



PARTNERSHIP FOR
STRONG
FAMILIES

Child & Family Handbook

5950 NW 1st Place, Suite A
Gainesville, FL 32607
352-244-1500
pfsf.org

LET'S GET STARTED

We are Partnership for Strong Families (PSF), and we look forward to working with you and your family. We are here to help you and your family in meeting your goals and solving problems. Our goal is to help your family function better so that you can remain together or be reunited if separation was necessary. This handbook will give you important information on our agency, services we offer and ways we will work with you and your family. Your Family Care Counselor will go over this handbook with you and will make sure your questions get answered.

Once you finish going through the handbook, you will be asked to sign a paper that says you received this handbook and understand your rights and responsibilities while working with PSF and our partner agencies.

YOUR FAMILY CARE COUNSELOR

My name is _____, and I am your **Family Care Counselor**.

My phone number is _____. You can reach me here anytime between 8:00 a.m. - 5:00 p.m. Monday through Friday.

For emergencies after 5:00 p.m. and on weekends, call _____.

My address is _____.

My supervisor's name and phone number is _____.

My Program Director's name and phone number is _____.

I will help you and your family by:

- Helping you decide what your goals are and who can help you meet these goals.
- Helping you solve problems that come up before they become emergencies.
- Connecting you with services that you or your child(ren) may need to be safe and happy.
- Letting you know what is happening with your case.
- Setting up visits for you and your child(ren).
- Completing case plans and updates for the court when the case has judicial involvement.
- Meeting with you and your child(ren) face to face to check on how things are going.
- Getting back to you quickly when you have questions, needs and/or concerns.
- Helping you and your family use your strengths to do everything needed to keep your family together.

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OUR MISSION, VISION AND PRINCIPLES

MISSION

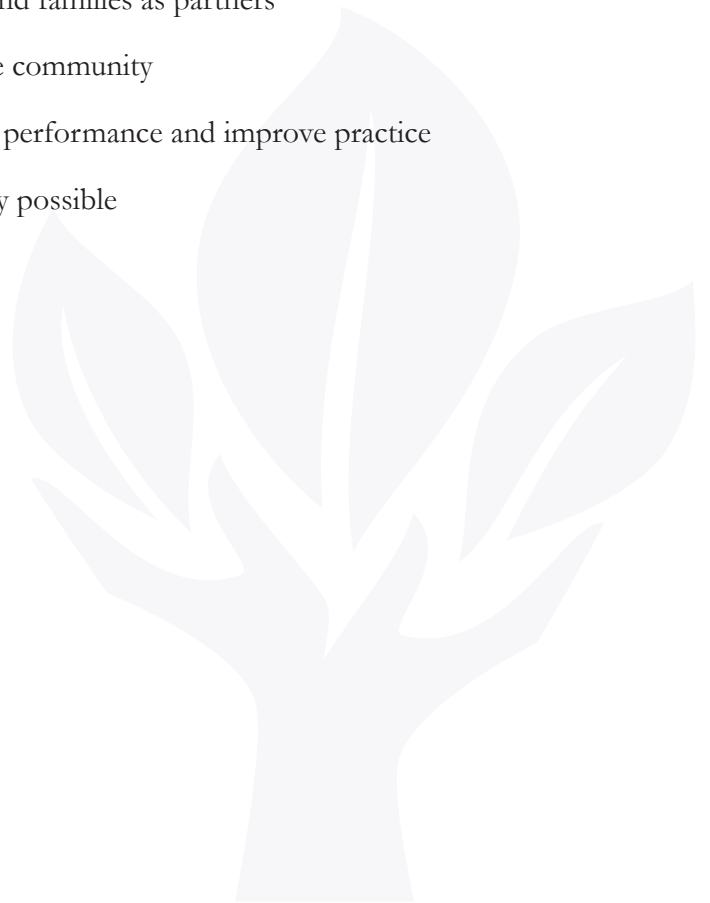
To enhance the community's ability to protect and nurture children by building, maintaining and constantly improving a network of family support services.

VISION

To be a recognized leader in protecting children and strengthening families through innovative, evidence-based practices and highly effective, engaged employees and community partners.

CORE PRINCIPLES

- To provide a safe environment for all children
- To make prevention of child abuse and neglect a community priority
- To individualize services to meet the needs of children and families
- To respect the inherent dignity of children and families with permanency in mind
- To recognize that more can be done with communities and families as partners
- To respect the diversity of all children and families in the community
- To commit to accountability using outcomes to measure performance and improve practice
- To maintain children in their own homes whenever safely possible



HIPAA PRIVACY NOTICE

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Partnership for Strong Families will comply with all HIPAA requirements in order to protect your health information.

As a Business Associate of the FL Dept. of Children and Families, Partnership for Strong Families has rights and responsibilities regarding the Protected Health Information of clients. This Notice describes how health information about our clients may be used and disclosed and how our clients can get access to this information. This Notice applies to Partnership for Strong Families, their Business Associates and subcontractors. Please review it carefully.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Choose someone to act for you
- Receive breach notifications
- Get a list of those with whom we've shared your information
- Get a copy of this Privacy Notice
- File a complaint if you believe your Privacy Rights have been violated

You have some choice in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory (if applicable)
- Provide behavioral health care
- Market our service and sell your information
- Raise Funds

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for services
- Work with our contracted Business Associates and subcontractors
- Help with public health and/or public safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address workers' compensation, health oversight agencies, law enforcement, and other government requests
- Government agencies providing benefits or services

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected Health Information (PHI) is information that would enable a person reading or hearing it to identify you individually that relates to:

- your past, present or future physical or mental health or condition;
- the provision of health care to you;
- the past, present or future payment for the provision of health care or services to you; or
- your genetic information

YOUR RIGHTS	When it comes to your health information, you have certain rights
Get an electronic or paper copy of your health record	<ul style="list-style-type: none"> • You or your designee can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Your request must be in writing to the program office or service provider that maintains your records. • We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. • We are not required to allow you to see or copy psychotherapy notes, information prepared for use in legal actions or proceedings, or where access is prohibited by law.
Ask us to correct mistakes in your health record	<ul style="list-style-type: none"> • You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the program office or service provider that maintains your records. • We may say “no” to your request, but we will tell you why in writing within 60 days.
Request a specific method for confidential communications	<ul style="list-style-type: none"> • You can ask us to contact you in a specific way (for example, if you are an outpatient client, you could request we contact you at your workplace or via email) or send mail to a different address. Your request must be in writing to the program office or service provider that maintains your records. • We may say “no” to your request, but we will tell you why in writing within 60 days.
Ask us to limit what we use or share	<ul style="list-style-type: none"> • You can ask us not to use or share certain health information. We are not required to agree to your request, and we may say “no” if it would affect your care. • You can ask us not to share certain health information with family members. We are not required to agree to your request, and we may say “no” if it would affect your care. • These requests must be in writing to the program office or service provider that maintains your records.
Choose someone to act for you	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your request must be in writing to the program office or service provider that maintains your records. • We make sure the person has this authority and can act for you before we take any action.
Receive breach notifications	You will receive notification if there is a breach of your unsecured protected health information (PHI).

<p>Get a list of those with whom we've shared your protected information</p>	<ul style="list-style-type: none"> You can ask for a list (Accounting of Disclosures) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why. Your request must be in writing to the program office or service provider that maintains your records. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one Accounting of Disclosures per year for free, but we may charge a reasonable, cost-based fee if you ask for another one within twelve months.
<p>Get a copy of this Notice of Privacy Practices for Protected Health Information</p>	<ul style="list-style-type: none"> You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Please contact the office, facility or program where you receive services, and we will provide you with a paper copy promptly. You may also view and download a copy of this Notice at: pfsf.org/forms
<p>File a complaint if you feel your rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by sending a letter to: Complaints Officer, Program Quality & Contract Management Partnership for Strong Families 5950 NW 1st Place Suite A, Gainesville FL 32607 Or you can file a complaint with the Florida Department of Children and Families, Office of Civil Rights, HIPAA Privacy Officer, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee FL 32399-0700, Tel. 850-487-1901 Fax 850-921-8470 Or you can file a complaint with the US Dept of Health and Human Services, Office for Civil Rights 200 Independence Avenue SW, Washington DC 20201 Or by calling 1-877-696-6775, or at www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint.
<p>YOUR CHOICES</p>	<p>For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please communicate to us what you want us to do, and we will follow your instructions.</p>
<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation. (If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.) We may also share your information when needed to lessen a serious and imminent threat to health or safety.
<p>In these cases, we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> Marketing purposes. Sale of your information. Most sharing of psychotherapy notes.

In the case of fundraising:	<ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again.
OUR USES AND DISCLOSURES	How do we typically use or share your health information? We typically use or share your health information in the following ways. Please note that not all types of uses and disclosures can be described or listed in this Notice.
Treat you	<ul style="list-style-type: none"> We can use your health information and share it with other professionals who are treating you and coordinate services you may need. Example: A doctor performing a clinical evaluation may talk another doctor about your overall health condition.
Run our organization	<ul style="list-style-type: none"> We can use and share your health information to run our organization, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
Bill for your services	<ul style="list-style-type: none"> We can use and share your health information to bill and get payment from health plans and other entities. Example: We give information about you to your health insurance plan so it will pay for your services.
Work with our contracted Business Associates and Subcontractors	<ul style="list-style-type: none"> Partnership for Strong Families contracts with the Department of Children and Families, other agencies, and businesses to carry out some of the services for which we are responsible. Examples would include case management agencies and behavioral treatment centers.

How else can we use or share your health information? We are allowed or required to share your information in the course of investigations, determining eligibility, providing care, services or other benefits, and in other ways— usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers.index.html

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests	<ul style="list-style-type: none"> We can share health information about you with organ procurement organizations.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> For workers' compensation claims For law enforcement purposes, with a law enforcement official, or correctional institutions With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services
Government agencies providing benefits or services	<ul style="list-style-type: none"> We can share your health information with other government agencies or programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program.

OUR RESPONSIBILITIES
<ul style="list-style-type: none"> We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your PHI other than as described here unless you authorize it in writing. If you authorize other use or sharing of your PHI, you may change your mind at any time. You need to let us know in writing if you change your mind. <p>For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html</p>

Changes to the Terms of this Notice
<p>We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website at: http://www.pfsf.org/forms/</p>

Partnership for Strong Families Privacy Officer
<p>Privacy Officer, Information Technology Department, Partnership for Strong Families, 5950 NW 1st Place Suite A, Gainesville FL 32607</p>

CONFIDENTIALITY AND PRIVACY PROTECTIONS

PSF adheres to all applicable confidentiality laws and regulations including, but not limited to, laws and regulations governing information about youth involved with the juvenile justice system, mental health consumers, victims of domestic violence, drug and alcohol treatment and individuals diagnosed with HIV/AIDS.

PSF may release confidential or private information in circumstances when the staff and/or organization is legally or ethically permitted or required to release such information without the client's consent.

PROVISION OF SERVICE TO MINORS

PSF seeks and requires parental involvement throughout your child's involvement in the child welfare system. The Family Care Counselor will inform you of all medical and dental appointments for your child and encourage parental participation in the care provided whenever possible.

1. Parental consent will be sought for all medical and dental care provided for children in out-of-home care when parent's rights are intact.
2. If, as a result of the health care screening, a licensed health care professional determines the child to be in need of emergency medical treatment, PSF and its case management agencies must seek parental consent or a court order for such treatment. Every effort will be made to gain parental consent for treatment before seeking a court order for treatment. The FCC and CLS attorney will work together to obtain the appropriate order as soon as possible.
3. If the parent or guardian refuses to consent to treatment for the child, a court order must be obtained. If as described above, a court order cannot be obtained in a reasonable amount of time, PSF or its case management agencies may consent to treatment deemed necessary by a licensed health professional. PSF's authorization to consent to such treatment exists only until such time as a court order may reasonably be obtained.
4. At no time may PSF or its case management agencies consent to sterilization, abortion or termination of life support.
5. Efforts must be made to obtain the child's medical history or current medical condition from the parent or guardian. If no parent or guardian is available, the FCC will request from DCF information about any open or closed providers who may have health history on the child.
6. In some instances the health care provider will require informed consent prior to administering treatment or medication. (PSF is not an authorized agent to provide informed consent for extraordinary medical procedures.) In these instances the health care provider must inform the parent or child of all pros and cons and answer all questions regarding the procedure or medication. Then, the parent or child, after being informed, must be willing to assume the risk and give consent for the treatment or medication. The person granting consent may withdraw their consent at any time prior to the provision of the treatment or medication. If the parent is unavailable, PSF will obtain a court order for consent to treat.
7. Minors can consent to their own examination and treatment for a sexually transmitted disease; to family planning services (under certain conditions) and to voluntary substance abuse treatment services.
8. The administration of psychotropic medication to a child in physical or temporary custody of the state must have prior court approval, unless the attending physician considers the situation an emergency and documents in the medical record that the care was needed to ensure the child's health and well-being.
9. PSF, as an authorized agent of DCF, has the authority to consent to ordinary and extraordinary medical care for a child whose parents' rights have terminated.

HOURS OF OPERATION

You have the right to contact your Family Care Counselor between the regular hours of 8:00 a.m. to 5:00 p.m. Monday through Friday at the number they provide you. After-hours access is also available for emergencies, and contact information will be given to you from your Family Care Counselor and/or your individual program. On-call information is available by calling the service center after hours and following the voice prompts.

PSF's OFFICE LOCATIONS

Service Center	Mailing Address	Physical Address	Phone	Toll-Free	Fax
Gainesville	5950 NW 1st Place, Suite A Gainesville, FL 32607	Same	352.244.1500	866.310.7326	352.244.1647
Lake City	1211 SW Bascom Norris Drive Lake City, FL 32025	Same	386.243.8800	866.832.5562	386.243.8700
Live Oak	501 SE Demorest Suite B Live Oak, FL 32064	Same	386.364.7774	866.850.8133	386.362.3436
Starke	405 W Georgia Street Starke, FL 32091	Same	904.964.1540	866.888.6548	904.964.1550
Trenton	PO Box 1199 Trenton, FL 32693	111 NW 4th Avenue Trenton, FL 32693	352.463.3111	888.877.5459	352.463.3104

SERVICES

Here are examples of the different types of services that you and your Team may decide will be helpful in meeting your family's needs. Please remember that these services are flexible and can change over time, if needed. You will need to talk with your Family Care Counselor about how the services you and your child(ren) have are working and what other services or support your family needs.

- **Mental Health Assessments**
- **Individual/Family Counseling**
- **Psychiatric Evaluation**
- **Case Management**
- **Sexual Behavior Assessment/Psychosexual Evaluation**
- **Individualized Therapy for Sexually Reactive Children**
- **Parenting Classes**
- **In-home Clinical Services**
- **In-home Paraprofessional (parenting, budgeting, housekeeping, etc.)**
- **Behavioral Analyst Services**
- **Domestic Violence Assessment**
- **Domestic Violence Support Groups/Counseling**
- **Anger Management Counseling**
- **Batterer's Intervention Program**
- **Substance Abuse Assessments/Counseling**
- **Daycare**
- **Translation Services**
- **Specialized Services**

EMERGENCY SERVICES AND PHONE NUMBERS

- Police / Fire / Ambulance - 911
- Meridian Behavioral Healthcare's Crisis Stabilization Unit - 352.374.5600 or 1.800.330.5615
- Alachua County Crisis Center - 352.264.6789
- Peaceful Paths' 24-Hour Help Line (Alachua, Bradford and Union Counties) - 352.377.8255 or 1.800.500.1119
- Another Way's 24-Hour Crisis Hotline (Columbia, Dixie, Levy, Gilchrist, Hamilton and Lafayette Counties) - 1.866.875.7983

RIGHTS FOR YOU AND YOUR CHILDREN

Please ask your Family Care Counselor to explain these rights to you if you have any questions. It is important that you understand them and are satisfied with how your family is being treated. Please be aware you have the right to refuse any treatment, medication or service, unless those rights have been limited by law or court order. PSF will provide services to minor children without the consent of a parent only when a court order authorizes such services. If you refuse to participate in the agency programs, your Family Care Counselor will inform you of potential consequences of such a refusal.

YOU HAVE THE RIGHT:

- To be heard.
- To attend meetings.
- To have a say in what happens to you and your family.
- To receive fair and equitable treatment.
- To invite others to participate in your Family Team Conference.
- To have a safe and secure environment.
- To receive services regardless of religion, ethnic or cultural background, race or sexual preference in a non-discriminatory manner.
- To receive services in your community.
- To receive services that are the least restrictive to meet your needs.
- To receive cost information prior to the provision of services.
- To be treated with respect and to have your family's culture considered in all decision making.
- To have your information treated in a confidential manner.
- To receive copies of team minutes, Family Plans and court documents.
- To visit with one another unless otherwise ordered by the court.
- To provide relevant information and help in making decisions for you and your family regarding types of services and the person/agency who will provide the service.
- To submit a complaint/concern to Partnership for Strong Families if you are unhappy with services and expect an answer back in a reasonable amount of time.
- To have legal representation.
- To call your Family Care Counselor, Guardian ad Litem or the Florida Abuse Hotline to report allegations of neglect or abuse.
- To request an in-house review of care, treatment and service plan.
- To receive accommodations with written and oral communication needs.

You also have the right to request your case be transferred to another program or caseworker within Partnership for Strong Families, or you may request your case be transferred to a program or caseworker outside of PSF if the program provides the requested service.

RESPONSIBILITIES OF YOU AND YOUR FAMILY

We want you to understand what is expected of you while working with Partnership for Strong Families, so please ask your Family Care Counselor to answer any questions you may have about your responsibilities.

YOU HAVE THE RESPONSIBILITY:

- To be honest and share relevant information with us.
- To participate in Family Team Conferences and other decision-making processes.
- To work on plan tasks and goals.
- To keep appointments.
- To identify other people and services that will help you in being successful.
- To treat others with respect.
- To remain in contact with your Team and the Family Care Counselor.
- To remain in contact with your family through mail, visitation and phone calls unless restricted by the court.
- To protect the safety of yourself and your children.

COMPLAINTS AND GRIEVANCES

Partnership for Strong Families understands that there may be times in which you, your child or another family member may disagree with the Family Plan, treatment, services or other issues during your participation in the program. We welcome your thoughts, concerns and any suggestions you may have. PSF's complaint process is designed to help you in finding solutions to your concerns/complaints in a timely manner.

Complaints and Grievances Should be Handled as Follows:

1. When you have a complaint or concern, please first talk about it with your Family Care Counselor, whose name and phone number is on page 2 of this handbook. It does not matter what or who your concern is about, your Family Care Counselor should work hard to find a solution.
2. If talking with your Family Care Counselor does not help, please call your Family Care Counselor's Supervisor, whose name and phone number on page 2 of this handbook. At this time, you may request a new Family Care Counselor be assigned to your case.
3. If you are still not satisfied, the next step is to contact the Program Director, whose name and phone number on page 2 of this handbook.
4. If the issues still remain unresolved or if you become overwhelmed, you can always contact PSF's Quality and Administration Department at 352.244.1500 or 866.310.7326. You can also submit any concerns you may have at PSF's website - www.pfsf.org. The Quality and Administration staff will work with you to resolve your concerns and find a solution that you feel satisfied with.
5. If the issues still remain unresolved, the complaint will be forwarded to the Director of Quality Operations who, with the CEO, will make the final decision in resolving the complaint.

WATER SAFETY

A swimming pool or other body of water in the yard can present a very dangerous area for children. Drowning is the number one cause of death for children under five in Florida, Arizona and California with a ranking of number two for more than a dozen other states. For every drowning, there are eleven near-drowning incidents, according to government statistics, many of which result in totally disabling brain damage.

To Protect your Child(ren) from a Potentially Fatal Accident, the Following is Recommended:

- Never leave your children alone in or near the pool or water, even for a moment. Do not be distracted by doorbells, phone calls, chores or conversations. If you must leave the pool or water area, take the children with you, making sure the pool or area gate latches securely when it closes. During social gatherings at or near water, appoint a “designated watcher” to protect children from water accidents. Adults may take turns being the “watcher.” When adults become preoccupied, children are at risk.
- Post rules such as: “No Running,” “No Pushing,” “No dunking” and “Never Swim Alone.” Enforce the rules.
- Instruct baby sitters about potential water hazards to children and about the use of protective devices, such as door alarms and latches. Emphasize the need for constant supervision. Be sure the person watching your children knows how to swim, to get emergency help and to perform CPR.
- If a child is missing, check the pool or water area first. Seconds count in preventing death or disability. Go to the edge of the pool or water area and scan the entire area, bottom of pool and surface of pool or water area.
- Install a fence to separate your house from the water area. Most children who drown in water wander out of the house and fall into the water. The fence should be 5-feet high and completely surround the water area. The fence must completely separate the water area from the house and the play area of the yard.
- Use self-closing gates that self-latch, with latches higher than your children’s reach.
- Never prop open the gate to a water area. After the children are done swimming, secure the water area so they can’t get back into it.
- Never use a pool with its pool cover partially in place, since children may become entrapped under it. Remove the cover completely.
- Place tables, chairs and other objects well away from the water area fence to prevent children from using them to climb into the water area.
- Keep rescue equipment (such as a shepherd’s crook or rescue tube) and a telephone with emergency numbers noted by the water.
- Avoid air-filled “swimming aids” because they are not a substitute for approved life vests and can be dangerous should they deflate.
- Keep toys out of and away from the water area when not in use. Children playing with or reaching for toys could accidentally fall in the water.
- Remember, teaching your children how to swim DOES NOT mean your children are safe in the water.
- Don’t assume that drowning or a drowning incident couldn’t happen to you or your family.

SLEEP SAFETY

The following information, obtained from the Department of Children and Families, provides resources and tips on how to make sure your child sleeps safely and comfortably.

- Make sure the baby's crib meets Consumer Product Safety Commission standards.
- The mattress should be firm and fit snugly in the crib's frame.
- Crib sheets should fit tightly around the mattress.
- Place baby on his or her back to sleep in order to reduce the risk of suffocation.
- Keep baby's sleep area clear of strings, cords and wires.
- Give your baby a pacifier (never a bottle) when he or she goes to sleep. However, if the baby does not want the pacifier, do not force it into his or her mouth or reinsert if found the baby has discarded it in his sleep.
- Keep the room temperature comfortable for a lightly clothed adult.
- For the first six months, keep baby's bed in the same room as his or her caregiver in order to be attentive to baby's cries.
- Avoid exposing your baby to smoke both during pregnancy and after birth, as exposure to smoke is a major risk factor for Sudden Infant Death and Sudden Unexplained Death Syndrome.
- Use infant sleep clothing designed to keep your baby warm without the possible hazard of head covering or entrapment. Infants are typically comfortable with one layer more than an adult would wear to be comfortable in the same environment.
- Although they may look cute, pillows, blankets, bumper pads and toys can suffocate your infant.
- Despite popular belief, sleep aids such as wedges and sleep positioners can increase the risk of infant death due to suffocation. If the infant shifts at all, the soft objects can actually trap the baby in a fatal position.
- Sleeping with your infant may be more convenient and look peaceful, but the risk of an adult rolling onto or pinning the baby and killing the infant by suffocation increases immensely through co-sleep.
- Each baby should have its own bed – even multiples and other siblings increase the risk of suffocation.
- Adult beds, air mattresses, beanbags, reclining chairs, sofas, etc. are not made for babies and can wedge a baby, causing suffocation.
- Any loose cables, wires, bumper pad strings, etc. around the crib could be fire hazards and/or wrap around your baby's neck and strangle him or her.
- If you do not place your baby on the back to sleep, your baby's airway may not be clear.



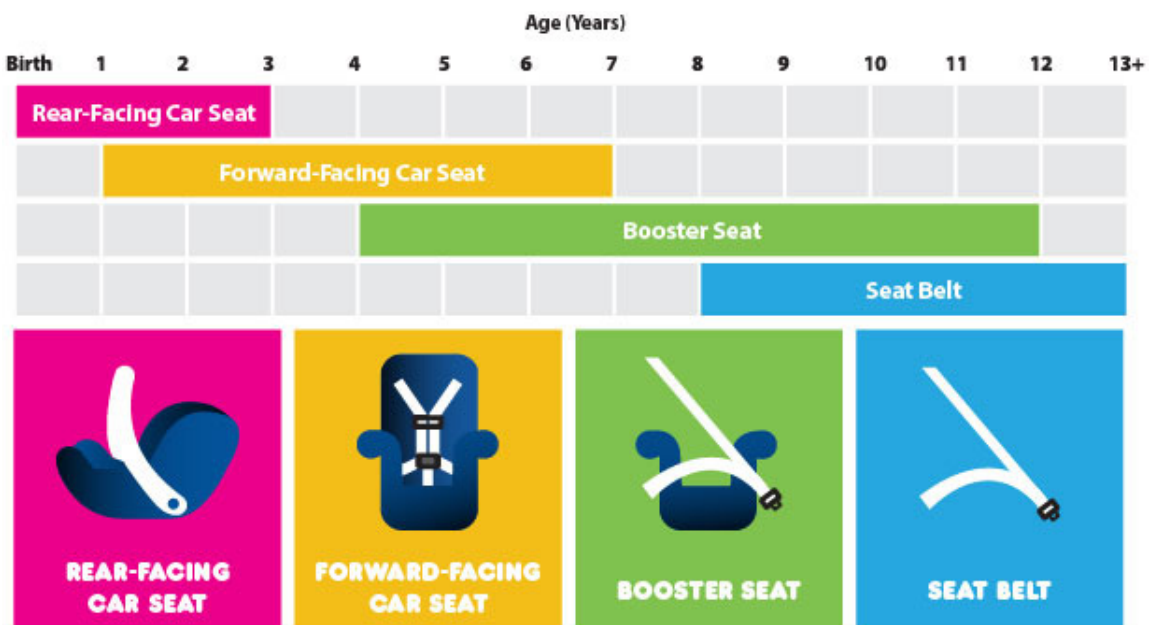
VEHICLE SAFETY

Cars can be a deadly place for children if they are left alone. Never leave your child alone in a locked car as the temperature can reach deadly heat in just 10 minutes. The Department of Children and Families has provided the following tips to help keep your children safe.

- Be sure to check the back seat before you leave the vehicle.
- Put your purse, briefcase, lunch, etc. in the backseat so you are sure to **look before you lock the door**.
- Do not let your children play near vehicles; they may accidentally lock themselves in.
- If there is a change in plans and someone else is dropping the kids off, have them call you at drop off so you know everyone made it safely.

It is also important to ensure your child is riding safely in the car. The best way to do this is by making sure the car seat, booster seat or seat belt your child is using is within the recommended limits for his or her age, weight and height. You also need to check the expiration date on any car seats or booster seats currently in use.

Carsafety.gov provides the following chart to make sure your child is in the proper safety restraints in your vehicle; however, you must take into account your child's weight. You can find more information on their website.



WHO'S REALLY WATCHING YOUR CHILD?

According to the Department of Children and Families, more than 25 percent of child protective investigations last year involved a non-relative caregiver as the alleged perpetrator. Before you leave your child in anyone's care, you must ask yourself the following questions.

Does my partner/friend/caretaker:

1. Treat other women/men in his/her life with disrespect?
2. Get angry when you spend time with your child?
3. Get angry or impatient when your child cries or has a tantrum?
4. Call your child bad names or put them down?
5. Think it's funny to scare your child?
6. Make all the decisions for you and your child?
7. Put you down or tell you that you're a bad parent or that you shouldn't have your kids?
8. Pretend when he/she hurts your child that you are to blame or that it's no big deal?
9. Tell you that your child is a nuisance or annoying?
10. Scare or threaten your child by using guns, knives or other weapons?
11. How does my friend/partner/caretaker treat and interact with other children (nieces, nephews, friends' children, etc.)?

Your child could be at risk if you answered "yes" to even one of these questions. Never leave your child alone with someone you don't trust to keep your child safe.



Who's REALLY watching your child?

Know the background and parenting skills of anyone who takes care of your child.

Call 2-1-1
MyFLFamilies.com/WhosWatching

YOUR SATISFACTION

The opinions of you and your family are important to us. At times, PSF will ask you to “score” our services by answering some questions on a written or telephone survey. The survey and your answers will remain confidential so you can feel free to be completely honest with us. A person who is not directly related to your Family Team will collect the information and share it with us without revealing your name or your specific answers. You will be asked to give us your opinions at different points during the time you are working with us.

We will use the survey feedback to improve our services and processes. You can ask your Family Care Counselor about the results of our evaluations and any plans to change the way we do business as a result. We thank you ahead of time for your honesty and feedback.

PSF Headquarters Contact Information

Office:

**5950 NW 1st Place, Suite A
Gainesville, FL 32607**

Phone: 352-244-1500

Toll-Free: 866-394-8935

Fax: 352-244-1647

www.pfsf.org



Case Name: _____

Instructions: Please read this page closely, ask your Family Care Counselor to answer any questions you may have about this handbook or Partnership for Strong Families and then sign and date on the line at the bottom of this page. We need to make sure that you have been given this handbook and that you understand all of your rights and responsibilities before you and PSF begin working together to achieve stability for you and your children. If you have any questions after reading this information, please ask your Family Care Counselor or call (352) 244-1500.

Acknowledgement: I have received the Partnership for Strong Families Child and Family Handbook including the PSF Notice of Privacy Practices. I have had a chance to go over it with my Family Care Counselor and have received answers to any questions that I had. I understand how Partnership for Strong Families will be working to help my family and me; how Family Team Conferences work; what my Family Team is all about; how to make a complaint and how my complaint will be handled.

Family Signatures:

Client Signature Client Name Date

Client Signature Client Name Date

Family Care Counselor Signature:

Signature Name Date

A copy of this signed acknowledgement becomes part of the family or client case file.



(Case Name)

Nombre del caso: _____

Instrucciones: Por favor lea esta página cuidadosamente, solicite a su Administrador de Casos que responda a cualquier pregunta que pueda tener acerca de este manual o acerca de Partnership for Strong Families y luego firme e introduzca la fecha en la línea ubicada en la parte inferior de esta página. Necesitamos asegurarnos de que usted recibió este manual y que comprende todos sus derechos y responsabilidades antes de que usted y PSF comiencen a trabajar en conjunto para lograr su estabilidad y la de sus hijos. En caso de que tenga alguna pregunta luego de haber leído esta información, consulte con su Administrador de Casos o llame al (352) 244-1500.

Reconocimiento: He recibido el Manual del Niño y la Familia de Partnership for Strong Families con aviso de las prácticas de privacidad para la protección de su información de la salud. He tenido la posibilidad de revisarlo con mi Administrador de Casos y he recibido respuestas para todas las preguntas que he tenido. Comprendo la forma en la que Partnership for Strong Families trabajará para ayudarme a mí y a mi familia; la manera en que funcionan las Conferencias de Equipo Familiar; de qué se trata mi Equipo Familiar; la forma de presentar una reclamación y el tratamiento que mi reclamación recibirá.

Firmas de la Familia:

Firma	Nombre	Fecha
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Firma	Nombre	Fecha
-------	--------	-------

Firma del Administrador de Casos:

Firma	Nombre	Fecha
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A copy of this signed acknowledgement becomes part of the family or client case file.



PARTNERSHIP FOR
STRONG
FAMILIES

5950 NW 1st Place, Suite A
Gainesville, FL 32607
352-244-1500
pfsf.org