



# DCF Office of Family Safety Training Bulletin

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## Read Us Online

This issue, and previous issues of the Family Safety Training Bulletin can be located online. See page 3 for more information.

## NEW FEATURE

### Memos from Headquarters

By Sharon Tintle, Office of Family Safety

In an effort to intensify communication of vital information to the field, each month the Office of Family Safety Training Bulletin will include a listing of the memos that have been sent from Headquarters to the Regional Directors. All of these memos can be found on the DCF Document Repository within the Family Safety drop-down headings at: <http://www.dcf.state.fl.us/~fsp/newpages/repository/repository.shtml>

#### November Memos:

- "Post-Secondary Tuition and Fee Exemption Video Teleconference and Conference Call, November 28, 2007", 11/19/07. Section Heading: Child Welfare Training

- "Child Death Review Protocol", 11/16/07. Section Heading: Child Protective Investigations.
- "Agreement Between Department of Children and Families and Supervised Visitation Programs", 11/15/07. Section Heading: Interagency Agreements.
- "Review Team Members for the Child and Family Services Review", 11/09/07. Section Heading: Florida Program Improvement Plan.
- "In-Service Regional Trainings". 11/09/07. Section Heading: Child Welfare Training.
- "Dissemination of Frequently Asked Questions for Foster Youth Transitioning to Adulthood", 11/08/07. Section Heading: Independent Living. ■

### Best Practices Found in Florida's Statewide Assessment

Florida's Statewide Assessment has been completed and submitted to Administration for Children and Families. The process of conducting the Assessment provides assistance in identifying program effectiveness and efficiencies that have occurred in Florida since the Round One Child and Family Services Review in 2001. The process has also assisted in more clearly defining the effectiveness of our efforts toward safety, permanency and well-being for our clients. The entire Statewide Assessment can be viewed online at The Center for the Advancement of Child Welfare Practice, <http://centerfor-childwelfare.fmhi.usf.edu/>.

The following examples are some of the many, many innovative best practices found throughout the state.

#### SAFETY:

- Circuit 7 decided to change its 30-day supervisory review practice by providing an evidence-gathering checklist to ensure a complete, thorough investigation. To standardize the practice, unit supervisors received a test case each month and met to discuss the evidence and appropriate findings resulting in a consensus on the final disposition of the case. This project resulted in higher quality investigations and a significant reduction of "some indicator" findings.
- Community Based Care of Brevard provided 40 hours of Analytical Tools training, which included community based care staff, case management provider staff, and child protective investigators

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addressing a Quality Improvement Process project to increase the % of the CBC contract measure, Children Free of Abuse During Services. The training included a detailed review of case data affecting this measure and led to identification of possible root causes and countermeasures, as well as, identified data entry errors of incorrect re-abuse incident dates in HomeSafenet causing inaccurate percentages to be reported of children abused during services. CBC of Brevard staff met with child protective investigators to correct future input of information.

- For the quarter ending March 31, 2007, 14.46% had a finding of “some indicators”.
- Community-based care lead agencies are also reaching out to the faith-based community. For example, Churches in Partnership is a new initiative in Pinellas County wherein a child protective investigator is paired with a church in the community which will assist in ensuring that the basic provisions of a family, such as clothing, food, furniture, special medical equipment, etc., are met.
- As a result of the Dependency Drug Court in Duval County, in 2006 100% of the children born to DDC clients were born drug free, thus lessening removals. The Program was awarded the Judicial Assistant Grant which enabled the program

### The following examples are some of the many, many innovative best practices found throughout the state.

to purchase necessary nursery items normally difficult for the clients to obtain.

#### **PERMANENCY:**

Extensive collaboration between the Department, courts, Guardian ad Litem Program, and community agencies have led to many innovative court processes to facilitate timely permanency.

- In the 5th Judicial Circuit counties of Citrus, Hernando, and Sumter, mediation services have implemented dependency case plan resolution mediation in each of all five counties.
- Mediation in dependency cases is scheduled in many areas at the time of the shelter hearing in order to allow parents as much time as possible to complete their case plan tasks.
- The Family Law Advisory Group has facilitated kinship care meetings to grandparents and relatives in the circuit who are raising minor children in an effort to assist dependent kids to permanency. Through the assistance of the Guardian ad Litem Program, this organization implemented a Permanency Project dedicated to identify and eliminate obstacles to adoption for children whose parents’ rights are terminated.
- Several of the courts have implemented special adoption programs to facilitate more timely permanence, including Duval and Volusia counties. Volusia County used a team approach consisting of the judiciary, court staff, clerk staff, Department staff, Community Partnership for Children, Neighbor to Family, and the Guardian ad Litem programs to develop internal protocols to identify needs and actions

within their respective agencies to facilitate timeliness of finalized adoptions.

- Five of the community-based-care agencies have received grants from the Wendy’s Wonderful Kids program of the Thomas Foundation for Adoption. This grant allows the agencies to hire recruiters to execute aggressive child-focused recruitment programs targeted exclusively on placing foster children with adoption goals. The five agencies are CHARLEE of Dade County (Miami), Children’s Home Society of Florida in Tallahassee, Family Services of Metro Orlando, Family Support Services of North Florida, Inc., and Hillsborough Kids, Inc. of Tampa.
- The Pasco Family Law Advisory Group formed a committee to review existing dependency parenting classes to ensure quality classes and work towards uniform minimum standards for course content and outcomes.
- The 4th Judicial Circuit in Duval County created an Independent Living team of two attorneys who are assigned to all of the children 17 years old and above. The approach to serve this population is also being worked on statewide by the Guardian ad Litem Program through the use of pro bono attorneys in local Fostering Independence projects. The focus is to ensure that each child is aware of his rights to extended jurisdiction, independent living, and other services available as he/she becomes a young adult.
- The Child Welfare Leadership Program (CWLP) and Connected by 25 (Cby25) are partnering together to create a Youth Leadership Academy for children in care. (Connected by

# BEST PRACTICES

25 is a community initiative that engages youth, public/private partners, and policy makers to improve outcomes for foster youth through investments in services and programs. Their mission is to ensure that foster care youth are educated, housed, banked, employed and connected to a support system by age 25.) A critical element of the Youth Leadership Program design has been to obtain the expertise and input of the youth in foster care and youth formerly in foster care.

- The GAP Project, a partnership between Heartland for Children and Devereux Kids, assists and supports caregivers by using an orientation strategy to provide new caregivers information on caregiver benefits, childcare, managing children with behavioral challenges, and ongoing support groups. The Children's Network of Southwest Florida has two full-time specialists who focus on finding relative caregivers for children in out-of-home care, including emergency shelter.
- Domestic and Family violence prevention or reduction has been a special area of emphasis in the 5th Judicial Circuit, especially in Marion County. In the 11th Judicial Circuit in Miami-Dade, dependency judges are handling companion domestic violence cases in which there is a companion dependency case.
- In some judicial circuits, the court collaborated with the Department and lead agencies to set family conferences at the courthouse to coincide with Dependency hearings.

## Well-Being – Education:

- Some schools are appointing surrogate parents to coordinate issues that come up with each individual child. Other agencies are assigning advocates to children to help them obtain appropriate support, accommodations, and services to improve their chances of success. Broward, Miami-Dade, Orange and Duval counties' experience show that individual support can improve school

achievement for children in care. These assigned advocates serve as liaisons with school personnel. They monitor school enrollment, attendance, course selection, educational placement, and performance.

- A number of CBCs have established and maintained working relationships with their local school boards. For example, Family Services of Metro Orlando and the Orange County Public Schools have frequent interactions. There is also a Foster Care Liaison at many of the schools.
- FamiliesFirst Network, in Escambia County, has an agreement with Sylvan Learning Center to reserve slots for foster youth to receive tutoring.
- Foster Buddies: In cooperation with Communities In Schools, Big Brother and Big Sisters, Family Support Services is sponsoring an in-school mentoring program. Citizens from the community meet with a student at their school once a week. The volunteer commits a year to spend one hour each week to be a friend, tutor and role model to children in foster care. At this time over 60 recruits have been identified and are going through the training and background screenings to be matched with a foster child when school begins.

## Well-Being – Physical and Mental Health Needs:

- OurKids, Inc. tracks all of the initial medical screenings through the Medical Team Support Staff. Thirty

day Comprehensive Medical Examinations have been tracked for children in foster care as of July 1, 2007 by their Nurse Case Manager. This practice was incorporated into the system of care in order to ensure that the medical and physical health of the children is consistently met.

- United for Families, the Community-Based Care Organization serving Indian River, Martin, Okeechobee, and St. Lucie Counties, contracts for additional Certified Behavioral Analysts to build a network of supports that promote positive and effective interactions for substitute caregivers and victims of child maltreatment through the implementation of individualized Behavior Intervention Plans that are based on a Behavior Assessment of Behavior Review. Some of the primary components are at the request of the United for Families Program Services unit. Comprehensive Behavioral Analysts provide technical assistance to address challenging behaviors of children that are determined to be an immediate danger to self or others by providing telephone consultation within 24 hours of the request, and completing initial reviews, making recommendations, or providing interventions within 48 hours of the request. Children who run from a placement are referred to the Comprehensive Behavioral Analysts Program upon their return. ■

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This issue, and previous issues of the Family Safety Training Bulletin can be located on the DCF intranet Document Repository at:

<http://eww.dcf.state.fl.us/~fsp/newpages/repository/repository.shtml#tb>

and on the internet at <http://www.dcf.state.fl.us/publications/> and on the Center for the Advancement of Child Welfare Practice website by registered members at: <http://centerforchildwelfare.fmhi.usf.edu/>

## Disproportionality – What is it and what can we do?

By Linda D. Johns  
Office of Family Safety



A recent study published by the Government Accountability Office (GAO) addresses the disproportionate number of African American children in foster care. The GAO is the investigative arm of the U.S. Congress.

The study found that over twice as many African American children are represented in foster care nationally than in the general population of children. Findings show that more African American children than children of other races enter foster care, remain

in foster care longer and have less positive outcomes upon leaving care.

### What is “disproportionality”?

**Racial disproportionality** refers to the extent that children of a specific race or ethnic group are over- or underrepresented in foster care relative to their proportion in the general population (GAO, 2007). American Indian/Alaskan Native children are also over represented in the foster care population at twice the number in relation to their general population. Hispanic and Asian children are over represented in foster care in certain areas of the United States.

Disproportionality varies from state to state and often varies widely within a state. Variances in disproportionality can occur regionally, from community to community and within communities.

### How is disproportionality measured?

Measuring levels of disproportionality involves a ratio, or *index*, of the number of children in foster care compared to the children in the overall population. For example, the foster care disproportionality index nationwide for African American children is 2.26, which means that African American children were over-represented nationally in 2004 at a rate of more than twice their proportions in the U.S. child population. American Indian/Alaskan Native children are ranked second with a disproportionality index of 2.25 nationally. The index for American Indian/Alaskan Native children in foster care in Oregon is 8.68, the highest disproportionality index for any race in any state. (GAO Report, 2007)

### What are the causes?

The causes of racial disproportionality are complex, pervasive and are often embedded at all levels of the child welfare system from the family and community levels to the organizational and larger society levels, and include the legal system. Once embedded systemically, disproportionality is often referred to as *institutional or structural racism*.

### Factors identified as contributing to disproportionality include:

- Higher rates of poverty
- Challenges to accessing services, including affordable housing, transportation, substance abuse and mental health treatment, and adequate legal representation
- Racial and cultural biases, mistrust and misunderstanding at all levels of the system and at key junctures in decision-making around a case from entry into care, through reunification, and on to other permanency options
- Difficulty in locating permanent placements, (i.e., adoptive homes or permanent guardianships) that do not need financial supports

### What is the impact?

Increased numbers of children entering foster care and staying in care longer with fewer permanency options *tragically undercuts safety, permanency and well being for these children at all levels*. Costs and the drain on resources to agencies and communities associated with ongoing care and supervision, lack of permanency, poor outcomes upon exiting care, and ongoing challenges that sometimes become cyclical in nature are enormous. The negative effects of disproportionality impact all children in care.

### Is this a problem in Florida?

At 1.93, Florida is one of only 15 states with a disproportionality index ranking below 2.0; however, Florida’s ranking is very close to twice the number of African American children in care than in the general population.

Thirty-six states are ranked 2.0 and above, with sixteen of those states ranked above 3.0. Five are ranked above 4.0 and one above 6.0.

### What can we do about it?

Because disproportionality has many root causes and can exist in varying degrees at all levels of practice and service delivery, the critical first step is an accurate analysis of data within a system to determine what levels exist and the contributing factors. Data must be examined at every level from agency specific (even to the individual unit level) to community, county, circuit, region and state level in order to pinpoint causes, then develop strategies and countermeasures.

# FOSTER CARE ISSUES

## Recommendations from the GAO and promising practices from other states:

- Ongoing data analysis to identify and address disproportionality
- Education, training, resource tools and awareness at all levels, (i.e., investigations, case managers, service providers, the courts, community)
- Alternative Response and Family Team Conferencing principles
- Family focused and strengths based practice
- Increased supports to kinship placements to achieve permanency
- Identification of existing *policies and* practices that may be contributing factors
- Targeted recruitment directed at specific communities and the development of effective recruitment plans that truly recruit families that match the needs of the children in care
- Improve access to services through inter-agency agreements and other methods that promote coordination among agencies

## Tips for investigations and casework:

- Consider circumstances and barriers existing in families related to multi-generational poverty, lack of resources and cultural factors
- Explore ways to support timely and effective services, (e.g., assist in arranging transportation, locate providers close to the family including neighborhood based providers, assist family in working their way through a sometimes confusing and frustrating system)
- Actively engage families in decision-making and case planning

## The GAO Report may be found here:

<http://waysandmeans.house.gov/media/pdf/110/GAO%20rpt%20Af%20Am%20and%20Foster%20Care.pdf>

Information on disproportionality from the National Governors Association including a previously aired web cast:

<http://www.nga.org/portal/site/nga/?vgnnextoid=bbe4edc8acf54110VgnVCM1000001a01010aRCRDmenuitem.9123e83a1f6786440ddcbeeb501010a/> ■

## State Rankings by Index of Disproportionality For African-American Children

RANK	STATE
1.	Hawaii
2.	Mississippi
3.	District of Columbia
4.	Arkansas
5.	Louisiana
6.	South Carolina
7.	Georgia
8.	Alabama
9.	Tennessee
10.	North Carolina
11.	South Dakota
12.	Maine
13.	Oklahoma
14.	Virginia
<b>15.</b>	<b>Florida</b>
16.	Kentucky

State Rankings by Index of Disproportionality For African-American Children (GAO Report, June 2007)

## Ten Elements of Quality, Common Sense Documentation

By Arlene S. Carey,  
Office of Family Safety

Do you remember the acronym we all learned in order to help us remember what constitutes quality documentation - FORQ, which stands for Factual, Objective, Relevant and Quantitative. This acronym tells us *what* to do, but the question always remains, *how* do we do it? Here are some useful tips:

### 1 Be Specific and Clear, But Keep it Simple!

In other words, don't use 50 words when 20 will do, but make sure that the 20 you *do* use convey the information in an easily understood manner (and, in those cases where you have to use 50 to get the job done, then use 50!). Generalities such as "The children are fine" aren't really expressive and, doesn't do much to communicate the importance of why we are involved and visiting with the children in the first place.

Instead, talk about exactly HOW the children are fine: in what ways are they doing well, and in what areas might they need additional supports or services?

### 2 Use Descriptive Language and Write Active Statements

It may be *easier* to write "The house is filthy," but that doesn't tell the story that we need to tell. One stellar description was, "There were so many cockroaches in the room, it looked just like the floor was moving."

Not necessarily delightful to read, but it does paint the picture for the reader, doesn't it? And since a picture is worth a thousand words, think of it as saving writing time by using descriptive words to paint the picture and articulate the message!

### 3 Document Every Contact, Everytime

Every contact is an assessment, and every assessment is a documentation opportunity. Assessments should always address the current safety and status of each child (including physical/medical, emotional/mental, developmental, behavioral, environmental, educational, familial, social, and recreational issues); the child/parent's current self-assessment of strengths and needs; and the case manager's (and providers'/others') current assessment of the client's (or family's) strengths and needs.

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**Always remember the old documentation adage: "If it isn't written, it didn't happen!"**

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### 4 Separate Facts From Opinions

Remember that you are simply the record-keeper, much like a video camera; the camera doesn't judge, it merely records the events and provides a picture of what was said and done. "The mother was drunk as a skunk" is an opinion, and may not even be an informed one... skunks probably do not drink, and besides, perhaps the mother just had a bad reaction to prescribed medication (it does happen). Try to avoid diagnoses or evaluations which you are not qualified to make (and certainly avoid editorializing), but make observations that as a person, you *are* qualified to make (e.g., "The mother staggered when she walked, and her speech was slurred."). Leave it up to the reader to infer what all of your recorded observations might signify.

### 5 Avoid the Use of "Guess Who" Inferences

Phrases such as "it appears that...", or "apparently," or "it's likely that..." are usually used as fillers or as attempts at making editorial comments appear to be factual, even though they aren't. After all, "It appears that the mother has been drinking," is really the same thing as "The mother was drunk". (See above!) Just because it may sound a little more professional, doesn't mean that it is; it is still subjective and lacks the facts necessary to support the conclusion.

### 6 Be Consistent and Truthful

The information that you record and the information that you share with the client should be the same information! Although always important, this is particularly vital when dealing with case plan compliance issues. Sometimes case managers are uncomfortable discussing client non-compliance (e.g., positive drug screens) with them, for fear of confrontation or of upsetting the client. But the worst thing that we can do is to tell the client that they are doing fine when they're really not, and then surprise them, often in court, with our documentation that illustrates just how "not fine" they are actually doing. This kind of deception, however unintentional, not only severely undermines credibility and trust, it seriously impedes the case manager's ability to work together with the client for the best possible case resolution or outcome on behalf of the child.

## 7 Avoid Jargon or Abbreviations Which May Not Be Clear to Others

“FTF mtg w/bth mo & s’fa during OV, mo rptd DV w/s/c’s fa; ATC w/CWLS & SAO, lm to p/c/b.” Enough said?! Even though the majority of us would know what this says, it makes for very choppy reading, and this might be only one entry in a long list of chrono notes; if subsequent notes were written this way, getting through them all would be an incredible chore for the reader. Although it may be *initially* easier to record notes this way, there may ultimately be *no* time savings, if the writer has to transcribe or re-write the notes, based upon any reader’s (i.e., supervisor, QA reviewer) inability to decipher the content. If the goal of communication is to convey information to be understood by the other party, a note like this doesn’t meet that standard particularly well. Let’s also remember that spell-check is an extremely useful tool!

## 8 Try and Standardize Your Notes

Not to be viewed as writing the same thing each time! To “standardize” your notes means to have a basic concept of what types of information you want to cover each time you write a note, and to format the notes in such a way as to ensure that you always address that information. Quality documentation consistently provides information on where the family currently is with regard to where they started when intervention began, and where they must be in order for the case goal to be achieved. Informally standardizing the formatting of your notes serves not only as a reminder of what information to address, but also as an aid in helping to synthesize your documented contacts into a comprehensive reflection of the family over time, which is extremely helpful in the decision-making process.

## 9 Consider the Audience

Whenever documenting, consider your audience and write in such a way as to be clear to people who may need to review your notes, bearing in mind that these people (supervisors, other case managers, QA reviewers, legal staff, etc.) may not be as familiar with the case as you are. Not to be confused with avoiding jargon (above), here we are looking at notes being written by someone who knows the case participants so well and understands the case issues so thoroughly, that the notes are general, with very little specific or detailed information, because the writer has all of the identifying information in his or her head.

“Call from Mary about Timmy’s Medicaid” is an entry that, while it makes perfect sense to the writer (because s/he *knows* what s/he meant), does not convey enough meaning to the reader. Although the writer (hopefully!) knows who Mary is, the reader may not. And, what about Medicaid? Does the child need it? Does he get it? Has it been denied? Is Mary from the pharmacy, asking to verify Timmy’s Medicaid coverage? Is Mary from a doctor’s office? Is Mary the foster parent?



Does Mary (whoever she is) need Timmy’s Medicaid card? The questions are endless (and shouldn’t be!)

## 10 Answer More Questions Than You raise

Good documentation always answers questions, and doesn’t leave any unanswered questions in the mind of the reader (see above). For example, a mother in an in-home supervision case is about to lose custody of her children, and comes into the office to meet with the case manager. They meet for three hours, and the children are subsequently removed from her care. The case record documentation reads: “Mother and children were at the office, stayed three hours. Mother begged us not to remove the children from her, saying she would kill herself if we did. Gave mother a bus pass; children placed in foster home.” YIKES!!

Actually, the case manager may have spoken with and counseled this parent for the three hours, until the mother was safely able to go home, but from the way in which the entry is written, the reader is led to believe that the mother threatened to kill herself, and the case manager’s only response was to give her a bus pass!

Unanswered questions abound in this scenario, but with a little more effort, the documentation could have reflected all of the good, heartfelt work the case manager did with the mother, which would have also answered any questions in the mind of the reader about what exactly had transpired during the three-hour visit. The reader cannot know what happened, if there’s no documentation to explain it. Which brings us to our bonus round...

**\*Always remember the old documentation adage: “If it isn’t written, it didn’t happen!”**

For more information on Quality Documentation, please contact Arlene Carey at: (850) 921-1928; S/C 291-1928; or by e-mail at: [arlene\\_carey@dcf.state.fl.us](mailto:arlene_carey@dcf.state.fl.us) ■

## Looking for Parents in All the Right Places!

By Arlene S. Carey,  
Office of Family Safety

Welcome to the information age, with 24/7 accessibility through pagers, cell phones, text and instant messaging, and the world-wide web! Never before have we been able to access so much information so quickly, literally at the tips of our fingers. For those of us in Child Welfare, this technology affords us the opportunity to locate parents and relatives of our children in care as never before.

Imagine being able to enter a parent's or a relative's name or other identifying data into a search engine and up pops the information you need in order to help establish contact... well, imagine no more! In this era of instant information, not only can the web help us to locate parents, it can help us connect our children in care with long-lost or even unknown relatives, providing not only potential placement resources, but also possible lifelong family ties.

Some of the following search locator tools are free, and some charge a fee for service:

### **www.ussearch.com** (Cost: \$25.00 per search)

Featured in an article entitled "Foster Kids' Last Resort: Finding the Lost Relatives," in the *Wall Street Journal* on August 23, 2007, US Search employs professional "Family Finders" to perform searches.

These search professionals are able to access billions of records, through multiple databases; information on parents and relatives is e-mailed to the requestor within 24-48 hours, often less. According to one Family Finder Specialist, Los Angeles County reduced the number of children in foster care from 14,000 to 11,000 as a result of having found relatives for children in care.

For further information, contact Clif Venable, Family Finder Specialist, at (310) 302-6440.

### **www accurint.com** (Cost for new accounts: \$85.64 per user for one year, unlimited # of searches)

Accurint, from LexisNexis®, provides a full suite of investigative tools to various government, law enforcement and social service agencies. One such tool can be used to assist in the location of parents and relatives, by providing the user with the ability to directly access over 33 billion pieces of information.

For further information, contact Dan McConnell, Regional Account Manager, at (937) 401-3566.

### **www.peopledata.com**

Free: Provides full name, date of birth, address and phone.

### **www.zabasearch.com**

Free: Provides full name, date of birth, address and phone; also links to [www.intelius.com](http://www.intelius.com) (see below).

### **www.whitepages.com**

Free: Provides full name, spouse name, address and phone.

### **www.peoplelookup.com**

Free: Provides name, city/state, possible relatives;

Cost: One-time people search report for all persons with name given (\$9.95).

24-hour unlimited people search reports by name or address (\$14.95).

Advanced People Search & Complete Background Check (\$49.99)

### **www.melissadata.com/ lookups/index.htm**

Free: Provides address and street data and "Free Lookups" for non-commercial use;

(Costs range from \$19 for 30 days to \$290 for one year for additional information)

### **www.peoplefinders.com**

Free: Provides name, city/state, possible relatives

People Search Report (\$11.95)

Comprehensive Background Report (\$39.95)

Comprehensive Background Report with National Criminal Records (\$59.95)

(Unlimited Search Pass costs range from \$19.95 for 1-day to \$39.95 for 30-day pass)

### **www.intelius.com (Cost)**

One-time people search report for all persons with name searched (\$7.95).

24-hour unlimited people search reports by name or address (\$19.95).

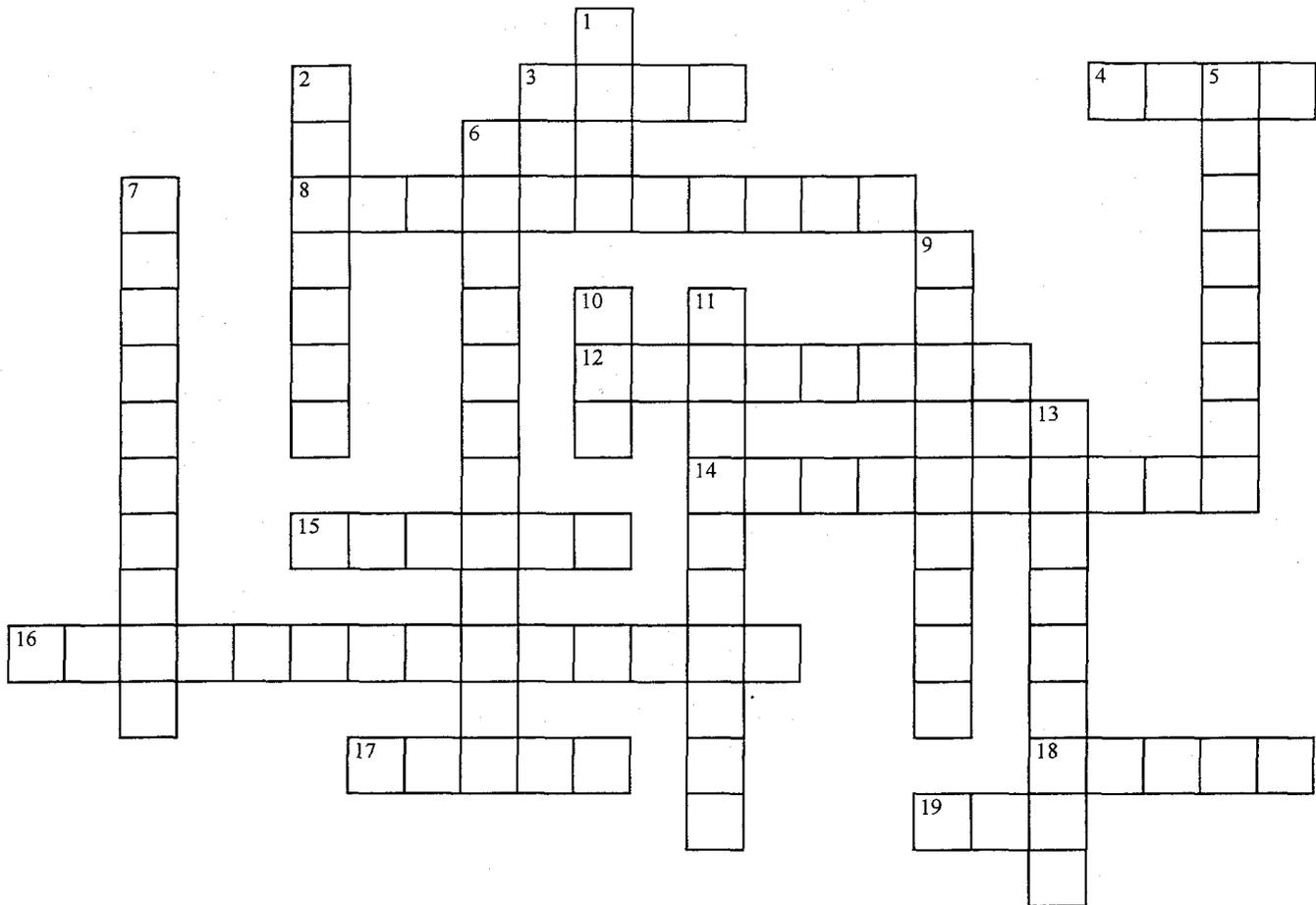
Background report with criminal check, address history, relatives and associates (\$49.95).

Many other locator websites can be found at the Center for the Advancement of Child Welfare Practice. Just log on at <http://centerforchildwelfare.fmhi.usf.edu/> (and enter Username: center1@fmhi.usf.edu and Password: Children1). Once on the homepage, click on the "Diligent Search Resource" banner in the center of the page, then click on "Diligent Search Locator Tools" to access more web search engines.

During this holiday season of friends, relatives, and family traditions, wouldn't it be nice to be able to give some of the children we serve the ultimate gift of a lifelong connection to people who care about them?

For more information regarding locator website search engines, please contact Arlene Carey, Policy Management, at (850) 921-1928, SC 291-1928, or by e-mail at [arlene\\_carey@dcf.state.fl.us](mailto:arlene_carey@dcf.state.fl.us). ■

## Interstate Compact on the Placement of Children



### ACROSS

- 3 The ICPC form to advise of placement or to close a case.
- 4 Acronym for The Compact.
- 8 There are ten of these in the Compact.
- 12 New parents created.
- 14 The goal for the child.
- 15 The national ICPC organization.
- 16 A holiday greeting.
- 17 He arrives on Christmas Eve.
- 18 A stay less than 30 days.
- 19 Most likely federal funding source.

### DOWN

- 1 The ICPC form to request a home study.
- 2 Mom and Dad
- 5 A Regulation 7 placement.
- 6 The court must maintain this at all times.
- 7 Type of placement when parent cannot provide care.
- 9 A placement without approval.
- 10 Florida Statute.
- 11 Another word for obeying the law.
- 13 Aunt and uncle.