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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/11/2021	.	
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The Committee on Rules (Brodeur) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 273 - 1408  
and insert:

(4) The case record face sheet must be in a uniform and standardized format for use statewide and must be developed, either by the department or a third party, using real-time data from the state child welfare information system. The department may develop a specific case record face sheet or may contract with a third party to use existing software that, at a minimum, meets the requirements of subsection (2). The case record face



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12 sheet developed or contracted for use under this section must be  
13 electronic and have the capability to be printed. The community-  
14 based care lead agencies shall use this uniform and standardized  
15 case record face sheet to comply with this section.

16 (5) The department shall adopt rules to implement this  
17 section.

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

20 39.401 Taking a child alleged to be dependent into custody;  
21 law enforcement officers and authorized agents of the  
22 department.—

23 (3) If the child is taken into custody by, or is delivered  
24 to, an authorized agent of the department, the agent shall  
25 review the facts supporting the removal with an attorney  
26 representing the department. The purpose of the review is to  
27 determine whether there is probable cause for the filing of a  
28 shelter petition.

29 (a) If the facts are not sufficient, the child shall  
30 immediately be returned to the custody of the parent or legal  
31 custodian.

32 (b) If the facts are sufficient and the child has not been  
33 returned to the custody of the parent or legal custodian, the  
34 department shall file the petition and schedule a hearing, and  
35 the attorney representing the department shall request that a  
36 shelter hearing be held within 24 hours after the removal of the  
37 child.

38 (c) While awaiting the shelter hearing, the authorized  
39 agent of the department may place the child in out-of-home care,  
40 and placement shall be determined based on priority of



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41 ~~placements as provided in s. 39.4021 and what is in the child's~~  
42 ~~best interest based on the criteria and factors set out in s.~~  
43 ~~39.4022 licensed shelter care or may release the child to a~~  
44 ~~parent or legal custodian or responsible adult relative or the~~  
45 ~~adoptive parent of the child's sibling who shall be given~~  
46 ~~priority consideration over a licensed placement, or a~~  
47 ~~responsible adult approved by the department if this is in the~~  
48 ~~best interests of the child.~~

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

52 (e) In addition, the department may authorize placement of  
53 a housekeeper/homemaker in the home of a child alleged to be  
54 dependent until the parent or legal custodian assumes care of  
55 the child.

56 Section 3. Paragraph (h) of subsection (8) of section  
57 39.402, Florida Statutes, is amended to read:

58 39.402 Placement in a shelter.—

59 (8)

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

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

65 2. That placement in shelter care is in the best interest  
66 of the child.

67 3. That continuation of the child in the home is contrary  
68 to the welfare of the child because the home situation presents  
69 a substantial and immediate danger to the child's physical,



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70 mental, or emotional health or safety which cannot be mitigated  
71 by the provision of preventive services.

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

78 5. That the department has made reasonable efforts to  
79 prevent or eliminate the need for removal of the child from the  
80 home. A finding of reasonable effort by the department to  
81 prevent or eliminate the need for removal may be made and the  
82 department is deemed to have made reasonable efforts to prevent  
83 or eliminate the need for removal if:

84 a. The first contact of the department with the family  
85 occurs during an emergency;

86 b. The appraisal of the home situation by the department  
87 indicates that the home situation presents a substantial and  
88 immediate danger to the child's physical, mental, or emotional  
89 health or safety which cannot be mitigated by the provision of  
90 preventive services;

91 c. The child cannot safely remain at home, either because  
92 there are no preventive services that can ensure the health and  
93 safety of the child or because, even with appropriate and  
94 available services being provided, the health and safety of the  
95 child cannot be ensured; or

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



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99           6. That the department has made reasonable efforts to place  
100 the child in order of priority as provided in s. 39.4021 unless  
101 such priority placement is not a placement option or in the best  
102 interest of the child based on the criteria and factors set out  
103 in s. 39.4022.

104           7. That the department has made reasonable efforts to keep  
105 siblings together if they are removed and placed in out-of-home  
106 care unless such placement is not in the best interest of each  
107 child. It is preferred that siblings be kept together in a  
108 foster home, if available. Other reasonable efforts shall  
109 include short-term placement in a group home with the ability to  
110 accommodate sibling groups if such a placement is available. The  
111 department shall report to the court its efforts to place  
112 siblings together unless the court finds that such placement is  
113 not in the best interest of a child or his or her sibling.

114           ~~8.7.~~ That the court notified the parents, relatives that  
115 are providing out-of-home care for the child, or legal  
116 custodians of the time, date, and location of the next  
117 dependency hearing and of the importance of the active  
118 participation of the parents, relatives that are providing out-  
119 of-home care for the child, or legal custodians in all  
120 proceedings and hearings.

121           ~~9.8.~~ That the court notified the parents or legal  
122 custodians of their right to counsel to represent them at the  
123 shelter hearing and at each subsequent hearing or proceeding,  
124 and the right of the parents to appointed counsel, pursuant to  
125 the procedures set forth in s. 39.013.

126           ~~10.9.~~ That the court notified relatives who are providing  
127 out-of-home care for a child as a result of the shelter petition



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128 being granted that they have the right to attend all subsequent  
129 hearings, to submit reports to the court, and to speak to the  
130 court regarding the child, if they so desire.

131 ~~11.10.~~ That the department has placement and care  
132 responsibility for any child who is not placed in the care of a  
133 parent at the conclusion of the shelter hearing.

134 Section 4. Section 39.4021, Florida Statutes, is created to  
135 read:

136 39.4021 Priority placement for out-of-home placements.—

137 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds  
138 that it is a basic tenet of child welfare practice and the law  
139 that a child be placed in the least restrictive, most family-  
140 like setting available in close proximity to the home of his or  
141 her parents which meets the needs of the child, and that a child  
142 be placed in a permanent home in a timely manner.

143 (2) PLACEMENT PRIORITY.—

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

147 1. Non-offending parent.

148 2. Relative caregiver.

149 3. Adoptive parent of the child's sibling, when the  
150 department or community-based care lead agency is aware of such  
151 sibling.

152 4. Fictive kin with a close existing relationship to the  
153 child.

154 5. Licensed foster care.

155 6. Group or congregate care.

156 (b) Except as otherwise provided for in ss. 39.4022 and



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157 39.4024, sibling groups must be placed in the same placement  
158 whenever possible and if placement together is in the best  
159 interest of each child in the sibling group. Placement decisions  
160 for sibling groups must be made pursuant to ss. 39.4022 and  
161 39.4024.

162 (c) Except as otherwise provided for in this chapter, a  
163 change to a child's physical or legal placement after the child  
164 has been sheltered but before the child has achieved permanency  
165 must be made in compliance with this section. Placements made  
166 pursuant to s. 63.082(6) are exempt from this section.

167 Section 5. Section 39.4022, Florida Statutes, is created to  
168 read:

169 39.4022 Multidisciplinary teams; staffings; assessments;  
170 report.-

171 (1) LEGISLATIVE INTENT.-

172 (a) The Legislature finds that services for children and  
173 families are most effective when delivered in the context of a  
174 single integrated multidisciplinary team staffing that includes  
175 the child, his or her family, natural and community supports,  
176 and professionals who join together to empower, motivate, and  
177 strengthen a family and collaboratively develop a plan of care  
178 and protection to achieve child safety, child permanency, and  
179 child and family well-being.

180 (b) The Legislature also finds that effective assessment  
181 through an integrated multidisciplinary team is particularly  
182 important for children who are vulnerable due to existing  
183 histories of trauma which led to the child's entrance into the  
184 child welfare system. This assessment is especially important  
185 for young children who are 3 years of age or younger, as a



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186 result of the enhanced need for such children to have healthy  
187 and stable attachments to assist with necessary brain  
188 development. Stable and nurturing relationships in the first  
189 years of life, as well as the quality of such relationships, are  
190 integral to healthy brain development, providing a foundation  
191 for lifelong mental health and determining well-being as an  
192 adult.

193 (2) DEFINITIONS.—For purposes of this section, the term:

194 (a) "Change in physical custody" means a change by the  
195 department or the community-based care lead agency to the  
196 child's physical residential address, regardless of whether such  
197 change requires a court order changing the legal custody of the  
198 child.

199 (b) "Emergency situation" means that there is an imminent  
200 risk to the health or safety of the child, other children, or  
201 others in the home or facility if the child remains in the  
202 placement.

203 (c) "Multidisciplinary team" means an integrated group of  
204 individuals which meets to collaboratively develop and attempt  
205 to reach a consensus decision on the most suitable out-of-home  
206 placement, educational placement, or other specified important  
207 life decision that is in the best interest of the child.

208 (3) CREATION AND GOALS.—

209 (a) Multidisciplinary teams must be established for the  
210 purpose of allowing better engagement with families and a shared  
211 commitment and accountability from the family and their circle  
212 of support.

213 (b) The multidisciplinary teams must adhere to the  
214 following goals:





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- 215       1. Secure a child's safety in the least restrictive and  
216 intrusive placement that can meet his or her needs;
- 217       2. Minimize the trauma associated with separation from the  
218 child's family and help the child to maintain meaningful  
219 connections with family members and others who are important to  
220 him or her;
- 221       3. Provide input into the placement decision made by the  
222 community-based care lead agency and the services to be provided  
223 in order to support the child;
- 224       4. Provide input into the decision to preserve or maintain  
225 the placement, including necessary placement preservation  
226 strategies;
- 227       5. Contribute to an ongoing assessment of the child and the  
228 family's strengths and needs;
- 229       6. Ensure that plans are monitored for progress and that  
230 such plans are revised or updated as the child's or family's  
231 circumstances change; and
- 232       7. Ensure that the child and family always remain the  
233 primary focus of each multidisciplinary team meeting.
- 234       (4) PARTICIPANTS.—
- 235       (a) Collaboration among diverse individuals who are part of  
236 the child's network is necessary to make the most informed  
237 decisions possible for the child. A diverse team is preferable  
238 to ensure that the necessary combination of technical skills,  
239 cultural knowledge, community resources, and personal  
240 relationships is developed and maintained for the child and  
241 family. The participants necessary to achieve an appropriately  
242 diverse team for a child may vary by child and may include  
243 extended family, friends, neighbors, coaches, clergy, coworkers,



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244 or others the family identifies as potential sources of support.

245 1. Each multidisciplinary team staffing must invite the  
246 following members:

247 a. The child, unless he or she is not of an age or capacity  
248 to participate in the team;

249 b. The child's family members and other individuals  
250 identified by the family as being important to the child,  
251 provided that a parent who has a no contact order or injunction,  
252 is alleged to have sexually abused the child, or is subject to a  
253 termination of parental rights may not participate;

254 c. The current caregiver;

255 d. A representative from the department other than the  
256 Children's Legal Services attorney, when the department is  
257 directly involved in the goal identified by the staffing;

258 e. A representative from the community-based care lead  
259 agency, when the lead agency is directly involved in the goal  
260 identified by the staffing; and

261 f. The case manager for the child, or his or her case  
262 manager supervisor.

263 2. The multidisciplinary team must make reasonable efforts  
264 to have all mandatory invitees attend. However, the  
265 multidisciplinary team staffing may not be delayed if the  
266 invitees in subparagraph 1. fail to attend after being provided  
267 reasonable opportunities.

268 (b) Based on the particular goal the multidisciplinary team  
269 staffing identifies as the purpose of convening the staffing as  
270 provided under subsection (5), the department or lead agency may  
271 also invite to the meeting other professionals, including, but  
272 not limited to:



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- 273       1. A representative from Children's Medical Services;  
274       2. A guardian ad litem, if one is appointed;  
275       3. A school personnel representative who has direct contact  
276 with the child;  
277       4. A therapist or other behavioral health professional, if  
278 applicable.  
279       5. A mental health professional with expertise in sibling  
280 bonding, if the department or lead agency deems such expert is  
281 necessary; or  
282       6. Other community providers of services to the child or  
283 stakeholders, when applicable.

284       (c) Each multidisciplinary team staffing must be led by a  
285 person who serves as a facilitator and whose main responsibility  
286 is to help team participants use the strengths within the family  
287 to develop a safe plan for the child. The person serving as the  
288 facilitator must be a trained professional who is otherwise  
289 required to attend the multidisciplinary team staffing under  
290 this section in his or her official capacity. Further, the  
291 trained professional serving as the facilitator does not need to  
292 be the same person for each meeting convened in a child's case  
293 under this section or in the service area of the designated lead  
294 agency handling a child's case.

295       (5) SCOPE OF MULTIDISCIPLINARY TEAM.—

296       (a) A multidisciplinary team staffing must be held when an  
297 important decision is required to be made about a child's life,  
298 including all of the following:

- 299       1. Initial placement decisions for a child who is placed in  
300 out-of-home care. A multidisciplinary team staffing required  
301 under this subparagraph may occur before the initial placement



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302 or, if a staffing is not possible before the initial placement,  
303 must occur as soon as possible after initial removal and  
304 placement to evaluate the appropriateness of the initial  
305 placement and to ensure that any adjustments to the placement,  
306 if necessary, are promptly handled.

307 2. Changes in physical custody after the child is placed in  
308 out-of-home care by a court and, if necessary, determination of  
309 an appropriate mandatory transition plan in accordance with s.  
310 39.4023.

311 3. Changes in a child's educational placement and, if  
312 necessary, determination of an appropriate mandatory transition  
313 plan in accordance with s. 39.4023.

314 4. Placement decisions for a child as required by  
315 subparagraph 1., subparagraph 2., or subparagraph 3. which  
316 involve sibling groups that require placement in accordance with  
317 s. 39.4024.

318 5. Any other important decisions in the child's life which  
319 are so complex that the department or appropriate community-  
320 based care lead agency determines convening a multidisciplinary  
321 team staffing is necessary to ensure the best interest of the  
322 child is maintained.

323 (b) This section does not apply to multidisciplinary team  
324 staffings that occur for one of the decisions specified in  
325 paragraph (a) and that are facilitated by a children's advocacy  
326 center in accordance with s. 39.3035. The children's advocacy  
327 center that facilitates a staffing is encouraged to include  
328 family members or other persons important to the family in the  
329 staffing if the children's advocacy center determines it is safe  
330 for the child to involve such persons.



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331 (c) This section does not apply to placements made pursuant  
332 to s. 63.082(6).

333 (6) ASSESSMENTS.—

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

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

339 b. Mental, medical, behavioral health, and medication  
340 history;

341 c. Community ties and school placement;

342 d. The stability and longevity of the child's current  
343 placement;

344 e. The established bonded relationship between the child  
345 and the current or proposed caregiver;

346 f. The child's previous and current relationship with a  
347 sibling, if the change in physical custody or placement will  
348 separate or reunite siblings, evaluated in accordance with s.  
349 39.4024;

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

353 h. The reasonable preference of the child, if the child is  
354 of sufficient age and capacity to express a preference;

355 i. The recommendation of the child's current caregiver, if  
356 applicable;

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

359 k. The likelihood of the child attaining permanency in the



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360 current or proposed placement;

361 1. The likelihood that the child will have to change  
362 schools or day care placement, the impact of such a change, and  
363 the parties' recommendations as to the timing of the change,  
364 including an education transition plan required under s.  
365 39.4023;

366 m. The disruption of continuity of care with medical,  
367 mental health, behavioral health, dental, or other treatment  
368 services the child is receiving at the time of the change of  
369 custody decision;

370 n. The allegations of any abuse, abandonment, or neglect,  
371 including sexual abuse and trafficking history, which caused the  
372 child to be placed in out-of-home care and any history of  
373 additional allegations of abuse, abandonment, or neglect;

374 o. The impact on activities that are important to the  
375 child, including the ability of the child to continue in such  
376 activities;

377 p. The impact on the child's future access to education,  
378 Medicaid, and independent living benefits; and

379 q. Any other relevant factors.

380 2. Multidisciplinary team staffings may not be delayed to  
381 accommodate pending behavioral health screenings or assessments  
382 or pending referrals for services.

383 (b) The assessment conducted by the multidisciplinary team  
384 may also use an evidence-based assessment instrument or tool  
385 that is best suited for determining the specific decision of the  
386 staffing and the needs of that individual child and family.

387 (c) To adequately prepare for a multidisciplinary staffing  
388 team meeting to consider a decision related to a child 3 years



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389 of age or younger, all of the following information on the child  
390 which is known at the time must be gathered and considered by  
391 the team:

392 1. Identified kin and relatives who express interest in  
393 caring for the child, including strategies to overcome potential  
394 delays in placing the child with such persons if they are  
395 suitable.

396 2. The likelihood that the child can remain with the  
397 prospective caregiver past the point of initial removal and  
398 placement with, or subsequent transition to, the caregiver and  
399 the willingness of the caregiver to provide care for any  
400 duration deemed necessary if placement is made.

401 3. The prospective caregiver's ability and willingness to:

402 a. Accept supports related to early childhood development  
403 and services addressing any possible developmental delays;

404 b. Address the emotional needs of the child and accept  
405 infant mental health supports, if needed;

406 c. Help nurture the child during the transition into out-  
407 of-home care;

408 d. Work with the parent to build or maintain the attachment  
409 relationship between parent and child;

410 e. Effectively co-parent with the parent; and

411 f. Ensure frequent family visits and sibling visits.

412 4. Placement decisions for each child in out-of-home  
413 placement which are made under this paragraph must be reviewed  
414 as often as necessary to ensure permanency for that child and to  
415 address special issues that may arise which are unique to  
416 younger children.

417 (d)1. If the participants of a multidisciplinary team



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418 staffing reach a unanimous consensus decision, it becomes the  
419 official position of the community-based care lead agency  
420 regarding the decision under subsection (5) for which the team  
421 convened. Such decision is binding upon all department and lead  
422 agency participants, who are obligated to support it.

423 2. If the participants of a multidisciplinary team staffing  
424 cannot reach a unanimous consensus decision on a plan to address  
425 the identified goal, the trained professional acting as the  
426 facilitator shall notify the court and the department within 48  
427 hours after the conclusion of the staffing. The department shall  
428 then determine how to address the identified goal of the  
429 staffing by what is in the child's best interest.

430 (7) CONVENING A TEAM UPON REMOVAL.—The formation of a  
431 multidisciplinary team staffing must begin as soon as possible  
432 when a child is removed from a home. The multidisciplinary team  
433 must convene a staffing no later than 72 hours from the date of  
434 a subsequent removal in an emergency situation in accordance  
435 with s. 39.4023.

436 (8) REPORT.—If a multidisciplinary team staffing fails to  
437 reach a unanimous consensus decision, the facilitator must  
438 prepare and submit a written report to the court within 5  
439 business days after the conclusion of the staffing which details  
440 the decision made at the conclusion of the multidisciplinary  
441 team staffing under subsection (6) and the positions of the  
442 staffing's participants.

443 (9) CONFIDENTIALITY.—Notwithstanding any other provision of  
444 law, participants representing the department and the community-  
445 based care lead agency may discuss confidential information  
446 during a multidisciplinary team staffing in the presence of





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447 individuals who participate in the staffing. Information  
448 collected by any agency or entity that participates in the  
449 multidisciplinary team staffing which is confidential and exempt  
450 upon collection remains confidential and exempt when discussed  
451 in a staffing required under this section. All individuals who  
452 participate in the staffing shall maintain the confidentiality  
453 of any information shared during the staffing.

454 (10) CONSTRUCTION.—This section may not be construed to  
455 mean that multidisciplinary team staffings coordinated by the  
456 department or the appropriate lead agency for purposes other  
457 than those provided for in subsection (5) before October 1,  
458 2021, are no longer required to be conducted or are required to  
459 be conducted in accordance with this section. Further, this  
460 section may not be construed to create a duty on the department  
461 or lead agency to attend multidisciplinary staffings that the  
462 department or lead agency does not attend for any purpose  
463 specified in subsection (5) for which the department or lead  
464 agency is not required to attend before October 1, 2021.

465 (11) RULEMAKING.—The department shall adopt rules to  
466 implement this section.

467 Section 6. Section 39.4023, Florida Statutes, is created to  
468 read:

469 39.4023 Placement and education transitions; transition  
470 plans.—

471 (1) LEGISLATIVE FINDINGS AND INTENT.—

472 (a) The Legislature finds that many children in out-of-home  
473 care experience multiple changes in placement, and those  
474 transitions often result in trauma not only for the child but  
475 also for caregivers, families, siblings, and all professionals



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476 involved.

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

482 (c) The Legislature finds that the best child welfare  
483 practices recognize the need to prioritize the minimization of  
484 the number of placements for every child in out-of-home care.  
485 Further, the Legislature finds that efforts must be made to  
486 support caregivers in order to promote stability. When placement  
487 changes are necessary, they must be thoughtfully planned.

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

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

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

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

503 (b) "Emergency situation" means that there is an imminent  
504 risk to the health or safety of the child, other children, or



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505 others in the home or facility if the child remains in the  
506 placement.

507 (c) "Placement change" means any time a child is moved from  
508 one caregiver to another, including moves to a foster home, a  
509 group home, relatives, prospective guardians, or prospective  
510 adoptive parents and reunification with parents or legal  
511 custodian. A child being moved temporarily to respite care for  
512 the purpose of providing the primary caregiver relief does not  
513 constitute a placement change.

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

516 (3) PLACEMENT TRANSITIONS.—

517 (a) Mandatory transition plans.—Except as otherwise  
518 provided, the department or the community-based care lead agency  
519 shall create and implement an individualized transition plan  
520 before each placement change experienced by a child.

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

- 524 1. The caregiver is unwilling or unable to safely or  
525 legally care for the child;  
526 2. The child and the birth or legal parent are reunified;  
527 3. The child is being placed in a legally permanent home in  
528 accordance with a case plan or court order; or  
529 4. The removal is demonstrably in the best interest of the  
530 child.

531 (c) Services to prevent disruption.—The community-based  
532 care lead agency shall provide any supportive services deemed  
533 necessary to a caregiver and a child if the child's current out-



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534 of-home placement with the caregiver is in danger of needing  
535 modification. The supportive services must be offered in an  
536 effort to remedy the factors contributing to the placement being  
537 considered unsuitable and therefore contributing to the need for  
538 a change in placement.

539 (d) *Transition planning.*—

540 1. If the supportive services provided pursuant to  
541 paragraph (c) have not been successful to make the maintenance  
542 of the placement suitable or if there are other circumstances  
543 that require the child to be moved, the department or the  
544 community-based care lead agency must convene a  
545 multidisciplinary team staffing as required under s. 39.4022  
546 before the child's placement is changed, or within 72 hours of  
547 moving the child in an emergency situation, for the purpose of  
548 developing an appropriate transition plan.

549 2. A placement change may occur immediately in an emergency  
550 situation without a convening a multidisciplinary team staffing.  
551 However, a multidisciplinary team staffing must be held within  
552 72 hours after the emergency situation arises.

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

560 a. The child, unless he or she, due to age or capacity, is  
561 unable to comprehend the written notice, which will necessitate  
562 the department or lead agency to provide notice in an age- and



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563 capacity-appropriate alternative manner;  
564 b. The child's parents, unless prohibited by court order;  
565 c. The child's out-of-home caregiver;  
566 d. The guardian ad litem, if one is appointed;  
567 e. The attorney for the child, if one is appointed; and  
568 f. The attorney for the department.  
569 4.a. The transition plan must be developed through  
570 cooperation among the persons included in subparagraph 3., and  
571 such persons must share any relevant information necessary to  
572 ensure that the transition plan does all of the following:  
573 (I) Respects the child's developmental stage and  
574 psychological needs.  
575 (II) Ensures the child has all of his or her belongings and  
576 is allowed to help pack those belongings when appropriate.  
577 (III) Allows for a gradual transition from the current  
578 caregiver's home with substantial overlap between the two  
579 caregivers and provides time for the child to have a final  
580 visitation with everyone important to the child from the current  
581 placement, including pets.  
582 (IV) Allows, when possible, for continued contact with the  
583 previous caregiver and others in the home after the child  
584 leaves.  
585 (V) Prohibits a placement change which occurs between 7  
586 p.m. and 8 a.m.  
587 b. However, this subparagraph is not applicable when the  
588 basis for a removal necessitating the transition plan is the  
589 result of an emergency situation due to direct safety concerns  
590 caused by a caregiver in the current placement.  
591 5. The department or the community-based care lead agency



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592 shall file the transition plan with the court within 48 hours  
593 after the creation of such plan and provide a copy of the plan  
594 to the persons included in subparagraph 3.

595 (e) *Additional considerations for transitions of infants*  
596 *and children under school age.*—Relationship patterns over the  
597 first year of life are important predictors of future  
598 relationships. Research demonstrates that babies begin to form a  
599 strong attachment to a caregiver at approximately 7 months of  
600 age. From that period of time through age 2, moving a child from  
601 a caregiver who is the psychological parent is considerably more  
602 damaging. Placement decisions must focus on promoting security  
603 and continuity for infants and children under 5 years of age in  
604 out-of-home care. Transition plans for infants and young  
605 children must describe the facts that were considered when each  
606 of the following were discussed and must specify what decision  
607 was made as to how each of the following applies to the child:

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

611 a. Six months of age or younger, thereby indicating that it  
612 may be in the child's best interest to move the child sooner  
613 rather than later; or

614 b. Seven months of age or older, but younger than 3 years  
615 of age, thereby indicating it may not be a healthy time to move  
616 the child.

617 2. The length of time the child has lived with the current  
618 caregiver, the strength of attachment to the current caregiver,  
619 and the harm of disrupting a healthy attachment compared to the  
620 possible advantage of a change in placement.



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621           3. The relationship, if any, the child has with the new  
622 caregiver and whether a reciprocal agreement exists between the  
623 current caregiver and the prospective caregiver to maintain the  
624 child's relationship with both caregivers.

625           4. The pace of the transition and whether flexibility  
626 exists to accelerate or slow down the transition based on the  
627 child's needs and reactions.

628           (f) Preparation of prospective caregivers before  
629 placement.—

630           1. Prospective caregivers must be fully informed of the  
631 child's needs and circumstances and be willing and able to  
632 accept responsibility for providing high-quality care for such  
633 needs and circumstances before placement.

634           2. The community-based care lead agency shall review with  
635 the prospective caregiver the caregiver's roles and  
636 responsibilities according to the parenting partnerships plan  
637 for children in out-of-home care pursuant to s. 409.1415. The  
638 case manager shall sign a copy of the parenting partnerships  
639 plan and obtain the signature of the prospective caregiver  
640 acknowledging explanation of the requirements before placement.

641           (4) EDUCATION TRANSITIONS.—

642           (a) Findings.—Children in out-of-home care frequently  
643 change child care, early education programs, and schools. These  
644 changes can occur when the child first enters out-of-home care,  
645 when the child must move from one caregiver to another, or when  
646 the child returns home upon reunification. Research shows that  
647 children who change schools frequently make less academic  
648 progress than their peers and fall further behind with each  
649 school change. Additionally, educational instability at any



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650 level makes it difficult for children to develop supportive  
651 relationships with teachers or peers. State and federal law  
652 contain requirements that must be adhered to in order to ensure  
653 educational stability for a child in out-of-home care. A child's  
654 educational setting should only be changed when maintaining the  
655 educational setting is not in the best interest of the child.

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

660 (c) *Minimizing school changes.*—

661 1. Every effort must be made to keep a child in the school  
662 of origin. Any placement decision must include thoughtful  
663 consideration of which school a child will attend if a school  
664 change is necessary.

665 2. A determination that it is not the child's best interest  
666 to remain in the school of origin and of which school the child  
667 will attend in the future must be made in consultation with the  
668 following individuals, including, but not limited to, the child;  
669 the parents; the caregiver; the child welfare professional; the  
670 guardian ad litem, if appointed; the educational surrogate, if  
671 appointed; child care and educational staff, including teachers  
672 and guidance counselors; and the school district representative  
673 or foster care liaison.

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

678 a. The child's desire to remain in the school or program of





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- 679 origin.
- 680 b. The preference of the child's parents or legal  
681 guardians.
- 682 c. Whether the child has siblings, close friends, or  
683 mentors at the school or program of origin.
- 684 d. The child's cultural and community connections in the  
685 school or program of origin.
- 686 e. Whether the child is suspected of having a disability  
687 under the Individuals with Disabilities Education Act (IDEA) or  
688 s. 504 of the Rehabilitation Act of 1973, or has begun receiving  
689 interventions under this state's multitiered system of supports.
- 690 f. Whether the child has an evaluation pending for special  
691 education and related services under IDEA or s. 504 of the  
692 Rehabilitation Act of 1973.
- 693 g. Whether the child is a student with a disability under  
694 IDEA who is receiving special education and related services or  
695 a student with a disability under s. 504 of the Rehabilitation  
696 Act of 1973 who is receiving accommodations and services and, if  
697 so, whether those required services are available in a school or  
698 program other than the school or program of origin.
- 699 h. Whether the child is an English Language Learner student  
700 and is receiving language services, and if so, whether those  
701 required services are available in a school or program other  
702 than the school or program of origin.
- 703 i. The impact a change to the school or program of origin  
704 would have on academic credits and progress toward promotion.
- 705 j. The availability of extracurricular activities important  
706 to the child.
- 707 k. The child's known individualized educational plan or



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708 other medical and behavioral health needs and whether such plan  
709 or needs are able to be met at a school or program other than  
710 the school or program of origin.

711 1. The child's permanency goal and timeframe for achieving  
712 permanency.

713 m. The child's history of school transfers and how such  
714 transfers have impacted the child academically, emotionally, and  
715 behaviorally.

716 n. The length of the commute to the school or program from  
717 the child's home or placement and how such commute would impact  
718 the child.

719 o. The length of time the child has attended the school or  
720 program of origin.

721 4. The cost of transportation cannot be a factor in making  
722 a best interest determination.

723 (d) *Transitions between child care and early education*  
724 *programs.*—When a child enters out-of-home care or undergoes a  
725 placement change, the child shall, if possible, remain with a  
726 familiar child care provider or early education program unless  
727 there is an opportunity to transition to a higher quality  
728 program. If it is not possible for the child to remain with the  
729 familiar child care provider or early education program or  
730 transition to a higher quality program, the child's transition  
731 plan must be made with the participation of the child's current  
732 and future school or program. The plan must give the child an  
733 opportunity to say goodbye to important figures in the  
734 educational environment.

735 (e) *Transitions between K-12 schools.*—The transition plan  
736 for a transition between K-12 schools must include all of the



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737 following:

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

743 2. Documentation that the department or community-based  
744 care lead agency has coordinated with local educational agencies  
745 to provide immediate and appropriate enrollment in a new school,  
746 including transfer of educational records, any record of a  
747 school-entry health examination, and arrangements for  
748 transportation to the new school.

749 3. Discussion of the timing of the proposed school change  
750 which addresses the potential impact on the child's education  
751 and extracurricular activities. This section must include, at a  
752 minimum, grading periods, exam schedules, credit acquisitions,  
753 sports eligibility, and extracurricular participation.

754 4. Details concerning the transportation of the child to  
755 school.

756 (5) TRANSITION PLAN AND DOCUMENTATION.—

757 (a) The department, in collaboration with the Quality  
758 Parenting Initiative, shall develop a form to be completed and  
759 updated each time a child in out-of-home care is moved from one  
760 placement to another.

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

765 1. The membership of the multidisciplinary team staffing



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766 convened under s. 39.4022 to develop a transition plan for the  
767 change in placement and the dates on which the team met.

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

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

772 4. The recommendations of the multidisciplinary team and  
773 the name of each individual or entity responsible for carrying  
774 out each recommendation.

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

780 (6) EXEMPTION.—Placements made pursuant to s. 63.082(6) are  
781 exempt from this section.

782 (7) RULEMAKING.—The department shall adopt rules to  
783 implement this section.

784 Section 7. Section 39.4024, Florida Statutes, is created to  
785 read:

786 39.4024 Placement of siblings; visitation; continuing  
787 contact.—

788 (1) LEGISLATIVE FINDINGS.—

789 (a) The Legislature finds that sibling relationships can  
790 provide a significant source of continuity throughout a child's  
791 life and are likely to be the longest relationships that most  
792 individuals experience. Further, the placement of siblings  
793 together can increase the likelihood of achieving permanency and  
794 is associated with a significantly higher rate of family



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795 reunification.

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

801 (c) The Legislature also finds that healthy connections  
802 with siblings can serve as a protective factor for children who  
803 have been placed in out-of-home care. The Legislature finds that  
804 child protective investigators and caseworkers should be aware  
805 of the variety of demographic and external situational factors  
806 that may present challenges to placement in order to identify  
807 such factors relevant to a particular group of siblings and  
808 ensure that these factors are not the sole reasons that siblings  
809 are not placed together.

810 (d) The Legislature also finds that it is the  
811 responsibility of all entities and adults involved in a child's  
812 life, including, but not limited to, the department, community-  
813 based care lead agencies, parents, foster parents, guardians ad  
814 litem, next of kin, and other persons important to the child to  
815 seek opportunities to foster sibling relationships to promote  
816 continuity and help sustain family connections.

817 (e) While there is a presumption in law and policy that it  
818 is in the best interest of a child going into out-of-home care  
819 to be placed with any siblings, the Legislature finds that  
820 overall well-being of the child and family improves when the  
821 person or team responsible for placement decisions evaluates the  
822 child's sibling and family bonds and prioritizes the bonds that  
823 are unique drivers of the child's ability to maintain and



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824 develop healthy relationships. The person or team with an  
825 understanding of the need to balance all attachment bonds of a  
826 child and the potential need to prioritize existing and healthy  
827 sibling relationships differently than a potential or unhealthy  
828 sibling relationship over a healthy existing bond with a  
829 caregiver will result in more stable and healthier placements  
830 for all children in out-of-home care.

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

832 (a) "Lead agency" means a community-based care lead agency  
833 under contract with the department to provide care to children  
834 in foster care under chapter 409.

835 (b) "Multidisciplinary team" has the same meaning as  
836 provided in s. 39.4022.

837 (c) "Sibling" means:

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

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

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

843 (a) General provisions.—

844 1. The department or lead agency shall make reasonable  
845 efforts to place sibling groups that are removed from their home  
846 in the same foster, kinship, adoptive, or guardianship home when  
847 it is in the best interest of each sibling and when an  
848 appropriate, capable, and willing joint placement for the  
849 sibling group is available.

850 2. If a child enters out-of-home care after his or her  
851 sibling, the department or lead agency and the multidisciplinary  
852 team shall make reasonable efforts to initially place the child



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853 who has entered out-of-home care with his or her siblings in the  
854 sibling's existing placement, provided it would not jeopardize  
855 the stability of such placement and it is in the best interest  
856 for each child.

857 3. When determining whether to move a child from a current  
858 placement to a new placement when such change is initiated by a  
859 sibling relationship, all relevant factors must be considered by  
860 the multidisciplinary team to ensure that the child is best  
861 served by the decision. A uniform policy that does not consider  
862 and apply a balancing test to ensure all existing attachment  
863 bonds for a child and his or her siblings are honored and  
864 evaluated holistically may result in placement decisions or  
865 changes of placement decisions that may result in additional  
866 trauma.

867 4. The department and the court are not required to make a  
868 change in placement, whether such change is to the physical  
869 residential address of the child or the legal custody of the  
870 child, to develop a relationship between siblings which did not  
871 exist at the time a child is placed in out-of-home care.

872 (b) Factors to consider when placing sibling groups.-

873 1. At the time a child who is a part of a sibling group is  
874 removed from the home, the department or lead agency shall  
875 convene a multidisciplinary team staffing in accordance with s.  
876 39.4022 to determine and assess the sibling relationships from  
877 the perspective of each child to ensure the best placement of  
878 each child in the sibling group. The multidisciplinary team  
879 shall consider all relevant factors included in s. 39.4022 and  
880 this section, including, but not limited to, the existing  
881 emotional ties between and among the siblings, the degree of



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882 harm each child is likely to experience as a result of  
883 separation, and the standard protocols established by the  
884 Quality Parenting Initiative under paragraph (d).

885 2.a. If the department or the appropriate lead agency is  
886 able to locate a caregiver that will accept the sibling group  
887 and the multidisciplinary team determines that the placement is  
888 suitable for each child, the sibling group must be placed  
889 together.

890 b. If the department or appropriate lead agency is not able  
891 to locate a caregiver or placement option that allows the  
892 sibling group to be placed together in an initial placement, the  
893 department or lead agency must make all reasonable efforts to  
894 ensure contact and visitation between siblings placed in  
895 separate out-of-home care placements and provide reviews of the  
896 placements in accordance with this section.

897 3. If all the siblings are unable to be placed in an  
898 existing placement and the siblings do not have an existing  
899 relationship, when determining whether to move any child who is  
900 part of the sibling group from his or her current placement to a  
901 new placement that will unite the sibling group, the department  
902 or lead agency must consider all of the following additional  
903 factors:

904 a. The presence and quality of current attachment  
905 relationships, including:

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

908 (II) The age of the child at placement with the current  
909 caregiver and the child's current age as well as the ages of any  
910 siblings;





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

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

915 (V) The number of moves and number of caregivers the child  
916 has experienced.

917 b. The potential of the new caregiver to be a primary  
918 attachment figure to the sibling group by ensuring care for each  
919 child's physical needs and the willingness and availability to  
920 meet the each child's emotional needs.

921 c. The quality of existing sibling relationships and the  
922 potential quality of sibling relationships that can be formed  
923 between the children.

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

927 (I) The length and quality of the established and current  
928 primary attachment relationships between the siblings and  
929 between the siblings and their current caregivers; and

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

932 e. The ability to establish and maintain sibling visitation  
933 and contact pursuant to this section in a manner and schedule  
934 that makes sense for an infant or young child if it is  
935 determined that the infant or young child is to remain with his  
936 or her primary caregivers rather than be placed with his or her  
937 siblings.

938 f. The ability to establish and maintain contact with the  
939 sibling and new caregiver as part of a transition plan developed



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940 in accordance with paragraph (c) and s. 39.4023 before changing  
941 the child's placement to allow the child, his or her siblings,  
942 and new caregiver to adjust and form bonds.

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

949 (d) Standards for evaluating sibling placements.—The  
950 department, in collaboration with the Quality Parenting  
951 Initiative, must develop standard protocols for the department  
952 and lead agency which incorporate the provisions and factors  
953 described in paragraphs (a), (b), and (c) and any other factors  
954 deemed relevant for use in making decisions about when placing  
955 siblings together would be contrary to a child's well-being or  
956 safety or decisions providing for frequent visitation and  
957 contact under subsection (4).

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

959 (a) Regular contact among a sibling group that cannot be  
960 placed together, especially among siblings with existing  
961 attachments to each other, is critical for the siblings to  
962 maintain their existing bonds and relationships or to develop  
963 such bonds and attachments, if appropriate. The following  
964 practices must be considered in helping to maintain or  
965 strengthen the relationships of separated siblings:

966 1. Respect and support the child's ties to his or her birth  
967 or legal family, including parents, siblings, and extended  
968 family members, must be provided by the caregiver, and he or she



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969 must assist the child in maintaining allowable visitation and  
970 other forms of communication. The department and lead agency  
971 shall provide a caregiver with the information, guidance,  
972 training, and support necessary for fulfilling this  
973 responsibility.

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

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

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

985 5. Encourage frequent and regular visitation, if the  
986 siblings choose to do so, to allow the children to be actively  
987 involved in each other's lives and to participate in  
988 celebrations, including, but not limited to, birthdays,  
989 graduations, holidays, school and extracurricular activities,  
990 cultural customs, and other milestones.

991 6. Provide other forms of contact when regular in-person  
992 meetings are not possible or are not sufficient to meet the  
993 needs or desires of the siblings, such as maintaining frequent  
994 contact through letters, e-mail, social media, cards, or  
995 telephone calls.

996 7. Coordinate, when possible, joint outings or summer or  
997 weekend camp experiences to facilitate time together, including,



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998 but not limited to, activities or camps specifically designed  
999 for siblings in out-of-home care.

1000 8. Encourage joint respite care to assist the caregivers  
1001 who are caring for separated siblings to have needed breaks  
1002 while also facilitating contact among the siblings, including,  
1003 but not limited to, providing babysitting or respite care for  
1004 each other. A child being moved temporarily as respite care for  
1005 the purpose of providing the primary caregiver relief and  
1006 encouraging and facilitating contact among the siblings does not  
1007 constitute a placement change or require the convening of a  
1008 multidisciplinary team.

1009 9. Prohibit the withholding communication or visitation  
1010 among the siblings as a form of punishment.

1011 (b) The court may limit or restrict communication or  
1012 visitation under this subsection only upon a finding by clear  
1013 and convincing evidence that the communication or visitation is  
1014 harmful to the child. If the court makes such a finding, it must  
1015 direct the department or lead agency to immediately provide  
1016 services to ameliorate the harm so that communication and  
1017 visitation may be restored as soon as possible.

1018 (5) SUBSEQUENT REVIEWS.—

1019 (a) The department and the lead agency shall periodically,  
1020 but at least once every 6 months, reassess sibling placement,  
1021 visitation, and other sibling contact decisions in cases where  
1022 siblings are separated, not visiting, or not maintaining contact  
1023 to determine if a change in placement is warranted unless the  
1024 decision to not place a child with his or her sibling group was  
1025 made due to such placement being inappropriate, unhealthy, or  
1026 unsafe for the child.



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1027       (b) If a child in a sibling group who has been placed in an  
1028 out-of-home care placement with his or her siblings does not  
1029 adjust to the placement, the lead agency must provide services  
1030 to the caregiver and sibling group in accordance with s.  
1031 39.4023(3) to try to prevent the disruption of the placement. If  
1032 after reasonable efforts are made under s. 39.4023(3), the child  
1033 still has not adjusted to the out-of-home placement, a  
1034 multidisciplinary team staffing must be convened to determine  
1035 what is best for all of the children. The multidisciplinary team  
1036 shall review the current placement of the sibling group and  
1037 choose a plan that will be least detrimental to each child. If  
1038 the team determines that the best decision is to move the child  
1039 who has not adjusted to a new out-of-home placement, the team  
1040 must develop a transition plan in accordance with ss. 39.4022  
1041 and 39.4023 which ensures the opportunity for the siblings to  
1042 maintain contact in accordance with subsection (4) of this  
1043 section.

1044       (c) If it becomes known that a child in out-of-home care  
1045 has a sibling of whom the child, department, or lead agency was  
1046 previously unaware, the department or lead agency must convene a  
1047 multidisciplinary team staffing within a reasonable amount of  
1048 time after the discovery of such sibling to decide if the  
1049 current placement or permanency plan requires modification.

1050       (6) ADDITIONAL REQUIREMENTS AND CONSIDERATIONS.-

1051       (a) The department shall promptly provide a child with the  
1052 location of and contact information for his or her siblings. If  
1053 the existence or location of or contact information for a  
1054 child's siblings is not known, the department must make  
1055 reasonable efforts to ascertain such information.



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1056           (b) If a child's sibling is also in out-of-home care and  
1057 such sibling leaves out-of-home care for any reason, including,  
1058 but not limited to, emancipation, adoption, or reunification  
1059 with his or her parent or guardian, the child has a right to  
1060 continued communication with his or her sibling as provided  
1061 under subsection (4) either:

1062           1. Upon consent by the legally emancipated sibling, the  
1063 sibling's adoptive parent, or the parent with whom the sibling  
1064 was reunified; or

1065           2. By order of the court that is considering the adoption  
1066 or reunification of the sibling who is leaving out-of-home care,  
1067 provided the court determines that such communication is in the  
1068 best interest of each sibling.

1069           (c) The department or the lead agency must document in  
1070 writing any decision to separate siblings in the case file as  
1071 required in s. 39.00146 and document the decision in the Florida  
1072 Safe Families Network. The documentation must include any  
1073 efforts made to keep the siblings together, an assessment of the  
1074 short-term and long-term effects of separation on each child and  
1075 the sibling group as a whole, and a description of the plan for  
1076 communication or contact between the children if separation is  
1077 approved.

1078           (7) EXEMPTION.—Placements made pursuant to s. 63.082(6) are  
1079 exempt from this section.

1080           (8) RULEMAKING AUTHORITY.—The department shall adopt rules  
1081 to implement this section.

1082           Section 8. Section 39.522, Florida Statutes, is amended to  
1083 read:

1084           39.522 Postdisposition change of custody.—



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1085           (1) The court may change the temporary legal custody or the  
1086 conditions of protective supervision at a postdisposition  
1087 hearing, without the necessity of another adjudicatory hearing.

1088           (2) (a) ~~(1) (a)~~ At any time before a child is residing in the  
1089 permanent placement approved at the permanency hearing, a child  
1090 who has been placed in the child's own home under the protective  
1091 supervision of an authorized agent of the department, in the  
1092 home of a relative, in the home of a legal custodian, or in some  
1093 other place may be brought before the court by the department or  
1094 by any other interested person, upon the filing of a motion  
1095 alleging a need for a change in the conditions of protective  
1096 supervision or the placement. If any party or the current  
1097 caregiver denies ~~the parents or other legal custodians deny~~ the  
1098 need for a change, the court shall hear all parties in person or  
1099 by counsel, or both.

1100           (b) Upon the admission of a need for a change or after such  
1101 hearing, the court shall enter an order changing the placement,  
1102 modifying the conditions of protective supervision, or  
1103 continuing the conditions of protective supervision as ordered.  
1104 The standard for changing custody of the child shall be the best  
1105 interests of the child. When determining whether a change of  
1106 legal custody or placement is in the best interests of the  
1107 child, the court shall consider the factors listed in s. 39.4022  
1108 and the report filed by the multidisciplinary team, if  
1109 applicable, unless the change of custody or placement is made  
1110 pursuant to s. 63.082(6). The court shall also consider the  
1111 priority of placements established under s. 39.4021 when making  
1112 a decision regarding the best interest of the child in out-of-  
1113 home care.



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- 1114           ~~1. The child's age.~~
- 1115           ~~2. The physical, mental, and emotional health benefits to~~  
1116 ~~the child by remaining in his or her current placement or moving~~  
1117 ~~to the proposed placement.~~
- 1118           ~~3. The stability and longevity of the child's current~~  
1119 ~~placement.~~
- 1120           ~~4. The established bonded relationship between the child~~  
1121 ~~and the current or proposed caregiver.~~
- 1122           ~~5. The reasonable preference of the child, if the court has~~  
1123 ~~found that the child is of sufficient intelligence,~~  
1124 ~~understanding, and experience to express a preference.~~
- 1125           ~~6. The recommendation of the child's current caregiver.~~
- 1126           ~~7. The recommendation of the child's guardian ad litem, if~~  
1127 ~~one has been appointed.~~
- 1128           ~~8. The child's previous and current relationship with a~~  
1129 ~~sibling, if the change of legal custody or placement will~~  
1130 ~~separate or reunite siblings.~~
- 1131           ~~9. The likelihood of the child attaining permanency in the~~  
1132 ~~current or proposed placement.~~
- 1133           ~~10. Any other relevant factors.~~
- 1134           ~~(c)(b)~~ If the child is not placed in foster care, the new  
1135 placement for the child must meet the home study criteria and  
1136 court approval under this chapter.
- 1137           (3) (a) For purposes of this subsection, the term "change in  
1138 physical custody" means a change by the department or community-  
1139 based care lead agency to the child's physical residential  
1140 address, regardless of whether such change requires a court  
1141 order to change the legal custody of the child. However, this  
1142 term does not include a change in placement made pursuant to s.





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1143 63.082(6).

1144 (b)1. In a hearing on the change of physical custody under  
1145 this section, there shall be a rebuttable presumption that it is  
1146 in the child's best interest to remain permanently in his or her  
1147 current physical placement if:

1148 a. The child has been in the same safe and stable placement  
1149 for 9 consecutive months or more;

1150 b. Reunification is not a permanency option for the child;

1151 c. The caregiver is able, willing, and eligible for  
1152 consideration as an adoptive parent or permanent custodian for  
1153 the child;

1154 d. The caregiver is not requesting the change in physical  
1155 placement; and

1156 e. The change in physical placement being sought is not to  
1157 reunify the child with his or her parent or sibling or  
1158 transition the child from a safe and stable nonrelative  
1159 caregiver to a safe and stable relative caregiver.

1160 2. In order to rebut the presumption established in this  
1161 paragraph, the court shall hold an evidentiary hearing on the  
1162 change in physical custody to determine if the change in  
1163 placement is in the best interest of the child. As part of the  
1164 evidentiary hearing, the court must consider competent and  
1165 substantial evidence and testimony related to the factors  
1166 enumerated in s. 39.4022 and any other evidence deemed relevant  
1167 to a determination of placement, including evidence from a  
1168 court-selected neutral and independent expert in the science and  
1169 research of child-parent bonding and attachment.

1170 3. This presumption may not be rebutted solely by the  
1171 expressed wishes of a biological parent, a biological relative,



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1172 or a caregiver of a sibling of the child.

1173 (c)1. The department or community-based care lead agency  
1174 must notify a current caregiver who has been in the physical  
1175 custody placement for at least 9 consecutive months and who  
1176 meets all the established criteria in paragraph (b) of an intent  
1177 to change the physical custody of the child, and a  
1178 multidisciplinary team staffing must be held in accordance with  
1179 ss. 39.4022 and 39.4023 at least 21 days before the intended  
1180 date for the child's change in physical custody. If there is not  
1181 a unanimous consensus decision reached by the multidisciplinary  
1182 team, the department's official position must be provided to the  
1183 parties within the designated time period as provided for in s.  
1184 39.4022.

1185 2. A caregiver who objects to the department's official  
1186 position on the change in physical custody must notify the court  
1187 and the department or community-based care lead agency of his or  
1188 her objection and the intent to request an evidentiary hearing  
1189 in writing in accordance with this section within 5 days of  
1190 receiving notice of the department's official position provided  
1191 under subparagraph 1. The transition of the child to the new  
1192 caregiver may not begin before the expiration of the 5-day  
1193 period within which the current caregiver may object.

1194 3. Upon the department or community-based care lead agency  
1195 receiving written notice of the caregiver's objection, the  
1196 change to the child's physical custody must be placed in  
1197 abeyance and the child may not be transitioned to a new physical  
1198 placement without a court order.

1199 4. Within 7 days after receiving written notice from the  
1200 caregiver, the court must conduct an initial case status



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1201 hearing, at which time the court must:

1202 a. Grant party status to the current caregiver who is

1203 seeking permanent custody and has maintained physical custody of

1204 that child for at least 9 continuous months;

1205 b. Appoint an attorney for the child who is the subject of

1206 the permanent custody proceeding, in addition to the guardian ad

1207 litem, if one is appointed;

1208 c. Advise the caregiver of his or her right to retain

1209 counsel for purposes of the evidentiary hearing; and

1210 d. Appoint a court-selected neutral and independent expert

1211 in the science and research of child-parent bonding and

1212 attachment.

1213 (d) The court must conduct the evidentiary hearing and

1214 provide a written order of its findings regarding the placement

1215 that is in the best interest of the child no later than 90 days

1216 from the date the caregiver provided written notice to the court

1217 under this subsection. The court must provide its written order

1218 to the department or community-based care lead agency, the

1219 caregiver, and the prospective caregiver. The party status

1220 granted to the current caregiver under sub-subparagraph (c)4.a.

1221 terminates upon the written order by the court, or upon the 90-

1222 day time limit established in this paragraph, whichever occurs

1223 first.

1224 (e) If the court orders that the physical custody of the

1225 child change from the current caregiver after the evidentiary

1226 hearing, the department or community-based care lead agency must

1227 implement the appropriate transition plan developed in

1228 accordance with ss. 39.4022 and 39.4023 or as ordered by the

1229 court.



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

And the title is amended as follows:

Delete lines 12 - 174

and insert:

monthly; providing requirements for the case record  
face sheet; authorizing the department to develop, or  
contract with a third party to develop, a case record  
face sheet; requiring community-based care lead  
agencies to use such face sheets; requiring the  
department to adopt rules; amending s. 39.401, F.S.;  
requiring the department to determine out-of-home  
placement based on priority of placements and other  
factors; amending s. 39.402, F.S.; requiring the  
department to make reasonable efforts to place a child  
in out-of-home care based on priority of placements;  
providing exceptions and other criteria; creating s.  
39.4021, F.S.; providing legislative findings;  
establishing certain placement priorities for out-of-  
home placements; requiring the department or lead  
agency to place sibling groups together when possible  
if in the best interest of each child after  
considering specified factors; providing an exception;  
providing construction; creating s. 39.4022, F.S.;  
providing legislative intent; defining terms;  
requiring that multidisciplinary teams be established  
for certain purposes; providing goals for such teams;  
providing for membership of multidisciplinary team  
staffings; authorizing the department or lead agency



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1259 to invite other participants to attend a team staffing  
1260 under certain circumstances; providing requirements  
1261 for multidisciplinary team staffings; requiring that  
1262 team staffings be held when specified decisions  
1263 regarding a child must be made; providing  
1264 applicability; requiring team staffing participants to  
1265 gather and consider data and information on the child  
1266 before formulating a decision; providing for the use  
1267 of an evidence-based assessment instrument or tool;  
1268 requiring multidisciplinary teams to conduct  
1269 supplemental assessments for certain children;  
1270 requiring team participants to gather certain  
1271 information related to the child for such supplemental  
1272 assessments; requiring that a unanimous consensus  
1273 decision reached by the team becomes the official  
1274 position and that specified parties are bound by such  
1275 consensus decision; providing procedures for when the  
1276 team does not reach a consensus decision; requiring  
1277 that the department to determine a suitable placement  
1278 if the team cannot come to a consensus decision;  
1279 requiring the formation of a team within specified  
1280 timeframes; requiring the facilitator to file a report  
1281 with the court within a specified timeframe if the  
1282 team does not reach a consensus decision; providing  
1283 requirements for the report; authorizing specified  
1284 parties to discuss confidential information during a  
1285 team staffing in the presence of participating  
1286 individuals; providing that information collected by  
1287 any agency or entity that participates in a staffing



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1288 which is confidential and exempt upon collection  
1289 remains confidential and exempt when discussed in  
1290 staffings; requiring individuals who participate in a  
1291 staffing to maintain the confidentiality of all  
1292 information shared; providing construction; requiring  
1293 the department to adopt rules; creating s. 39.4023,  
1294 F.S.; providing legislative findings and intent;  
1295 defining terms; providing for the creation of  
1296 transition plans for specified changes in placement;  
1297 providing conditions under which a child may be  
1298 removed from a caregiver's home; requiring community-  
1299 based care lead agencies to provide services to  
1300 prevent a change in placement; requiring the  
1301 department and a community-based care lead agency to  
1302 convene a multidisciplinary team staffing to develop a  
1303 transition plan under certain circumstances; requiring  
1304 the department or community-based care lead agency to  
1305 provide written notice of a planned placement change;  
1306 providing requirements for the notice; providing  
1307 applicability; requiring additional considerations for  
1308 placement changes for infants and young children;  
1309 providing findings; requiring the department or  
1310 community-based care lead agency to create and  
1311 implement individualized transition plans; specifying  
1312 factors that must be considered when selecting a new  
1313 school for a child; requiring children who enter out-  
1314 of-home care or undergo changes in placement to remain  
1315 with familiar child care providers or early education  
1316 programs, if possible; providing requirements for



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1317 transition plans for transitions between K-12 schools;  
1318 requiring the department, in collaboration with the  
1319 Quality Parenting Initiative, to develop a form for a  
1320 specified purpose; specifying requirements for the  
1321 form; requiring the department and community-based  
1322 care lead agencies to document multidisciplinary team  
1323 staffings and placement transition decisions in the  
1324 Florida Safe Families Network and include such  
1325 information in the social study report for judicial  
1326 review; providing an exemption; requiring the  
1327 department to adopt rules; creating s. 39.4024, F.S.;  
1328 providing legislative findings; defining terms;  
1329 requiring the department or lead agency to make  
1330 reasonable efforts to place siblings in the same  
1331 foster, kinship, adoptive, or guardianship home when  
1332 certain conditions are met; requiring the department  
1333 or lead agency and multidisciplinary team to take  
1334 certain actions when siblings are not placed together;  
1335 specifying that the department and court are not  
1336 required to make a placement or change in placement to  
1337 develop certain sibling relationships; requiring the  
1338 department or the lead agency to convene a  
1339 multidisciplinary team staffing to determine and  
1340 assess sibling relationships when a child is removed  
1341 from a home; providing for the placement of sibling  
1342 groups in certain circumstances; specifying factors  
1343 for the multidisciplinary team to consider when  
1344 determining placement or change of placement for  
1345 children in sibling groups who do not have an existing



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1346 relationship with siblings; requiring that a child's  
1347 transition to a new home be carried out gradually when  
1348 it is determined that the child would benefit from  
1349 being placed with siblings; requiring the department,  
1350 in collaboration with the Quality Parenting  
1351 Initiative, to develop standard protocols for the  
1352 department and lead agency for use in making specified  
1353 decisions about child placement; providing  
1354 considerations for maintaining contact between  
1355 siblings when separated; providing duties for  
1356 caregivers; authorizing the court to limit and  
1357 restrict communication and visitation upon a finding  
1358 of clear and convincing evidence that such  
1359 communication or visitation is harmful to the child;  
1360 requiring the department and community-based care lead  
1361 agencies to periodically reassess certain sibling  
1362 placements in certain instances; requiring the  
1363 department to provide certain services to prevent  
1364 disruption in a placement when a child does not adjust  
1365 to such placement; requiring that a multidisciplinary  
1366 team staffing is convened when one child does not  
1367 adjust to placement as a sibling group under certain  
1368 conditions; requiring the team to review such  
1369 placement and choose a plan least detrimental to each  
1370 child; requiring that a multidisciplinary team be  
1371 convened in certain circumstances where the department  
1372 or child subsequently identifies a sibling; requiring  
1373 the department to provide children with specified  
1374 information relating to their siblings; requiring the





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1375 department to make reasonable efforts to ascertain  
1376 such information if it is not known; providing that a  
1377 child has a right to continued communication with a  
1378 sibling under certain circumstances; requiring the  
1379 department and lead agencies to document in writing  
1380 decisions to separate siblings in case files and the  
1381 Florida Safe Families Network; specifying requirements  
1382 for such documentation; providing an exemption;  
1383 requiring the department to adopt rules; amending s.  
1384 39.522, F.S.; deleting and relocating criteria for the  
1385 court to consider when determining whether a legal  
1386 change of custody is in the best interest of the  
1387 child; conforming a provision to changes made by the  
1388 act; defining the term "change in physical custody";  
1389 providing a rebuttable presumption that the best  
1390 interest of a child is to remain in a current  
1391 placement; providing applicability for such  
1392 presumption; establishing the manner in which to rebut  
1393 the presumption; requiring the department or lead  
1394 agency to notify certain caregivers within a specified  
1395 timeframe of the intent to change the physical custody  
1396 of a child; requiring that a multidisciplinary team  
1397 staffing be held within a specified timeframe before  
1398 the intended date for the child's change in physical  
1399 custody; requiring that the department's official  
1400 position be provided to the parties under certain  
1401 circumstances; requiring the caregiver to provide  
1402 written notice of objection to such change in physical  
1403 custody within a specified timeframe; requiring the



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1404 court to conduct an initial case status hearing within  
1405 a specified timeframe upon receiving specified written  
1406 notice from a caregiver; providing procedures for when  
1407 a caregiver objects to the child's change in physical  
1408 custody; requiring the court to conduct an initial  
1409 case status hearing; requiring the court to conduct an  
1410 evidentiary hearing; requiring the department or lead  
1411 agency to implement an appropriate transition plan if  
1412 the court orders a change in physical custody of the  
1413 child; amending s.