all efforts to contact must be noted in FSFN and attempts must be made at least every 30 days.

**Child and parent or caregiver living out of Florida.**

The office of the Florida Interstate Compact on the Placement of Children shall ensure that the child welfare staff, in the receiving state, is notified of the Florida requirement for face-to-face contact a minimum of every 30 days with the child and the parent or legal guardian.

(a) The care manager shall maintain contact a minimum of every 30 days with the supervising worker in the other state to obtain updates regarding the child and family's progress.

(b) Documentation of the contact and progress by the child and family shall be entered in FSFN.

**Service Providers**

In addition to the contacts required every 30 days, the care manager shall maintain ongoing communication with all service providers involved with the child and family to determine the sufficiency as well as the effectiveness of any safety management or treatment services. Both progress in and problems with service delivery shall be documented and steps shall be taken to resolve any delays or problems in service delivery or client participation.

(1) While service intervention is in progress, the care manager shall gather information from the parent(s), children and other family members, providers, and other relevant persons to:

(a) Determine whether or not the service is addressing the identified diminished caregiver protective capacities;

(b) Monitor and document whether the safety management services are still sufficiently managing the danger;

(c) Share information with the provider, such as changes in the family situation, changes with the child, any feedback from the family regarding the service and its effectiveness for them;

(d) Request progress reports and updates on problems and successes regarding the treatment; and,

(e) Take actions to modify the case plan when activities are no longer sufficient to support the achievement of case plan outcomes.

- (f) Document all contacts with service providers.
- (2) A safety plan must be modified to provide the least intrusive safety actions when any of the following changes occur:
  - (a) Conditions for return of the child have been met.
  - (b) A new danger threat has been identified.
  - Danger threats have been eliminated.
  - (d) There is any change in the required criteria for an in-home safety plan:
    - 1. The parent's willingness to cooperate with safety service providers.
    - 2. The family conditions or behaviors associated with a calm and consistent home environment.
    - 3. The availability of safety service provider(s).
    - 4. Results of a professional evaluation are necessary or have been received, which informs changes to the current safety plan.
    - 5. The parents have a home location which is adequate for implementation of an in-home safety plan.

BY DIRECTION OF THE PRESIDENT AND  
CHIEF EXECUTIVE OFFICER:



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

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