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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/16/2021	.	
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The Committee on Children, Families, and Elder Affairs
(Brodeur) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 39.00146, Florida Statutes, is created
to read:

39.00146 Case record face sheet.-

(1) As used in this section, the term:

(a) "Multidisciplinary team" has the same meaning as
provided in s. 39.4022(2).



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11 (b) "Placement change" has the same meaning as in s.
12 39.4023(2).

13 (c) "School" has the same meaning as in s. 39.4023(2).

14 (d) "Sibling" has the same meaning as in s. 39.4024(2).

15 (2) The case record of every child under the supervision or
16 in the custody of the department or the department's authorized
17 agents, including community-based care lead agencies and their
18 subcontracted providers, must include a face sheet containing
19 relevant information about the child and his or her case,
20 including at least all of the following:

21 (a) General case information, including, but not limited
22 to:

23 1. The child's name and date of birth;

24 2. The current county of residence and the county of
25 residence at the time of the referral;

26 3. The reason for the referral and any family safety
27 concerns;

28 4. The personal identifying information of the parents or
29 legal custodians who had custody of the child at the time of the
30 referral, including name, date of birth, and county of
31 residence;

32 5. The date of removal from the home; and

33 6. The name and contact information of the attorney or
34 attorneys assigned to the case in all capacities, including the
35 attorney or attorneys that represent the department and the
36 parents, and the guardian ad litem, if one has been appointed.

37 (b) The name and contact information for any employees of
38 the department, the department's authorized agents, or providers
39 contracting with the department, including community-based care



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40 lead agencies and their subcontracted service providers, who
41 have worked with the child, including the child's current and
42 previous case managers, and the supervisor information for such
43 employees.

44 (c) The personal information of relevant family members and
45 other fictive kin, including, but not limited to, the name and
46 contact information of:

47 1. The child's parents;

48 2. The child's siblings, including the location of their
49 current out-of-home placement, if applicable;

50 3. The child's current caregivers and any previous out-of-
51 home placements;

52 4. Any other caretaking adults; and

53 5. All children in the out-of-home placement, if
54 applicable.

55 (d) A description of any threats of danger placing the
56 child at imminent risk of removal.

57 (e) A description of individual parent or caregiver
58 concerns for the child.

59 (f) Any concerns that exist regarding the parent or the
60 current caregiver's ability to:

61 1. Maintain a safe home;

62 2. Engage or bond with the child if the child is an infant;

63 3. Structure daily activities that stimulate the child;

64 4. Manage the child's behavior; or

65 5. Make good health decisions for the child.

66 (g) Any transitions in placement the child has experienced
67 since the child's initial placement and a description of how
68 such transitions were accomplished in accordance with s.



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69 39.4023.

70 (h) If the child has any siblings and they are not placed
71 in the same out-of-home placement, the reasons the children are
72 not in joint placement and the reasonable efforts that the
73 department or appropriate lead agency will make to provide
74 frequent visitation or other ongoing interaction between the
75 siblings, unless the court determines that the interaction would
76 be contrary to a sibling's safety or well-being in accordance s.
77 39.4024.

78 (i) Information pertaining to recent and upcoming court
79 hearings, including, but not limited to, the date, subject
80 matter, and county of court jurisdiction of the most recent and
81 next scheduled court hearing.

82 (j) Any other information the department, the department's
83 authorized agents, or providers contracting with the department,
84 including community-based care lead agencies deem relevant.

85 (3) The department, the department's authorized agents, or
86 providers contracting with the department, including community-
87 based care lead agencies, must ensure that the face sheet for
88 each case is updated at least once per month. This requirement
89 includes ensuring that the department, its authorized agents, or
90 providers contracting with the department gather any relevant
91 information from any subcontracted providers who provide
92 services for the case record information required to be included
93 under this section.

94 (4) The department shall adopt rules to implement this
95 section.

96 Section 2. Subsection (3) of section 39.401, Florida
97 Statutes, is amended to read:



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98 39.401 Taking a child alleged to be dependent into custody;
99 law enforcement officers and authorized agents of the
100 department.—

101 (3) If the child is taken into custody by, or is delivered
102 to, an authorized agent of the department, the agent shall
103 review the facts supporting the removal with an attorney
104 representing the department. The purpose of the review is to
105 determine whether there is probable cause for the filing of a
106 shelter petition.

107 (a) If the facts are not sufficient, the child shall
108 immediately be returned to the custody of the parent or legal
109 custodian.

110 (b) If the facts are sufficient and the child has not been
111 returned to the custody of the parent or legal custodian, the
112 department shall file the petition and schedule a hearing, and
113 the attorney representing the department shall request that a
114 shelter hearing be held within 24 hours after the removal of the
115 child.

116 (c) While awaiting the shelter hearing, the authorized
117 agent of the department may place the child in out-of-home care,
118 and placement shall be determined based on priority of
119 placements as provided in s. 39.4021 and what is in the child's
120 best interest based on the criteria and factors set out in s.
121 39.4022 licensed shelter care or may release the child to a
122 parent or legal custodian or responsible adult relative or the
123 adoptive parent of the child's sibling who shall be given
124 priority consideration over a licensed placement, or a
125 responsible adult approved by the department if this is in the
126 best interests of the child.



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127 (d) Placement of a child which is not in a licensed shelter
128 must be preceded by a criminal history records check as required
129 under s. 39.0138.

130 (e) In addition, the department may authorize placement of
131 a housekeeper/homemaker in the home of a child alleged to be
132 dependent until the parent or legal custodian assumes care of
133 the child.

134 Section 3. Paragraph (h) of subsection (8) of section
135 39.402, Florida Statutes, is amended to read:

136 39.402 Placement in a shelter.—

137 (8)

138 (h) The order for placement of a child in shelter care must
139 identify the parties present at the hearing and must contain
140 written findings:

141 1. That placement in shelter care is necessary based on the
142 criteria in subsections (1) and (2).

143 2. That placement in shelter care is in the best interest
144 of the child.

145 3. That continuation of the child in the home is contrary
146 to the welfare of the child because the home situation presents
147 a substantial and immediate danger to the child's physical,
148 mental, or emotional health or safety which cannot be mitigated
149 by the provision of preventive services.

150 4. That based upon the allegations of the petition for
151 placement in shelter care, there is probable cause to believe
152 that the child is dependent or that the court needs additional
153 time, which may not exceed 72 hours, in which to obtain and
154 review documents pertaining to the family in order to
155 appropriately determine the risk to the child.



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156 5. That the department has made reasonable efforts to
157 prevent or eliminate the need for removal of the child from the
158 home. A finding of reasonable effort by the department to
159 prevent or eliminate the need for removal may be made and the
160 department is deemed to have made reasonable efforts to prevent
161 or eliminate the need for removal if:

162 a. The first contact of the department with the family
163 occurs during an emergency;

164 b. The appraisal of the home situation by the department
165 indicates that the home situation presents a substantial and
166 immediate danger to the child's physical, mental, or emotional
167 health or safety which cannot be mitigated by the provision of
168 preventive services;

169 c. The child cannot safely remain at home, either because
170 there are no preventive services that can ensure the health and
171 safety of the child or because, even with appropriate and
172 available services being provided, the health and safety of the
173 child cannot be ensured; or

174 d. The parent or legal custodian is alleged to have
175 committed any of the acts listed as grounds for expedited
176 termination of parental rights in s. 39.806(1)(f)-(i).

177 6. That the department has made reasonable efforts to place
178 the child in order of priority as provided in s. 39.4021 unless
179 such priority placement is not a placement option or in the best
180 interest of the child based on the criteria and factors set out
181 in s. 39.4022.

182 7. That the department has made reasonable efforts to keep
183 siblings together if they are removed and placed in out-of-home
184 care unless such placement is not in the best interest of each



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185 child. It is preferred that siblings be kept together in a
186 foster home, if available. Other reasonable efforts shall
187 include short-term placement in a group home with the ability to
188 accommodate sibling groups if such a placement is available. The
189 department shall report to the court its efforts to place
190 siblings together unless the court finds that such placement is
191 not in the best interest of a child or his or her sibling.

192 ~~8.7.~~ That the court notified the parents, relatives that
193 are providing out-of-home care for the child, or legal
194 custodians of the time, date, and location of the next
195 dependency hearing and of the importance of the active
196 participation of the parents, relatives that are providing out-
197 of-home care for the child, or legal custodians in all
198 proceedings and hearings.

199 ~~9.8.~~ That the court notified the parents or legal
200 custodians of their right to counsel to represent them at the
201 shelter hearing and at each subsequent hearing or proceeding,
202 and the right of the parents to appointed counsel, pursuant to
203 the procedures set forth in s. 39.013.

204 ~~10.9.~~ That the court notified relatives who are providing
205 out-of-home care for a child as a result of the shelter petition
206 being granted that they have the right to attend all subsequent
207 hearings, to submit reports to the court, and to speak to the
208 court regarding the child, if they so desire.

209 ~~11.10.~~ That the department has placement and care
210 responsibility for any child who is not placed in the care of a
211 parent at the conclusion of the shelter hearing.

212 Section 4. Section 39.4021, Florida Statutes, is created to
213 read:



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214 39.4021 Priority placement for out-of-home placements.-
215 (1) LEGISLATIVE FINDINGS AND INTENT.-The Legislature finds
216 that it is a basic tenet of child welfare practice and the law
217 that a child be placed in the least restrictive, most family-
218 like setting available in close proximity to the home of his or
219 her parents which meets the needs of the child, and that a child
220 be placed in a permanent home in a timely manner.

221 (2) PLACEMENT PRIORITY.-

222 (a) When a child cannot safely remain at home with a
223 parent, out-of-home placement options must be considered in the
224 following order:

225 1. Non-offending parent.

226 2. Relative caregiver.

227 3. Adoptive parent of the child's sibling.

228 4. Fictive kin, with a close existing relationship to the
229 child.

230 5. Licensed foster care.

231 6. Group or congregate care.

232 (b) Sibling groups must be placed in the same placement
233 whenever possible and if placement together is in the best
234 interest of each of child in the sibling group. Placement
235 decisions for sibling groups must be made pursuant to ss.
236 39.4022 and 39.4024.

237 (c) Except as otherwise provided for in this chapter, a
238 change to a child's physical or legal placement after the child
239 has been sheltered but before the child has achieved permanency
240 must be made in compliance with this section.

241 Section 5. Section 39.4022, Florida Statutes, is created to
242 read:



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243 39.4022 Multidisciplinary teams; staffings; assessments;
244 report.-

245 (1) LEGISLATIVE INTENT.-

246 (a) The Legislature finds that services for children and
247 families are most effective when delivered in the context of a
248 single integrated multidisciplinary team staffing that includes
249 the child, his or her family, natural and community supports,
250 and professionals who join together to empower, motivate, and
251 strengthen a family and collaboratively develop a plan of care
252 and protection to achieve child safety, child permanency, and
253 child and family well-being.

254 (b) The Legislature also finds that effective assessment
255 through an integrated multidisciplinary team is particularly
256 important for children who are vulnerable due to existing
257 histories of trauma which led to the child's entrance into the
258 child welfare system. This assessment is especially important
259 for young children who are 3 years of age or younger, as a
260 result of the enhanced need for such children to have healthy
261 and stable attachments to assist with necessary brain
262 development. Stable and nurturing relationships in the first
263 years of life, as well as the quality of such relationships, are
264 integral to healthy brain development, providing a foundation
265 for lifelong mental health and determining well-being as an
266 adult.

267 (2) DEFINITIONS.-For purposes of this section, the term:

268 (a) "Change in physical custody" means a change by the
269 department or the community-based care lead agency to the
270 child's physical residential address, even when such change does
271 not require a court order changing the legal custody of the



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272 child.

273 (b) "Multidisciplinary team" means an integrated group of
274 individuals which meets to collaboratively develop and attempt
275 to reach a consensus decision on the most suitable out-of-home
276 placement, educational placement, or other specified important
277 life decision that is in the best interest of the child.

278 (3) CREATION AND GOALS.-

279 (a) Multidisciplinary teams must be established for the
280 purpose of allowing better engagement with families and a shared
281 commitment and accountability from the family and their circle
282 of support.

283 (b) The multidisciplinary teams must adhere to the
284 following goals:

285 1. Secure a child's safety in the least restrictive and
286 intrusive placement that can meet his or her needs;

287 2. Minimize the trauma associated with separation from the
288 child's family and help the child to maintain meaningful
289 connections with family members and others who are important to
290 him or her;

291 3. Provide input into the placement decision made by the
292 community-based care lead agency and the services to be provided
293 in order to support the child;

294 4. Provide input into the decision to preserve or maintain
295 the placement, including necessary placement preservation
296 strategies;

297 5. Contribute to an ongoing assessment of the child and the
298 family's strengths and needs;

299 6. Ensure that plans are monitored for progress and that
300 such plans are revised or updated as the child's or family's



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301 circumstances change; and

302 7. Ensure that the child and family always remain the
303 primary focus of each multidisciplinary team meeting.

304 (4) PARTICIPANTS.—

305 (a) Collaboration among diverse individuals who are part of
306 the child's network is necessary to make the most informed
307 decisions possible for the child. A diverse team is preferable
308 to ensure that the necessary combination of technical skills,
309 cultural knowledge, community resources, and personal
310 relationships is developed and maintained for the child and
311 family. The participants necessary to achieve an appropriately
312 diverse team for a child may vary by child and may include
313 extended family, friends, neighbors, coaches, clergy, coworkers,
314 or others the family identifies as potential sources of support.
315 Each multidisciplinary team staffing must consist of the
316 following members:

317 1. The child, unless he or she is not of an age or capacity
318 to participate in the team;

319 2. The child's family members and other individuals
320 identified by the family as being important;

321 3. The current caregiver;

322 4. A representative from the department; and

323 5. The case manager for the child.

324 (b) Based on the particular goal the multidisciplinary team
325 staffing identifies as the purpose of convening the staffing as
326 provided under subsection (5), the department or lead agency may
327 also invite to the meeting other professionals, including, but
328 not limited to:

329 1. A representative from Children's Medical Services;



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330 2. A guardian ad litem, if one is appointed;

331 3. A school personnel representative who has direct contact
332 with the child;

333 4. A therapist or other behavioral health professional, if
334 applicable.

335 5. A mental health professional with expertise in sibling
336 bonding, if applicable; or

337 6. Other community providers of services to the child or
338 stakeholders, when applicable.

339 (c) Each multidisciplinary team staffing must be led by a
340 person who serves as a facilitator and whose main responsibility
341 is to help team participants use the strengths within the family
342 to develop a safe plan for the child. The person serving as the
343 facilitator must be a trained professional who is otherwise
344 required to attend the multidisciplinary team staffing under
345 this section in his or her official capacity. Further, the
346 trained professional serving as the facilitator does not need to
347 be the same person for each meeting convened in a child's case
348 under this section or in the service area of the designated lead
349 agency handling a child's case.

350 (5) SCOPE OF MULTIDISCIPLINARY TEAM.—A multidisciplinary
351 team staffing must be held when an important decision is
352 required to be made about a child's life, including all of the
353 following:

354 (a) Initial placement decisions for a child who is placed
355 in out-of-home care.

356 (b) Changes in physical custody after the child is placed
357 in out-of-home care by a court and, if necessary, determination
358 of an appropriate mandatory transition plan in accordance with



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359 s. 39.4023.

360 (c) Changes in a child's educational placement and, if
361 necessary, determination of an appropriate mandatory transition
362 plan in accordance with s. 39.4023.

363 (d) Placement decisions for a child as required by
364 paragraphs (a), (b), or (c) which involve sibling groups that
365 require placement in accordance with s. 39.4024.

366 (e) Any other important decisions in the child's life which
367 are so complex that the department or appropriate community-
368 based lead agency determines convening a multidisciplinary team
369 staffing is necessary to ensure the best interest of the child
370 is maintained.

371 (6) ASSESSMENTS.-

372 (a)1. The multidisciplinary team staffing participants
373 must, before formulating a decision under this section, gather
374 and consider data and information on the child which is known at
375 the time, including, but not limited to:

376 a. The child's age, maturity, and strengths;

377 b. Mental, medical, behavioral health, and medication
378 history;

379 c. Community ties and school placement;

380 d. The stability and longevity of the child's current
381 placement;

382 e. The established bonded relationship between the child
383 and the current or proposed caregiver;

384 f. The child's previous and current relationship with a
385 sibling, if the change in physical custody or placement will
386 separate or reunite siblings, evaluated in accordance with s.
387 39.4024;



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388 g. The physical, mental, and emotional health benefits to
389 the child by remaining in his or her current placement or moving
390 to the proposed placement;

391 h. The reasonable preference of the child, if the court has
392 found that the child is of sufficient intelligence,
393 understanding, and experience to express a preference;

394 i. The recommendation of the child's current caregiver, if
395 applicable;

396 j. The recommendation of the child's guardian ad litem, if
397 one has been appointed;

398 k. The likelihood of the child attaining permanency in the
399 current or proposed placement;

400 l. The likelihood that the child will have to change
401 schools or day care placement, the impact of such a change, and
402 the parties' recommendations as to the timing of the change
403 including an education transition plan required under s.
404 39.4023;

405 m. The disruption of continuity of care with medical,
406 mental health, behavioral health, dental, or other treatment
407 services the child is receiving at the time of the change of
408 custody decision;

409 n. The allegations of any abuse, abandonment, or neglect,
410 including sexual abuse and trafficking history, which caused the
411 child to be placed in out-of-home care and any history of
412 additional allegations of abuse, abandonment, or neglect;

413 o. The impact on activities that are important to the
414 child, including the ability of the child to continue in such
415 activities;

416 p. The impact on the child's future access to education,



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417 Medicaid, and independent living benefits; and
418 q. Any other relevant factors.
419 2. Multidisciplinary team staffings may not be delayed to
420 accommodate pending behavioral health screenings or assessments
421 or pending referrals for services.
422 (b) The assessment conducted by the multidisciplinary team
423 may also use an evidence-based assessment instrument or tool
424 that is best suited for determining the specific decision of the
425 staffing and the needs of that individual child and family.
426 (c)1. To adequately prepare for a multidisciplinary
427 staffing team meeting to consider a decision related to a child
428 3 years of age or younger, all of the following information on
429 the child which is known at the time must be gathered and
430 considered by the team:
431 a. Identified kin and relatives who express interest in
432 caring for the child, including strategies to overcome potential
433 delays in placing the child with such persons if they are
434 suitable.
435 b. The likelihood that the child can remain with the
436 prospective caregiver past the point of initial removal and
437 placement with, or subsequent transition to, the caregiver and
438 the willingness of the caregiver to provide care for any
439 duration deemed necessary if placement is made.
440 c. The prospective caregiver's ability and willingness to:
441 (I) Accept supports related to early childhood development
442 and services addressing any possible developmental delays;
443 (II) Address the emotional needs of the child and accept
444 infant mental health supports, if needed;
445 (III) Help nurture the child during the transition into



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446 out-of-home care;

447 (IV) Work with the parent to build or maintain the
448 attachment relationship between parent and child;

449 (V) Effectively co-parent with the parent; and

450 (VI) Ensure frequent family visits and sibling visits.

451 d. Placement decisions for each child in out-of-home
452 placement which are made under this paragraph must be reviewed
453 as often as necessary to ensure permanency for that child and to
454 address special issues that may arise which are unique to
455 younger children.

456 (d)1. If the participants of a multidisciplinary team
457 staffing reach a consensus decision, it becomes the official
458 position of the community-based care lead agency regarding the
459 decision under subsection (5) for which the team convened. Such
460 decision is binding upon all department and lead agency
461 participants, who are obligated to support it.

462 2. If the participants of a multidisciplinary team staffing
463 cannot reach a consensus decision, the trained professional
464 acting as the facilitator must attempt to bring at least the
465 lead agency's staff to a decision that all participants can
466 support. If there is disagreement even among lead agency staff,
467 the multidisciplinary team may request a review of the decision
468 from a designated, high level administrator within the
469 community-based care lead agency and such person's decision
470 becomes the official position for the decision under subsection
471 (5) for which the team was convened.

472 3. If the multidisciplinary team cannot agree on the
473 placement, it is the responsibility of the placing lead agency
474 to determine the most appropriate placement for the child in



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475 order to achieve the goals of child safety, permanency, and
476 well-being.

477 (7) CONVENING A TEAM UPON REMOVAL.—The formation of a
478 multidisciplinary team staffing must begin as soon as possible
479 when a child is removed from a home. The multidisciplinary team
480 must convene a staffing no later than 72 hours from the date of
481 a subsequent removal in an emergency situation as that term is
482 defined in s. 39.4023(2) and in accordance with s. 39.4023.

483 (8) REPORT.—If a multidisciplinary team staffing fails to
484 reach a consensus decision, the facilitator must prepare and
485 submit a written report to the court within 5 business days
486 after the conclusion of the staffing which details the decision
487 made at the conclusion of the multidisciplinary team staffing
488 under subsection (6) and the positions of the staffing's
489 participants.

490 (9) CONFIDENTIALITY.—Notwithstanding any other provision of
491 law, participants representing the department and the community-
492 based care lead agency may discuss confidential information
493 during a multidisciplinary team staffing in the presence of
494 individuals who participate in the staffing. Information
495 collected by any agency or entity that participates in the
496 multidisciplinary team staffing which is confidential and exempt
497 upon collection remains confidential and exempt when discussed
498 in a staffing required under this section. All individuals who
499 participate in the staffing shall maintain the confidentiality
500 of any information shared during the staffing.

501 (10) CONSTRUCTION.—This section may not be construed to
502 mean that multidisciplinary team staffings coordinated by the
503 department or the appropriate lead agency for purposes other



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504 than those provided for in subsection (5) before October 1,
505 2021, are no longer required to be conducted or are required to
506 be conducted in accordance with this section.

507 (11) RULEMAKING.—The department shall adopt rules to
508 implement this section.

509 Section 6. Section 39.4023, Florida Statutes, is created to
510 read:

511 39.4023 Placement and education transitions; transition
512 plans.—

513 (1) LEGISLATIVE FINDINGS AND INTENT.—

514 (a) The Legislature finds that many children in out-of-home
515 care experience multiple changes in placement, and those
516 transitions often result in trauma not only for the child but
517 also for caregivers, families, siblings, and all professionals
518 involved.

519 (b) The Legislature further finds that poorly planned and
520 executed or improperly timed transitions may adversely impact a
521 child's healthy development as well as the child's continuing
522 capacity to trust, attach to others, and build relationships in
523 the future.

524 (c) The Legislature finds that the best child welfare
525 practices recognize the need to prioritize the minimization of
526 the number of placements for every child in out-of-home care.
527 Further, the Legislature finds that efforts must be made to
528 support caregivers in order to promote stability. When placement
529 changes are necessary, they must be thoughtfully planned.

530 (d) The Legislature finds that transition plans are
531 critical when moving all children, including infants, toddlers,
532 school-age children, adolescents, and young adults.



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533 (e) It is the intent of the Legislature that a placement
534 change or an educational change for a child in out-of-home care
535 be achieved ideally through a period of transition that is
536 unique to each child, provides support for all individuals
537 affected by the change, and has flexible planning to allow for
538 changes necessary to meet the needs of the child.

539 (2) DEFINITIONS.—As used in this section, the term:

540 (a) "Educational change" means any time a child is moved
541 between schools when such move is not the result of the natural
542 transition from elementary school to middle school or middle
543 school to high school. The term also includes changes in child
544 care or early education programs for infants and toddlers.

545 (b) "Emergency situation" means that there is an imminent
546 risk to the health or safety of the child, other children, or
547 others in the home or facility if the child remains in the
548 placement.

549 (c) "Placement change" means any time a child is moved from
550 one caregiver to another, including moves to a foster home, a
551 group home, relatives, prospective guardians, prospective
552 adoptive parents, and reunification with parents. The term also
553 includes moves between rooms and buildings operated by a group
554 home provider.

555 (d) "School" means any child care, early education,
556 elementary, secondary, or postsecondary educational setting.

557 (3) PLACEMENT TRANSITIONS.—

558 (a) Mandatory transition plans.—Except as otherwise
559 provided, the department or the community-based lead agency
560 shall create and implement an individualized transition plan
561 before each placement change experienced by a child.



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562 (b) Minimizing placement transitions.—Once a caregiver
563 accepts the responsibility of caring for a child, the child may
564 be removed from the home of the caregiver only if:

- 565 1. The caregiver is unwilling or unable to safely or
566 legally care for the child;
567 2. The child and the birth or legal parent are reunified;
568 3. The child is being placed in a legally permanent home in
569 accordance with a case plan or court order; or
570 4. The removal is demonstrably in the best interest of the
571 child.

572 (c) Services to prevent disruption.—The community-based
573 care lead agency shall provide any supportive services deemed
574 necessary to a caregiver and a child if the child's current out-
575 of-home placement with the caregiver is in danger of needing
576 modification. The supportive services must be offered in an
577 effort to remedy the factors contributing to the placement being
578 considered unsuitable and therefore contributing to the need for
579 a change in placement.

580 (d) Transition planning.—

581 1. If the supportive services provided pursuant to
582 paragraph (c) have not been successful to make the maintenance
583 of the placement suitable or if there are other circumstances
584 that require the child to be moved, the department or the
585 community-based care lead agency must convene a
586 multidisciplinary team staffing as required under s. 39.4022
587 before the child's placement is changed, or within 72 hours of
588 moving the child in an emergency situation, for the purpose of
589 developing an appropriate transition plan.

590 2. A placement change may occur immediately in an emergency



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591 situation without a convening a multidisciplinary team staffing.
592 However, a multidisciplinary team staffing must be held within
593 72 hours after the emergency situation arises.

594 3. At least 14 days before moving a child from one out-of-
595 home placement to another or within 72 hours after an emergency
596 situation, the department or the community-based care lead
597 agency must provide written notice of the planned move and must
598 include in the notice the reason a placement change is
599 necessary. A copy of the notice must be filed with the court and
600 be provided to:

601 a. The child, unless he or she, due to age or capacity, is
602 unable to comprehend the written notice, which will necessitate
603 the department or lead agency to provide notice in an age- and
604 capacity-appropriate alternative manner;

605 b. The child's parents, unless prohibited by court order;

606 c. The child's out-of-home caregiver;

607 d. The guardian ad litem, if one is appointed; and

608 e. The attorney for the department.

609 4. The transition plan must be developed through
610 cooperation among the persons included in subparagraph 3., and
611 such persons must share any relevant information necessary to
612 ensure that the transition plan does all of the following:

613 a. Respects the child's developmental stage and
614 psychological needs.

615 b. Ensures the child has all of his or her belongings and
616 is allowed to help pack those belongings when appropriate.

617 c. Allows for a gradual transition from the current
618 caregiver's home with substantial overlap between the two
619 caregivers and provides time for the child to have a final



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620 visitation with everyone important to the child from the current
621 placement, including pets.

622 d. Allows, when possible, for continued contact with the
623 previous caregiver and others in the home after the child
624 leaves.

625 e. Prohibits a placement change which occurs between 7 p.m.
626 and 8 a.m.

627 5. The department or the community-based care lead agency
628 shall file the transition plan with the court within 48 hours
629 after the creation of such plan and provide a copy of the plan
630 to the persons included in subparagraph 3.

631 (e) *Additional considerations for transitions of infants*
632 *and children under school age.*—Relationship patterns over the
633 first year of life are important predictors of future
634 relationships. Research demonstrates that babies begin to form a
635 strong attachment to a caregiver at approximately 7 months of
636 age. From that period of time through age 2, moving a child from
637 a caregiver who is the psychological parent is considerably more
638 damaging. Placement decisions must focus on promoting security
639 and continuity for infants and children under 5 years of age in
640 out-of-home care. Transition plans for infants and young
641 children must describe the facts that were considered when each
642 of the following were discussed and must specify what decision
643 was made as to how each of the following applies to the child:

644 1. The age of the child and the child's current ability to
645 accomplish developmental tasks, with consideration made for
646 whether the child is:

647 a. Six months of age or younger, thereby indicating that it
648 may be in the child's best interest to move the child sooner



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649 rather than later; or

650 b. One year to 2 years of age, thereby indicating it may
651 not be a healthy time to move the child.

652 2. The length of time the child has lived with the current
653 caregiver, the strength of attachment to the current caregiver,
654 and the harm of disrupting a healthy attachment compared to the
655 possible advantage of a change in placement.

656 3. The relationship, if any, the child has with the new
657 caregiver and whether a reciprocal agreement exists between the
658 current caregiver and the prospective caregiver to maintain the
659 child's relationship with both caregivers.

660 4. The pace of the transition and whether flexibility
661 exists to accelerate or slow down the transition based on the
662 child's needs and reactions.

663 (f) Preparation of prospective caregivers before
664 placement.—

665 1. Prospective caregivers must be fully informed of the
666 child's needs and circumstances and be willing and able to
667 accept responsibility for providing high-quality care for such
668 needs and circumstances before placement.

669 2. The community-based care lead agency shall review with
670 the prospective caregiver the caregiver's roles and
671 responsibilities according to the parenting partnerships plan
672 for children in out-of-home care pursuant to s. 409.1415. The
673 case manager shall sign a copy of the parenting partnerships
674 plan and obtain the signature of the prospective caregiver
675 acknowledging explanation of the requirements before placement.

676 (4) EDUCATION TRANSITIONS.—

677 (a) Findings.—Children in out-of-home care frequently



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678 change child care, early education programs, and schools. These
679 changes can occur when the child first enters out-of-home care,
680 when the child must move from one caregiver to another, or when
681 the child returns home upon reunification. Research shows that
682 children who change schools frequently make less academic
683 progress than their peers and fall further behind with each
684 school change. Additionally, educational instability at any
685 level makes it difficult for children to develop supportive
686 relationships with teachers or peers. State and federal law
687 contain requirements that must be adhered to in order to ensure
688 educational stability for a child in out-of-home care. A child's
689 educational setting should only be changed when maintaining the
690 educational setting is not in the best interest of the child.

691 (b) *Mandatory educational transition plans.*—The department
692 or the community-based care lead agency shall create and
693 implement an individualized transition plan each time a child
694 experiences a school change.

695 (c) *Minimizing school changes.*—

696 1. Every effort must be made to keep a child in the school
697 of origin. Any placement decision must include thoughtful
698 consideration of which school a child will attend if a school
699 change is necessary.

700 2. A determination that it is not the child's best interest
701 to remain in the school of origin and which school the child
702 will attend in the future must be made in consultation with the
703 child; the parents; the caregiver; the child welfare
704 professional; the guardian ad litem, the educational surrogate
705 child care and educational staff, including teachers and
706 guidance counselors; and the school district representative or



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707 foster care liaison.

708 3. If a determination is made that remaining in the school
709 or program of origin is not in the child's best interest,
710 selection of a new school or program must consider relevant
711 factors, including, but not limited to:

712 a. The child's desire to remain in the school or program of
713 origin.

714 b. The preference of the child's parents or legal
715 guardians.

716 c. Whether the child has siblings, close friends, or
717 mentors at the school or program of origin.

718 d. The child's cultural and community connections in the
719 school or program of origin.

720 e. Whether the child is suspected of having a disability
721 under the Individuals with Disabilities Education Act (IDEA) or
722 s. 504 of the Rehabilitation Act of 1973, or has begun receiving
723 interventions under this state's multitiered system of supports.

724 f. Whether the child has an evaluation pending for special
725 education and related services under IDEA or s. 504 of the
726 Rehabilitation Act of 1973.

727 g. Whether the child is a student with a disability under
728 IDEA who is receiving special education and related services or
729 a student with a disability under s. 504 of the Rehabilitation
730 Act of 1973 who is receiving accommodations and services and, if
731 so, whether those required services are available in a school or
732 program other than the school or program of origin.

733 h. Whether the child is an English Language Learner student
734 and is receiving language services, and if so, whether those
735 required services are available in a school or program other



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736 than the school or program of origin.

737 i. The impact a change to the school or program of origin
738 would have on academic credits and progress toward promotion.

739 j. The availability of extracurricular activities important
740 to the child.

741 k. The child's known individualized educational plan or
742 other medical and behavioral health needs and whether such plan
743 or needs are able to be met at a school or program other than
744 the school or program of origin.

745 l. The child's permanency goal and timeframe for achieving
746 permanency.

747 m. The child's history of school transfers and how such
748 transfers have impacted the child academically, emotionally, and
749 behaviorally.

750 n. The length of the commute to the school or program from
751 the child's home or placement and how such commute would impact
752 the child.

753 o. The length of time the child has attended the school or
754 program of origin.

755 4. The cost of transportation cannot be a factor in making
756 a best interest determination.

757 (d) *Transitions between child care and early education*
758 *programs.*—When a child enters out-of-home care or undergoes a
759 placement change, the child shall, if possible, remain with a
760 familiar child care provider or early education program unless
761 there is an opportunity to transition to a higher quality
762 program. If it is not possible for the child to remain with the
763 familiar child care provider or early education program or
764 transition to a higher quality program, the child's transition



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765 plan must be made with the participation of the child's current
766 and future school or program. The plan must give the child an
767 opportunity to say goodbye to important figures in the
768 educational environment.

769 (e) *Transitions between K-12 schools.*—The transition plan
770 for a transition between K-12 schools must include all of the
771 following:

772 1. Documentation that the department or community-based
773 care lead agency has made the decision to change the child's
774 school in accordance with paragraph (c). The plan must include a
775 detailed discussion of all factors considered in reaching the
776 decision to change the child's school.

777 2. Documentation that the department or community-based
778 care lead agency has coordinated with local educational agencies
779 to provide immediate and appropriate enrollment in a new school,
780 including transfer of educational records, any record of a
781 school-entry health examination, and arrangements for
782 transportation to the new school.

783 3. Discussion of the timing of the proposed school change
784 which addresses the potential impact on the child's education
785 and extracurricular activities. This section must include, at a
786 minimum, grading periods, exam schedules, credit acquisitions,
787 sports eligibility, and extracurricular participation.

788 4. Details concerning the transportation of the child to
789 school.

790 (5) TRANSITION PLAN AND DOCUMENTATION.—

791 (a) The department, in collaboration with the Quality
792 Parenting Initiative, shall develop a form to be completed and
793 updated each time a child in out-of-home care is moved from one



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794 placement to another.

795 (b) A completed form must be attached to the case record
796 face sheet required to be included in the case file pursuant to
797 s. 39.00146. The form must be used statewide and, at a minimum,
798 must include all of the following information:

799 1. The membership of the multidisciplinary team staffing
800 convened under s. 39.4022 to develop a transition plan for the
801 change in placement and the dates on which the team met.

802 2. The name of the person who served as the facilitator in
803 that specific multidisciplinary team staffing.

804 3. The topics considered by the multidisciplinary team
805 staffing in order to ensure an appropriate transition.

806 4. The recommendations of the multidisciplinary team and
807 the name of each individual or entity responsible for carrying
808 out each recommendation.

809 (c) The department or the community-based care lead agency
810 shall document all multidisciplinary team staffings and
811 placement transition decisions in the Florida Safe Families
812 Network and must include the information in the social study
813 report for judicial review, as required under s. 39.701.

814 (6) RULEMAKING.—The department shall adopt rules to
815 implement this section.

816 Section 7. Section 39.4024, Florida Statutes, is created to
817 read:

818 39.4024 Placement of siblings; visitation; continuing
819 contact.—

820 (1) LEGISLATIVE FINDINGS.—

821 (a) The Legislature finds that sibling relationships can
822 provide a significant source of continuity throughout a child's



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823 life and are likely to be the longest relationships that most
824 individuals experience. Further, the placement of siblings
825 together can increase the likelihood of achieving permanency and
826 is associated with a significantly higher rate of family
827 reunification.

828 (b) The Legislature finds that it is beneficial for a child
829 who is placed in out-of-home care to be able to continue
830 existing relationships with his or her siblings, regardless of
831 age, so that they may share their strengths and association in
832 their everyday and often common experiences.

833 (c) The Legislature also finds that healthy connections
834 with siblings can serve as a protective factor for children who
835 have been placed in out-of-home care. The Legislature finds that
836 child protective investigators and caseworkers should be aware
837 of the variety of demographic and external situational factors
838 that may present challenges to placement in order to identify
839 such factors relevant to a particular group of siblings and
840 ensure that these factors are not the sole reasons that siblings
841 are not placed together.

842 (d) The Legislature also finds that it is the
843 responsibility of all entities and adults involved in a child's
844 life, including, but not limited to, the department, community-
845 based lead agencies, parents, foster parents, guardians ad
846 litem, next of kin, and other persons important to the child to
847 seek opportunities to foster sibling relationships to promote
848 continuity and help sustain family connections.

849 (e) While there is a presumption in law and policy that it
850 is in the best interest of a child going into out-of-home care
851 to be placed with any siblings, the Legislature finds that



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852 overall well-being of the child and family improves when the
853 person or team responsible for placement decisions evaluates the
854 child's sibling and family bonds and prioritizes the bonds that
855 are unique drivers of the child's ability to maintain and
856 develop healthy relationships. The person or team with an
857 understanding of the need to balance all attachment bonds of a
858 child and the potential need to prioritize existing and healthy
859 sibling relationships differently than a potential or unhealthy
860 sibling relationship over a healthy existing bond with a
861 caregiver will result in more stable and healthier placements
862 for all children in out-of-home care.

863 (2) DEFINITIONS.—As used in this section, the term:

864 (a) "Multidisciplinary team" has the same meaning as
865 provided in s. 39.4022.

866 (b) "Lead agency" means a community-based care lead agency
867 under contract with the department to provide care to children
868 in foster care under chapter 409.

869 (c) "Sibling" means:

870 1. A child who shares a birth parent or legal parent with
871 one or more other children; or

872 2. A child who has lived together in a family with one or
873 more other children whom he or she identifies as siblings.

874 (3) PLACEMENT OF SIBLINGS IN OUT-OF-HOME CARE.—

875 (a) General provisions.—

876 1. The department or lead agency shall make reasonable
877 efforts to place sibling groups that are removed from their home
878 in the same foster, kinship, adoptive, or guardianship home when
879 it is in the best interest of each sibling and when an
880 appropriate, capable, and willing joint placement for the



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881 sibling group is available.

882 2. If a child enters out-of-home care after his or her
883 sibling, the department or lead agency and the multidisciplinary
884 team shall make reasonable efforts to initially place the child
885 who has entered out-of-home care with his or her siblings in the
886 sibling's existing placement, provided it would not jeopardize
887 the stability of such placement and it is in the best interest
888 for each child.

889 3. When determining whether to move a child from a current
890 placement to a new placement when such change is initiated by a
891 sibling relationship, all relevant factors must be considered by
892 the multidisciplinary team to ensure that the child is best
893 served by the decision. A uniform policy that does not consider
894 and apply a balancing test to ensure all existing attachment
895 bonds for a child and his or her siblings are honored and
896 evaluated holistically may result in placement decisions or
897 changes of placement decisions that may result in additional
898 trauma.

899 4. The department and the court are not required to make an
900 initial placement or change in placement to develop a
901 relationship between siblings which did not exist at the time a
902 child is placed in out-of-home care.

903 (b) *Factors to consider when placing sibling groups.*—

904 1. At the time a child who is a part of a sibling group is
905 removed from the home, the department or lead agency shall
906 convene a multidisciplinary team staffing in accordance with s.
907 39.4022 to determine and assess the sibling relationships from
908 the perspective of each child to ensure the best placement of
909 each child in the sibling group. The multidisciplinary team



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910 shall consider all relevant factors included in s. 39.4022 and
911 this section, including, but not limited to, the existing
912 emotional ties between and among the siblings, the degree of
913 harm each child is likely to experience as a result of
914 separation, and the standard protocols established by the
915 Quality Parenting Initiative under paragraph (d).

916 2.a. If the department or the appropriate lead agency is
917 able to locate a caregiver that will accept the sibling group
918 and the multidisciplinary team determines that the placement is
919 suitable for each child, the sibling group must be placed
920 together.

921 b. If the department or appropriate lead agency is not able
922 to locate a caregiver or placement option that allows the
923 sibling group to be placed together in an initial placement, the
924 department or lead agency must make all reasonable efforts to
925 ensure contact and visitation between siblings placed in
926 separate out-of-home care placements and provide reviews of the
927 placements in accordance with this section.

928 3. If all the siblings are unable to be placed in an
929 existing placement and the siblings do not have an existing
930 relationship, when determining whether to move any child who is
931 part of the sibling group from his or her current placement to a
932 new placement that will unite the sibling group, the department
933 or lead agency must consider all of the following additional
934 factors:

935 a. The presence and quality of current attachment
936 relationships, including:

937 (I) The quality and length of the attachment of the child
938 to both the current and prospective caregiver;



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939 (II) The age of the child at placement with the current
940 caregiver and the child's current age as well as the ages of any
941 siblings;

942 (III) The ease with which the child formed an attachment to
943 the current family;

944 (IV) Any indications of attachment difficulty in the
945 child's history; and

946 (V) The number of moves and number of caregivers the child
947 has experienced.

948 b. The potential of the new caregiver to be a primary
949 attachment figure to the sibling group by ensuring care for each
950 child's physical needs and the willingness and availability to
951 meet the each child's emotional needs.

952 c. The quality of existing sibling relationships and the
953 potential quality of sibling relationships that can be formed
954 between the children.

955 d. The consideration of any costs and benefits of
956 disrupting existing emotional attachments to a primary caregiver
957 to place children in a new placement with siblings, including:

958 (I) The length and quality of the established and current
959 primary attachment relationships between the siblings and
960 between the siblings and their current caregivers; and

961 (II) Relationships between any other siblings and whether
962 such relationships appear adequate and not stressful or harmful.

963 e. The ability to establish and maintain sibling visitation
964 and contact pursuant to this section in a manner and schedule
965 that makes sense for an infant or young child if it is
966 determined that the infant or young child is to remain with his
967 or her primary caregivers rather than be placed with his or her



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968 siblings.

969 f. The ability to establish and maintain contact with the
970 sibling and new caregiver as part of a transition plan developed
971 in accordance with paragraph (c) and s. 39.4023 before changing
972 the child's placement to allow the child, his or her siblings,
973 and new caregiver to adjust and form bonds.

974 (c) Transitioning a child after a determination.—If after
975 considering the provisions and factors described in paragraphs
976 (a) and (b) it is determined that the child would benefit from
977 being placed with his or her siblings, the transition of the
978 child to the new home must be carried out gradually in
979 accordance with s. 39.4023.

980 (d) Standards for evaluating sibling placements.—The
981 department, in collaboration with the Quality Parenting
982 Initiative, must develop standard protocols for the department
983 and lead agency which incorporate the provisions and factors
984 described in paragraphs (a), (b), and (c) and any other factors
985 deemed relevant for use in making decisions about when placing
986 siblings together would be contrary to a child's well-being or
987 safety or decisions providing for frequent visitation and
988 contact under subsection (4).

989 (4) MAINTAINING CONTACT WHEN SIBLINGS ARE SEPARATED.—

990 (a) Regular contact among a sibling group that cannot be
991 placed together, especially among siblings with existing
992 attachments to each other, is critical for the siblings to
993 maintain their existing bonds and relationships or to develop
994 such bonds and attachments, if appropriate. The following
995 practices must be considered in helping to maintain or
996 strengthen the relationships of separated siblings:



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997 1. Respect and support the child's ties to his or her birth
998 or legal family, including parents, siblings, and extended
999 family members, must be provided by the caregiver, and he or she
1000 must assist the child in maintaining allowable visitation and
1001 other forms of communication. The department and lead agency
1002 shall provide a caregiver with the information, guidance,
1003 training, and support necessary for fulfilling this
1004 responsibility.

1005 2. Provide adequate support to address any caregiver
1006 concerns and to enhance the caregiver's ability to facilitate
1007 contact between siblings who are not in the same out-of-home
1008 placement and promote the benefits of sibling contact.

1009 3. Prioritize placements with kinship caregivers who have
1010 an established personal relationship with each child so that
1011 even when siblings cannot be placed together in the same home,
1012 kinship caregivers are more likely to facilitate contact.

1013 4. Prioritize placement of siblings geographically near
1014 each other, such as in the same neighborhood or school district,
1015 to make it easier for the siblings to see each other regularly.

1016 5. Encourage frequent and regular visitation, if the
1017 siblings choose to do so, to allow the children to be actively
1018 involved in each other's lives and to participate in
1019 celebrations, including, but not limited to, birthdays,
1020 graduations, holidays, school and extracurricular activities,
1021 cultural customs, and other milestones.

1022 6. Provide other forms of contact when regular in-person
1023 meetings are not possible or are not sufficient to meet the
1024 needs or desires of the siblings, such as maintaining frequent
1025 contact through letters, e-mail, social media, cards, or



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1026 telephone calls.

1027 7. Coordinate, when possible, joint outings or summer or
1028 weekend camp experiences to facilitate time together, including,
1029 but not limited to, activities or camps specifically designed
1030 for siblings in out-of-home care.

1031 8. Encourage joint respite care to assist the caregivers
1032 who are caring for separated siblings to have needed breaks
1033 while also facilitating contact among the siblings, including,
1034 but not limited to, providing babysitting or respite care for
1035 each other.

1036 9. Prohibit the withholding communication or visitation
1037 among the siblings as a form of punishment.

1038 (b) The court may limit or restrict communication or
1039 visitation under this subsection only upon a finding by clear
1040 and convincing evidence that the communication or visitation is
1041 harmful to the child. If the court makes such a finding, it must
1042 direct the department or lead agency to immediately provide
1043 services to ameliorate the harm so that communication and
1044 visitation may be restored as soon as possible.

1045 (5) SUBSEQUENT REVIEWS.—

1046 (a) The department and the lead agency shall periodically,
1047 but at least once every 6 months, reassess sibling placement,
1048 visitation, and other sibling contact decisions in cases where
1049 siblings are separated, not visiting, or not maintaining contact
1050 to determine if a change in placement is warranted unless the
1051 decision to not place a child with his or her sibling group was
1052 made due to such placement being inappropriate, unhealthy, or
1053 unsafe for the child.

1054 (b) If a child in a sibling group who has been placed in an



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1055 out-of-home care placement with his or her siblings does not
1056 adjust to the placement, the lead agency must provide services
1057 to the caregiver and sibling group in accordance with s.
1058 39.4023(3) to try to prevent the disruption of the placement. If
1059 after reasonable efforts are made under s. 39.4023(3), the child
1060 still has not adjusted to the out-of-home placement, a
1061 multidisciplinary team staffing must be convened to determine
1062 what is best for all of the children. The multidisciplinary team
1063 shall review the current placement of the sibling group and
1064 choose a plan that will be least detrimental to each child. If
1065 the team determines that the best decision is to move the child
1066 who has not adjusted to a new out-of-home placement, the team
1067 must develop a transition plan in accordance with ss. 39.4022
1068 and 39.4023 which ensures the opportunity for the siblings to
1069 maintain contact in accordance with subsection (4) of this
1070 section.

1071 (c) If it becomes known that a child in out-of-home care
1072 has a sibling of whom the child, department, or lead agency was
1073 previously unaware, the department or lead agency must convene a
1074 multidisciplinary team staffing within a reasonable amount of
1075 time after the discovery of such sibling to decide if the
1076 current placement or permanency plan requires modification.

1077 (6) ADDITIONAL REQUIREMENTS AND CONSIDERATIONS.-

1078 (a) The department shall promptly provide a child with the
1079 location of and contact information for his or her siblings. If
1080 the existence or location of or contact information for a
1081 child's siblings is not known, the department must make
1082 reasonable efforts to ascertain such information.

1083 (b) If a child's sibling is also in out-of-home care and



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1084 such sibling leaves out-of-home care for any reason, including,
1085 but not limited to, emancipation, adoption, or reunification
1086 with his or her parent or guardian, the child has a right to
1087 continued communication with his or her sibling as provided
1088 under subsection (4).

1089 (c) The department or the lead agency must document in
1090 writing any decision to separate siblings in the case file as
1091 required in s. 39.00146 and document the decision in the Florida
1092 Safe Families Network. The documentation must include any
1093 efforts made to keep the siblings together, an assessment of the
1094 short-term and long-term effects of separation on each child and
1095 the sibling group as a whole, and a description of the plan for
1096 communication or contact between the children if separation is
1097 approved.

1098 (7) RULEMAKING AUTHORITY.—The department shall adopt rules
1099 to implement this section.

1100 Section 8. Section 39.522, Florida Statutes, is amended to
1101 read:

1102 39.522 Postdisposition change of custody.—

1103 (1) The court may change the temporary legal custody or the
1104 conditions of protective supervision at a postdisposition
1105 hearing, without the necessity of another adjudicatory hearing.

1106 (2) (a) ~~(1) (a)~~ At any time before a child is residing in the
1107 permanent placement approved at the permanency hearing, a child
1108 who has been placed in the child's own home under the protective
1109 supervision of an authorized agent of the department, in the
1110 home of a relative, in the home of a legal custodian, or in some
1111 other place may be brought before the court by the department or
1112 by any other interested person, upon the filing of a motion



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1113 alleging a need for a change in the conditions of protective
1114 supervision or the placement. If any party or the current
1115 caregiver denies ~~the parents or other legal custodians deny~~ the
1116 need for a change, the court shall hear all parties in person or
1117 by counsel, or both.

1118 (b) Upon the admission of a need for a change or after such
1119 hearing, the court shall enter an order changing the placement,
1120 modifying the conditions of protective supervision, or
1121 continuing the conditions of protective supervision as ordered.
1122 The standard for changing custody of the child shall be the best
1123 interests of the child. When determining whether a change of
1124 legal custody or placement is in the best interests of the
1125 child, the court shall consider the factors listed in s. 39.4022
1126 and the report filed by the multidisciplinary team, if
1127 applicable. The court shall also consider the priority of
1128 placements established under s. 39.4021 when making a decision
1129 regarding the best interest of the child in out-of-home care.÷

1130 ~~1. The child's age.~~

1131 ~~2. The physical, mental, and emotional health benefits to~~
1132 ~~the child by remaining in his or her current placement or moving~~
1133 ~~to the proposed placement.~~

1134 ~~3. The stability and longevity of the child's current~~
1135 ~~placement.~~

1136 ~~4. The established bonded relationship between the child~~
1137 ~~and the current or proposed caregiver.~~

1138 ~~5. The reasonable preference of the child, if the court has~~
1139 ~~found that the child is of sufficient intelligence,~~
1140 ~~understanding, and experience to express a preference.~~

1141 ~~6. The recommendation of the child's current caregiver.~~



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1142 ~~7. The recommendation of the child's guardian ad litem, if~~
1143 ~~one has been appointed.~~

1144 ~~8. The child's previous and current relationship with a~~
1145 ~~sibling, if the change of legal custody or placement will~~
1146 ~~separate or reunite siblings.~~

1147 ~~9. The likelihood of the child attaining permanency in the~~
1148 ~~current or proposed placement.~~

1149 ~~10. Any other relevant factors.~~

1150 ~~(c) (b)~~ If the child is not placed in foster care, the new
1151 placement for the child must meet the home study criteria and
1152 court approval under this chapter.

1153 (3) (a) For purposes of this subsection, the term "change in
1154 physical custody" means a change by the department or community-
1155 based care lead agency to the child's physical residential
1156 address even when such change does not require a court order to
1157 change the legal custody of the child.

1158 (b) 1. In a hearing on the change of physical custody under
1159 this section, there shall be a rebuttable presumption that it is
1160 in the child's best interest to remain permanently in his or her
1161 current physical placement if:

1162 a. The child has been in the same safe and stable placement
1163 for 9 consecutive months or more;

1164 b. Reunification is not a permanency option for the child;

1165 c. The caregiver is able, willing, and eligible for
1166 consideration as an adoptive parent or permanent custodian for
1167 the child;

1168 d. The caregiver is not requesting the change in physical
1169 placement; and

1170 e. The change in physical placement being sought is not to



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1171 reunify the child with his or her parent or sibling or
1172 transition the child from a safe and stable nonrelative
1173 caregiver to a safe and stable relative caregiver.

1174 2. In order to rebut the presumption established in this
1175 paragraph, the court shall hold an evidentiary hearing on the
1176 change in physical custody to determine if the change in
1177 placement is in the best interest of the child. As part of the
1178 evidentiary hearing, the court must consider competent and
1179 substantial evidence and testimony related to the factors
1180 enumerated in s. 39.4022 and any other evidence deemed relevant
1181 to a determination of placement, including evidence from a
1182 court-selected neutral and independent expert in the science and
1183 research of child-parent bonding and attachment.

1184 3. This presumption may not be rebutted solely by the
1185 expressed wishes of a biological parent, a biological relative,
1186 or a caregiver of a sibling of the child.

1187 (c)1. A current caregiver who has been the physical custody
1188 placement for at least 9 consecutive months and who meets all
1189 the established criteria in paragraph (b) shall be notified by
1190 the department or community-based care lead agency of an intent
1191 to change the physical custody of the child at least 21 days
1192 before the desired date for transitioning the child to the new
1193 physical custody placement.

1194 2. A caregiver who objects to the change in physical
1195 custody must notify the court and the department or lead agency
1196 of his or her objection and the intent to request an evidentiary
1197 hearing in writing in accordance with this subsection as soon as
1198 possible after receiving notice under subparagraph 1., but no
1199 later than 5 days before the desired date for transitioning the



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1200 child to the new physical custody placement.

1201 3. Upon the department or community-based care lead agency

1202 receiving written notice of the caregiver's objection, the

1203 change to the child's physical custody must be placed in

1204 abeyance and the child may not be transitioned to a new physical

1205 placement without a court order.

1206 4. Within 7 days after receiving written notice from the

1207 caregiver, the court must conduct an initial case status

1208 hearing, at which time the court must:

1209 a. Grant party status to the current caregiver who is

1210 seeking permanent custody and has maintained physical custody of

1211 that child for at least 9 continuous months;

1212 b. Appoint a lawyer for the child who is the subject of the

1213 permanent custody proceeding;

1214 c. Advise the caregiver of his or her right to retain

1215 counsel for purposes of the evidentiary hearing; and

1216 d. Appoint a court-selected neutral and independent expert

1217 in the science and research of child-parent bonding and

1218 attachment.

1219 (d) The court must conduct the evidentiary hearing and

1220 provide a written order of its findings regarding the placement

1221 that is in the best interest of the child no later than 90 days

1222 from the date the caregiver provided written notice to the court

1223 under this subsection. The court must provide its written order

1224 to the department or lead agency, the caregiver, and the

1225 prospective caregiver.

1226 (e) If the court orders that the physical custody of the

1227 child change from the current caregiver after the evidentiary

1228 hearing, the department or lead agency must provide an



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1229 appropriate transition plan in accordance with s. 39.4023.

1230 (4)~~(2)~~ In cases where the issue before the court is whether
1231 a child should be reunited with a parent, the court shall review
1232 the conditions for return and determine whether the
1233 circumstances that caused the out-of-home placement and issues
1234 subsequently identified have been remedied to the extent that
1235 the return of the child to the home with an in-home safety plan
1236 prepared or approved by the department will not be detrimental
1237 to the child's safety, well-being, and physical, mental, and
1238 emotional health.

1239 (5)~~(3)~~ In cases where the issue before the court is whether
1240 a child who is placed in the custody of a parent should be
1241 reunited with the other parent upon a finding that the
1242 circumstances that caused the out-of-home placement and issues
1243 subsequently identified have been remedied to the extent that
1244 the return of the child to the home of the other parent with an
1245 in-home safety plan prepared or approved by the department will
1246 not be detrimental to the child, the standard shall be that the
1247 safety, well-being, and physical, mental, and emotional health
1248 of the child would not be endangered by reunification and that
1249 reunification would be in the best interest of the child.

1250 (6)~~(4)~~ In cases in which the issue before the court is
1251 whether to place a child in out-of-home care after the child was
1252 placed in the child's own home with an in-home safety plan or
1253 the child was reunified with a parent or caregiver with an in-
1254 home safety plan, the court must consider, at a minimum, the
1255 following factors in making its determination whether to place
1256 the child in out-of-home care:

1257 (a) The circumstances that caused the child's dependency



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1258 and other subsequently identified issues.

1259 (b) The length of time the child has been placed in the
1260 home with an in-home safety plan.

1261 (c) The parent's or caregiver's current level of protective
1262 capacities.

1263 (d) The level of increase, if any, in the parent's or
1264 caregiver's protective capacities since the child's placement in
1265 the home based on the length of time the child has been placed
1266 in the home.

1267

1268 The court shall additionally evaluate the child's permanency
1269 goal and change the permanency goal as needed if doing so would
1270 be in the best interests of the child. If the court changes the
1271 permanency goal, the case plan must be amended pursuant to s.
1272 39.6013(5).

1273 Section 9. Subsections (2) and (5) of section 39.523,
1274 Florida Statutes, are amended to read:

1275 39.523 Placement in out-of-home care.—

1276 (2) ASSESSMENT AND PLACEMENT.—When any child is removed
1277 from a home and placed in ~~into~~ out-of-home care, a comprehensive
1278 placement assessment process shall be completed in accordance
1279 with s. 39.4022 to determine the level of care needed by the
1280 child and match the child with the most appropriate placement.

1281 (a) The community-based care lead agency or subcontracted
1282 agency with the responsibility for assessment and placement must
1283 coordinate a multidisciplinary team staffing as established in
1284 s. 39.4022 with the necessary participants for the stated
1285 purpose of the staffing ~~with any available individual currently~~
1286 ~~involved with the child including, but not limited to, a~~



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1287 ~~representative from the department and the case manager for the~~
1288 ~~child; a therapist, attorney ad litem, guardian ad litem,~~
1289 ~~teachers, coaches, Children's Medical Services; and other~~
1290 ~~community providers of services to the child or stakeholders as~~
1291 ~~applicable. The team may also include clergy, relatives, and~~
1292 ~~fictive kin if appropriate. Team participants must gather data~~
1293 ~~and information on the child which is known at the time~~
1294 ~~including, but not limited to:~~

- 1295 ~~1. Mental, medical, behavioral health, and medication~~
1296 ~~history;~~
1297 ~~2. Community ties and school placement;~~
1298 ~~3. Current placement decisions relating to any siblings;~~
1299 ~~4. Alleged type of abuse or neglect including sexual abuse~~
1300 ~~and trafficking history; and~~
1301 ~~5. The child's age, maturity, strengths, hobbies or~~
1302 ~~activities, and the child's preference for placement.~~

1303 (b) The comprehensive placement assessment process may also
1304 include the use of an assessment instrument or tool that is best
1305 suited for the individual child.

1306 (c) The most appropriate available out-of-home placement
1307 shall be chosen after consideration by all members of the
1308 multidisciplinary team of all of the information and data
1309 gathered, including the results and recommendations of any
1310 evaluations conducted.

1311 (d) Placement decisions for each child in out-of-home
1312 placement shall be reviewed as often as necessary to ensure
1313 permanency for that child and address special issues related to
1314 this population of children.

1315 (e) The department, a sheriff's office acting under s.



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1316 39.3065, a community-based care lead agency, or a case
1317 management organization must document all placement assessments
1318 and placement decisions in the Florida Safe Families Network.

1319 (f) If it is determined during the comprehensive placement
1320 assessment process that residential treatment as defined in s.
1321 39.407 would be suitable for the child, the procedures in that
1322 section must be followed.

1323 (5) RULEMAKING.—The department shall ~~may~~ adopt rules to
1324 implement this section.

1325 Section 10. Paragraph (e) of subsection (1) of section
1326 39.806, Florida Statutes, is amended to read:

1327 39.806 Grounds for termination of parental rights.—

1328 (1) Grounds for the termination of parental rights may be
1329 established under any of the following circumstances:

1330 (e) When a child has been adjudicated dependent, a case
1331 plan has been filed with the court, and:

1332 1. The child continues to be abused, neglected, or
1333 abandoned by the parent or parents. The failure of the parent or
1334 parents to substantially comply with the case plan for a period
1335 of 12 months after an adjudication of the child as a dependent
1336 child or the child's placement into shelter care, whichever
1337 occurs first, constitutes evidence of continuing abuse, neglect,
1338 or abandonment unless the failure to substantially comply with
1339 the case plan was due to the parent's lack of financial
1340 resources or to the failure of the department to make reasonable
1341 efforts to reunify the parent and child. The 12-month period
1342 begins to run only after the child's placement into shelter care
1343 or the entry of a disposition order placing the custody of the
1344 child with the department or a person other than the parent and



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1345 the court's approval of a case plan having the goal of
1346 reunification with the parent, whichever occurs first; or

1347 2. The parent or parents have materially breached the case
1348 plan by their action or inaction. Time is of the essence for
1349 permanency of children in the dependency system. In order to
1350 prove the parent or parents have materially breached the case
1351 plan, the court must find by clear and convincing evidence that
1352 the parent or parents are unlikely or unable to substantially
1353 comply with the case plan before time to comply with the case
1354 plan expires.

1355 3. The child has been in care for any 12 of the last 22
1356 months and the parents have not substantially complied with the
1357 case plan so as to permit reunification under s. 39.522(4) ~~s.~~
1358 ~~39.522(2)~~ unless the failure to substantially comply with the
1359 case plan was due to the parent's lack of financial resources or
1360 to the failure of the department to make reasonable efforts to
1361 reunify the parent and child.

1362 Section 11. This act shall take effect October 1, 2021.

1363
1364 ===== T I T L E A M E N D M E N T =====

1365 And the title is amended as follows:

1366 Delete everything before the enacting clause
1367 and insert:

1368 A bill to be entitled
1369 An act relating to child welfare; creating s.
1370 39.00146, F.S.; defining terms; requiring the case
1371 record of every child under the supervision or in the
1372 custody of the Department of Children and Families,
1373 the department's agents, or providers contracting with



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1374 the department to include a case record face sheet;
1375 specifying information required to be included in the
1376 case record face sheet; requiring the department, the
1377 department's agents, and providers contracting with
1378 the department to update the case record face sheet
1379 monthly; requiring the department to adopt rules;
1380 amending s. 39.401, F.S.; requiring the department to
1381 determine out-of-home placement based on priority of
1382 placements and other factors; amending s. 39.402,
1383 F.S.; requiring the department to make reasonable
1384 efforts to place a child in out-of-home care based on
1385 priority of placements; providing exceptions and other
1386 criteria; creating s. 39.4021, F.S.; providing
1387 legislative findings; establishing certain placement
1388 priorities for out-of-home placements; requiring the
1389 department or lead agency to place sibling groups
1390 together when possible if in the best interest of each
1391 child after considering specified factors; providing
1392 construction; creating s. 39.4022, F.S.; providing
1393 legislative intent; defining terms; requiring that
1394 multidisciplinary teams be established for certain
1395 purposes; providing goals for such teams; providing
1396 for membership of multidisciplinary team staffings;
1397 authorizing the department or lead agency to invite
1398 other participants to attend a team staffing under
1399 certain circumstances; providing requirements for
1400 multidisciplinary team staffings; requiring that team
1401 staffings be held when specified decisions regarding a
1402 child must be made; requiring team staffing



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1403 participants to gather and consider data and
1404 information on the child before formulating a
1405 decision; providing for the use of an evidence-based
1406 assessment instrument or tool; requiring
1407 multidisciplinary teams to conduct supplemental
1408 assessments for certain children; requiring team
1409 participants to gather certain information related to
1410 the child for such supplemental assessments; requiring
1411 that a consensus decision reached by the team becomes
1412 the official position and that specified parties are
1413 bound by such consensus decision; providing procedures
1414 for when the team does not reach a consensus decision;
1415 requiring that the lead agency determine a suitable
1416 placement if the team cannot come to a consensus
1417 decision; requiring the formation of a team within
1418 specified timeframes; requiring the facilitator to
1419 file a report with the court within a specified
1420 timeframe if the team does not reach a consensus
1421 decision; providing requirements for the report;
1422 authorizing specified parties to discuss confidential
1423 information during a team staffing in the presence of
1424 participating individuals; providing that information
1425 collected by any agency or entity that participates in
1426 a staffing which is confidential and exempt upon
1427 collection remains confidential and exempt when
1428 discussed in staffings; requiring individuals who
1429 participate in a staffing to maintain the
1430 confidentiality of all information shared; providing
1431 construction; requiring the department to adopt rules;



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1432 creating s. 39.4023, F.S.; providing legislative
1433 findings and intent; defining terms; providing for the
1434 creation of transition plans for specified changes in
1435 placement; providing conditions under which a child
1436 may be removed from a caregiver's home; requiring
1437 community-based care lead agencies to provide services
1438 to prevent a change in placement; requiring the
1439 department and a community-based care lead agency to
1440 convene a multidisciplinary team staffing to develop a
1441 transition plan under certain circumstances; requiring
1442 the department or community-based care lead agency to
1443 provide written notice of a planned placement change;
1444 providing requirements for the notice; requiring
1445 additional considerations for placement changes for
1446 infants and young children; providing findings;
1447 providing for determinations to be made to minimize
1448 changes in school placements; specifying factors that
1449 must be considered when selecting a new school for a
1450 child; requiring children who enter out-of-home care
1451 or undergo changes in placement to remain with
1452 familiar child care providers or early education
1453 programs, if possible; providing requirements for
1454 transition plans for transitions between K-12 schools;
1455 requiring the department, in collaboration with the
1456 Quality Parenting Initiative, to develop a form for a
1457 specified purpose; specifying requirements for the
1458 form; requiring the department and community-based
1459 care lead agencies to document multidisciplinary team
1460 staffings and placement transition decisions in the



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1461 Florida Safe Families Network and include such
1462 information in the social study report for judicial
1463 review; requiring the department to adopt rules;
1464 creating s. 39.4024, F.S.; providing legislative
1465 findings; defining terms; requiring the department or
1466 lead agency to make reasonable efforts to place
1467 siblings in the same foster, kinship, adoptive, or
1468 guardianship home when certain conditions are met;
1469 requiring the department or lead agency and
1470 multidisciplinary team to take certain actions when
1471 siblings are not placed together; specifying that the
1472 department and court are not required to make a
1473 placement or change in placement to develop certain
1474 sibling relationships; requiring the department or the
1475 lead agency to convene a multidisciplinary team
1476 staffing to determine and assess sibling relationships
1477 when a child is removed from a home; providing for the
1478 placement of sibling groups in certain circumstances;
1479 specifying factors for the multidisciplinary team to
1480 consider when determining placement or change of
1481 placement for children in sibling groups who do not
1482 have an existing relationship with siblings; requiring
1483 that a child's transition to a new home be carried out
1484 gradually when it is determined that the child would
1485 benefit from being placed with siblings; requiring the
1486 department, in collaboration with the Quality
1487 Parenting Initiative, to develop standard protocols
1488 for the department and lead agency for use in making
1489 specified decisions about child placement; providing



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1490 considerations for maintaining contact between
1491 siblings when separated; providing duties for
1492 caregivers; authorizing the court to limit and
1493 restrict communication and visitation upon a finding
1494 of clear and convincing evidence that such
1495 communication or visitation is harmful to the child;
1496 requiring the department and community-based care lead
1497 agencies to periodically reassess certain sibling
1498 placements in certain instances; requiring the
1499 department to provide certain services to prevent
1500 disruption in a placement when a child does not adjust
1501 to such placement; requiring that a multidisciplinary
1502 team staffing is convened when one child does not
1503 adjust to placement as a sibling group under certain
1504 conditions; requiring the team to review such
1505 placement and choose a plan least detrimental to each
1506 child; requiring that a multidisciplinary team be
1507 convened in certain circumstances where the department
1508 or child subsequently identify a sibling; requiring
1509 the department to provide children with specified
1510 information relating to their siblings; requiring the
1511 department to make reasonable efforts to ascertain
1512 such information if it is not known; providing that a
1513 child has a right to continued communication with a
1514 sibling when the child's sibling is also in out-of-
1515 home care and such sibling leaves out-of-home care for
1516 any reason; requiring the department and lead agencies
1517 to document in writing decisions to separate siblings
1518 in case files and the Florida Safe Families Network;



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1519 specifying requirements for such documentation;
1520 requiring the department to adopt rules; amending s.
1521 39.522, F.S.; deleting and relocating criteria for the
1522 court to consider when determining whether a legal
1523 change of custody is in the best interest of the
1524 child; defining the term "change in physical custody";
1525 providing a rebuttable presumption that the best
1526 interest of a child is to remain in a current
1527 placement; providing applicability for such
1528 presumption; establishing the manner in which to rebut
1529 the presumption; requiring the department or lead
1530 agency to notify a caregiver within a specified
1531 timeframe of the intent to move a child; requiring the
1532 caregiver to provide written notice of objection to
1533 such move within a specified time frame; requiring the
1534 court to conduct an initial status hearing within a
1535 specified timeframe upon receiving specified written
1536 notice from a caregiver; prohibiting the department or
1537 lead agency from moving a child upon receiving
1538 specified written notice from a caregiver; providing
1539 for the appointment of an attorney for a child;
1540 providing for the appointment of an expert; providing
1541 deadlines for an evidentiary hearing; amending s.
1542 39.523, F.S.; requiring the department or lead agency
1543 to coordinate a multidisciplinary team staffing for
1544 specified purposes; requiring, rather than
1545 authorizing, the department to create rules; amending
1546 s. 39.806, F.S.; conforming a cross-reference;
1547 providing an effective date.