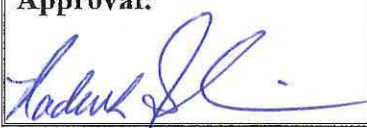




Policy and Procedures

Department Name: Quality Management		
Subject: Prevention and Placement of Child Victims and Aggressors in Out-of-Home Care		Policy Number: QM-033
Approval: 	Effective Date: <i>5-3-2016</i>	Replaces : CFOP-175-88 QM-033 dated 11/4/2014

- I. **PURPOSE:** This policy establishes procedures and safeguards for identifying and assisting children in out-of-home care who are known alleged juvenile sexual offenders, sexual aggressors, or sexually reactive children, or who are known victims of sexual abuse, human trafficking, or commercial sexual exploitation of a child (CSEC). This policy is to ensure that the needs of children in care are taken into account when determining assessments, services, and placements. Careful attention to the needs of children in out-of-home care and associated risk factors can reduce the potential for further child-on-child sexual abuse, sexual assault, seduction or exploitation.

- II. **REVIEW HISTORY:** QM-033 dated 12/3/2014, 11/4/2014, and 6/2/2006, replacing CFOP 175-88 is being updated to reflect current statute and practice.

- III. **CONTACT:** Quality Management Department

- IV. **PERSONS AFFECTED:** This policy affects dependent children in the custody of the Children's Network of Southwest Florida (CNSWFL). It provides direction to Child Welfare Case Managers and other staff of the CNSWFL and its contracted providers.

- V. **POLICY:** This policy assures that the children who meet the criteria of this policy are protected from further harm by placing safeguards around placement and supervision.

- VI. **RATIONALE:** Children who have been sexually abused or who are alleged juvenile sexual offenders, sexual aggressors, sexually reactive children, victims of human trafficking, or commercial sexual exploitation need special planning in order to meet their needs and protect both themselves and other children around them.

VII. **CROSS REFERENCES:** Sections 39.012, 39.001, 39.01, 39.307, 39.508 and 39.801, Florida Statutes. Sections 409.145 and 409.165, Florida Statutes. Section 65C-13.015, Florida Administrative Code. 39.201

VIII. **DEFINITIONS:**

A. Juvenile sexual abuse, as defined by s. 39.01, F.S., means:

1. any sexual behavior by a child which occurs without consent, without equality, or as a result of coercion. For purposes of this subsection the following definitions apply:

(a) "Coercion" means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

(b) "Equality" means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

(c) "Consent" means an agreement, including all of the following:

- (1) Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
- (2) Knowledge of societal standards for what is being proposed.
- (3) Awareness of potential consequences and alternatives.
- (4) Assumption that agreement or disagreement will be accepted equally.
- (5) Voluntary decision.
- (6) Mental competence.

2. Juvenile sexual behavior ranges from noncontact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexually aggressive acts.

B. Sexually Reactive means children who have been exposed to, or had direct contact with, inappropriate sexual activities, sexual behaviors, or relationships, and have then begun to engage in or initiate sexual or sexualized behaviors, activities, interactions, or relationships that include excessive sexual play, inappropriate sexual comments or gestures, mutual sexual activity with others, or sexual molestation and abuse of other children.

C. Assessment means the gathering of information for the evaluation of a child's physical, psychiatric, psychological, or mental health; developmental delays or challenges; and, educational, vocational, social condition and family environment as they relate to the child's needs for rehabilitative and treatment

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services, including substance abuse treatment services, mental health services, medical services, family services, and other specialized services, as appropriate.

- D. Sexually Exploited Child means a child who has suffered sexual exploitation as defined in s. 39.01(67)(g) and is ineligible for relief and benefits under the federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101 et seq.
- E. FSFN (Florida Safe Families Network) is the State Automated Child Welfare Information System (SACWIS) for the state of Florida. FSFN is the official electronic record for each case. It contains information regarding children and their families who are entered either directly into the system or through RDC approved remote data capture devices.
- F. Human Trafficking means the practice of humans being deceived, lured, coerced or forced to work with no or low payment or in terms which are highly exploitative.
- G. Out-of- Home Care means any child in the care and custody of the department in an out-of-home placement, which includes foster homes, congregare care, and relative / non-relative caregivers.
- H. Sexual abuse of a child means one or more of the following acts:
 - 1. Penetration of the vagina or anal opening of one person by the penis of another person, whether or not there is emission of semen.
 - 2. Any sexual contact between the genitals or anal opening of one person and the mouth of another person.
 - 3. Any intrusion by one person into the genitals or anal opening of another person, including the use of any object, that does not include any act intended for a valid medical purpose.
 - 4. The intentional touching of the genitals or intimate parts, or the clothing covering them, of either the child or perpetrator, with the following exception:
 - (a) Any act which may reasonably be construed to be a normal caretaker responsibility, an interaction with, or affection for a child; or,
 - (b) Any act intended for a valid medical purpose.
 - 5. The intentional masturbation in the presence of a child.

6. The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child.
7. The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to solicit or engage in prostitution or engage in a sexual performance, as defined in chapter 827.

Confirmation of sexual abuse, victimization or aggression must be verified through one of the following:

1. Positive findings of sexual abuse by the Child Protection Team (CPT).
2. Verified or not substantiated findings by Child Protective Investigator identified in investigation.
3. Criminal conviction of the alleged perpetrator for sexually related charges perpetrated against the child.

I. Children with sexual abuse related issues, for the purposes of this policy only, includes sexual abuse victims, sexual offenders, sexual reactive children, victims of human trafficking, and commercial sexual exploitation of a child.

IX. PROCEDURES:

A. Placements for children in out of home care who may have sexual abuse related issues.

1. The following types of behaviors must be clearly noted on all children during the time a child is being placed initially, or changing placements and documented on the Multi-Purpose Placement Form (Exhibit B):

- (a) History of incident of sexual offending
- (b) History of being sexually abused
- (c) History of sexually reactive behaviors
- (d) Human Trafficking
- (e) Commercial Sexual Exploitation of a Child

2. If any child in out-of- home care is identified as having been sexually abused or as having a history of being sexually aggressive, the Child Welfare Case Manager will gather and provide all available pertinent historical information to the Placement Resource Unit by completing the Multi-Purpose Placement Form (Exhibit B) so the most appropriate placement can be identified. This information will include, but is not limited to the following:

- (a) Information related to the child's abuse history from FSFN, current child safety assessments, previously completed placement referrals, previous

assessments or evaluations, treatment, support services, forensic/disclosure interviews completed by the Child Protection Team, placement recommendations and progress related to treatment goals.

(b) The sexual behavior, family dynamics and vulnerabilities, developmental disabilities, physical disabilities, age, physical size of all family members living in the home must be given thorough consideration when matching a child with sexual abuse related issues to an out-of-home placement.

3. If any child in out-of-home care has been identified as being a victim of sexual abuse or has a history of being sexually aggressive, but has not had a clinical consultation with a professional trained in childhood sexual abuse, a referral will be initiated by the Child Welfare Case Manager or supervisor within three working days of the child being identified. The consultation will address the treatment, service and placement needs of the child and will yield a written report to be filed in the child's file.

4. A safety plan will be completed for all children in out of home care who have been confirmed through CPT, CPI Investigations or a criminal proceeding as being a victim of sexual abuse or sexually aggressive and presented to the caregiver and the child as appropriate on or before placement occurs.

5. A Precautionary Safety Plan may be warranted in circumstances where the child discloses, or it is otherwise known that the child has past sexualized behaviors or experiences that put the child and/or others in the placement at risk but there is NO confirmation by CPT, CPI, or criminal proceedings indicating the child is a victim of sexual abuse or is an alleged sexual aggressor.

(a) Every precaution should be taken to ensure there are appropriate safety measures in place to reduce the likelihood of abuse to the child or to others in the setting.

(b) A precautionary safety plan should be developed that addresses the concerns and outlines the steps needed to safeguard all children in the placement and documented as a precautionary plan (Exhibit A).

(c) If it is later determined that a precautionary safety plan is not needed, as the child does not pose a risk to others or is not likely to become victimized, the case should be staffed internally with the Program Director, Child Welfare Case Management Supervisor, and the Child Welfare Case Manager. The staffing should be documented in FSFN to include the rationale as to why the precautionary safety plan is no longer needed and how the decision will be communicated to the caregiver.

B. Prevention of Child-on-Child Sexual Abuse

The following safeguards must be used when placing a child with sexual abuse related issues.

1. In partnership with the caregiver, the CPI or Services Worker shall outline a plan of care to handle any special management issues identified in the child's history and assessment. The plan of care shall include placing the sexually abused child in a private bedroom until the child becomes better known to the caregivers unless the child's treatment provider indicates a private bedroom is not needed or appropriate.
2. Child Welfare Case Managers must provide caregivers, both current and potential, with written, detailed and complete information related to the child with sexual abuse related issues placed with them so they can prevent the recurrence of child-on-child sexual abuse incidents. The information given to caretakers must include, but is not limited to, the date of the sexual abuse incident or incidents, type of abuse, brief narrative outlining the event, type of treatment the child received and outcome of the treatment. If the child is currently in treatment when placed with the caregiver, contact information for the treatment provider must also be provided.
3. Every effort must be made to place sexually aggressive children in homes where there are no other children. A sexually aggressive child shall NEVER be placed in a bedroom with another child. Children age 5 and younger may be placed in homes with other children, if they are the youngest child living in the home. Consideration must be given to the sexual behavior and vulnerabilities of the other children in the placement, which is mental handicap, physical disability, chronic illness, and physical size and age.
4. Out-of-Home caregivers for children with sexual abuse related issues must be given specific information and strategies to provide a safe living environment for all of the children living in their home.
5. The caregiver must have access at all times to a Child Welfare Case Manager, Supervisor or on-call worker if assistance is needed.
6. Prior to or upon the date of placement, the Child Welfare Case Manager and the caregivers together must outline a plan of care for a child with sexual abuse related issues to manage any items identified in the child's history and assessments and to develop a child-specific safety plan (Attachment A).
7. The following "home rules" are recommended when children with sexual abuse related issues are in out-of-home care placements. The children and caregivers must be made aware of these rules and their purpose.
 - (a) A child who has sexual abuse related issues shall be placed in a private bedroom until the child becomes better known to the caregivers or may share a bedroom in a facility if there is adequate video monitoring to ensure the child's safety at all times. If this is not possible, the child must be monitored

very carefully and frequently by the caregivers until a reduction in supervision is determined to be appropriate.

- (b) Never place a sexually aggressive child in a bedroom with another child.
- (c) Limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what circumstances.
- (d) Establish rules regarding bathroom utilization (one family member uses the bathroom at a time with the door fully closed)
- (e) Establish a dress code which outlines the type clothing acceptable, where it is acceptable and with whom present (not walking around the house in underclothes or pajamas.)
- (f) Establish reasonable guidelines concerning what level of supervision – auditory, visual, in the same room - is required for persons living in the home.
- (g) Appropriate physical boundaries and interactions with others are modeled and enforced by caregivers for the children placed with them (requesting and refusing affection/hugs, greetings and good-byes).
- (h) The caregivers will encourage, model and support open communication among family members about important events occurring in the home. No secrets are allowed.
- (i) The safety plan (Attachment A) shall be used in developing family rules prior to or upon the date of placement.

C. Investigation of Child-on-Child Sexual Incidents in Out-of-Home Care

1. All instances of juvenile sexual abuse or inappropriate sexual behavior as defined in s. 39.01 occurring while a child is in the custody of or protective supervision of the department will be reported to the Florida Hotline, 1-800-96-ABUSE, immediately.
2. The case manager will also ensure that law enforcement has been notified and engaged as appropriate.
3. The DCF Child Protective Investigator will coordinate a referral to the Child Protection Team for medical evaluation and follow-up treatment as needed if the child is in licensed out-of-home care.
4. All instances of juvenile sexual abuse occurring while a child is in care will be immediately reported to the case manager supervisor, CNSWFL, and DCF through the Incident Reporting process.

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5. The case manager and placement unit (if the child is in a foster home) will immediately create a safety plan and determine the placement needs of the child, regardless of the children already in placement. This effort must result in an environment where the children will be safe, separated, and supervised.
6. As appropriate, the case manager will assist the child and family to engage the services of a Sexual Abuse Treatment Program, or any other services needed to stabilize and support the children through the established UM procedures of CNSWFL.
7. If the child involved in juvenile sexual abuse already has a mental health professional involved, that person will be contacted to assist in evaluation of the incident and to provide services to the child. If the child does not have a mental health professional a mental health evaluation of each party will occur with follow-up services provided.
8. The facts and results of any investigation of child sexual abuse involving a child in the custody of or under the protective supervision of the department must be made known to the court at the next hearing or included in the next report to the court concerning the child.

VIII. EXHIBITS:

- Exhibit A – Safety Plan
- Exhibit B – Multi-Purpose Placement Form

Sexual Abuse Prevention Safety Plan Precautionary Sexual Abuse Prevention Safety Plan

****Sexual Acting Out****

LSF Lee – After hours #239-989-2927

Pathways Collier - On call #239-464-0128

LSF Charlotte - After hours #941-268-7855

Pathways LaBelle - On call #863-398-8303

Pathways Immokalee - On call #239-940-6417

****The Safety Plan must include information specific to the family including names, contact information and CURRENT specific circumstances. The Safety Plan must be DEVELOPED WITH the family and support system. All parties named in the Safety Plan should be aware of it and sign the Safety Plan. The Safety Plan is a living document and should be updated whenever circumstances change.**

Case Name _____	Case Number _____
Effective Date _____	Worker Name _____

A. SAFETY FACTOR DESCRIPTION

Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors that pertain to child vulnerabilities, protective capacities, and signs of immediate or emerging danger. Describe sexual abuse history/reason for Safety Plan to include when, where, how often and the specific circumstances involved in the abuse. If the child has acted out sexually, engaged in inappropriate sex play for age and maturity, or demonstrated a premature understanding of sex, describe circumstances.

B. SAFETY PLAN

1. Describe the specific safety actions to be taken. For each action include the person responsible for the action, when the action will occur, duration, frequency and the person responsible for monitoring the safety plan.

Select appropriate bedroom arrangement below.

1. _____ must have a private room.
2. _____ may share a room.
3. Caregiver will enforce appropriate physical boundaries between the children. Physical affection between _____, _____ and other children should be brief. Physical affection should not include lying together or sitting on laps.
4. _____ and _____ will not be in the others bedroom with the door closed.
5. _____ and _____ will not be in their bedroom with other children with the door closed.
6. _____ and _____ will utilize the bathroom alone. No other children or adult should utilize the bathroom at the same time.
7. One family member utilizes the bathroom at a time with the door fully closed.
8. Each family member will bathe, shower and toilet separately with the door fully closed.
9. Each family member will respect personal space including knocking and waiting for permission before entering a room.
10. Each family member will sleep in their own bed.
11. Each family member will be fully clothed when not bathing, showering or utilizing the toilet. Being fully clothed means wearing pants, undergarments and shirt.
12. Each family member will get clothed separately either in their bedroom or bathroom with the door fully closed.
13. No pornography (magazines, pictures, video, etc.) permitted in the home.
14. Child will be placed in own room unless the placement is a facility with adequate video monitoring.

C. SAFETY RESOURCES

Indicate the safety resource(s), the frequency and the amount of time or time period the service is needed to control conditions affecting safety (e.g., 3 x wk. / 2 hrs., or every afternoon from 3:00 to 5:00, one time only, etc.), and the person and/or agency who will provide the service. If a service is needed, but a provider is not available, indicate such in the Other Provider section for that service.

Service Category	Service Type	Frequency
Begin Date	Provider	Other Provider

D. SIGNATURES

PRINT NAME / ROLE	SIGNATURE	Date Signed
PRINT NAME / ROLE	SIGNATURE	Date Signed
PRINT NAME / ROLE	SIGNATURE	Date Signed
PRINT NAME / ROLE	SIGNATURE	Date Signed
PRINT NAME / ROLE	SIGNATURE	Date Signed

Multi-Purpose Placement Form/Change Request Form

EFC Placement	<input type="checkbox"/>	Initial Placement / Updates
ITR Information		
Referral Date:	Time:	Agency:
CPI/CWCM:		Phone Number:
Case Name:		Case ID #:
Child or YA Name:	DOB	SSN
Siblings:	ID#:	
If siblings are not placed together, why?		
Race	Gender	Language
Case Status:		
Reason For Request:		
Alerts & Behaviors:	<input type="checkbox"/> Runaway	<input type="checkbox"/> Violent
	<input type="checkbox"/> Victim	<input type="checkbox"/> Substance
	<input type="checkbox"/> Sexual Aggressor / Crimes	
If sexually reactive, was there consideration given to increased vulnerability of other children in the home?		
Provide Details: (when, where, how often, and specific circumstances) <input type="checkbox"/> NO <input type="checkbox"/> YES		
Case Plan Goal:		
Medical Professional:	Contact Number:	
Any Health Issues (please explain):		
Medications and Dosage		
#1	#3	
#2	#4	
DJJ or Criminal History:	Charges:	Probation Status:
Mental Health or substance abuse background?		
Visitation Schedule:		
School Information	Current School/Daycare:	Grade:
		ESE:
Exit Interview Needed?	Safety Plan Completed?	
Possible Placements Explored:		
Child have any known income?		
Respite (Fill out this section ONLY when requesting Respite)		
Current Provider:	Respite Provider:	
Respite Begin Date:	Respite End Date:	
Provider FSFN #	Provider FSFN #	
Extended Foster Care Information		
Is the YA currently employed	<input type="checkbox"/>	Yes
If yes, where is the child employed?		
Does the YA have a child?	<input type="checkbox"/>	Yes
Does the YA placement require placement for both YA and their child?	<input type="checkbox"/>	Yes

Initial Placement / Placement Change / Placement Ending / Create Provider

INITIAL PLACEMENT (this part of the form should be filled out ONLY for the initial placement)

Removal Begin Date: _____ Time: _____ Removal End Date: _____ Time: _____
Initial Removal Reason(s): *Please select at least one of the red values and any other applicable items:*

- | | | |
|--|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Child's Disability | <input type="checkbox"/> Inadequate Housing |
| <input type="checkbox"/> Alcohol Abuse (adult) | <input type="checkbox"/> Death of Parent(s) | <input type="checkbox"/> Incarceration of parent(s) |
| <input type="checkbox"/> Alcohol Abuse (child) | <input type="checkbox"/> Drug Abuse (adult) | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Caretaker's Inability to Cope | <input type="checkbox"/> Drug Abuse (child) | <input type="checkbox"/> Relinquishment |
| <input type="checkbox"/> Child's Behavior Problems | <input type="checkbox"/> Emotional Abuse/Neglect | <input type="checkbox"/> Sexual Abuse |
|
 | | |
| <input type="checkbox"/> Adoption Dissolution | <input type="checkbox"/> Physical Neglect | <input type="checkbox"/> Prospective Physical Neglect |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Prospective Emotional Abuse/Neglect | <input type="checkbox"/> Prospective Sexual Abuse |
| <input type="checkbox"/> Inadequate Supervision | <input type="checkbox"/> Prospective Medical Neglect | <input type="checkbox"/> Request for Services |
| <input type="checkbox"/> Medical Neglect | <input type="checkbox"/> Prospective Physical Abuse | <input type="checkbox"/> Transition to Independence |

Primary Caregiver: _____ Relationship: _____
Secondary Caregiver: _____ Relationship: _____

Initial Placement: _____ Provider FSFN # _____

End Date: _____ Time: _____

New Placement: _____ Provider FSFN # _____

Begin Date: _____ Time: _____

Address: _____

Child's Relationship to New Provider/Caregiver: _____ Maternal Paternal

PLACEMENT CHANGE (complete ONLY when requesting a change in placement or placement status)

Notification of Legal Status Update

Current Placement: _____ Provider FSFN # _____

End Date: _____ Time: _____

New Placement: _____ Provider FSFN # _____

Begin Date: _____ Time: _____

Address: _____

Child's Relationship to New Provider/Caregiver: _____ Maternal Paternal

Placement Ending Due to:

- Date: _____
- | | |
|---|--|
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Permanent Guardianship | <input type="checkbox"/> Reunification |
| <input type="checkbox"/> Runaway/MCR Episode# | <input type="checkbox"/> Other _____ |

Caregiver : _____ Placement Address : _____

RELATIVE/ NON-RELATIVE PROVIDER (complete when asking that a Relative/NRCG Provider be created)

Caregiver 1 SSN: _____ DOB: _____ Gender: _____
Caregiver 2 SSN: _____ DOB: _____ Gender: _____

Race _____ Race _____

Ethnicity _____ Ethnicity _____

Address: _____ County: _____

Phone: _____ Language: _____ Child's Relationship to Caregiver: _____

Marital Status: _____ Provider FSFN # _____

Date/Time Placement Req/Secured _____ Placement Coordinator _____