



# SIBLING PLACEMENT ASSESSMENT TOOL

Sibling Placement and Prioritization of Sibling Relationships: As specified in section [39.4024](#), F.S., the importance of sibling relationships must be balanced with ensuring that children and youth have secure, nurturing, and stable attachments to caregivers. This sibling placement assessment guide is intended to be used at any point a child enters out-of-home care and has a sibling as defined by section [39.4024\(2\)\(c\)](#), F.S., and as a child's case proceeds.

ALL FIELDS REQUIRED	
Child's Name:	Child's D.O.B.:
Child's ID:	FSFN Case ID:
Date Child Entered Care:	Number of Placements:
Permanency Plan for Child:	
Case Manager Name:	
Case Management Agency/Organization:	
Community Based Care Lead Agency:	

**Sibling Relationships Identified**

Does the child have any siblings as defined by section 39.4024, F.S.?  Yes  No If yes, how many siblings does the child have? \_\_\_\_

**Complete the Following for Each Sibling Relationship:**

Name:		Name:		Name:	
D.O.B.		D.O.B.		D.O.B.	
Currently in Out-of-Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in Out-of-Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in Out-of-Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Placed Together	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Placed Together	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Placed Together	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Time Placed Together		Last Time Placed Together		Last Time Placed Together	
Nature of Relationship	<input type="checkbox"/> Biological <input type="checkbox"/> Legal <input type="checkbox"/> Living or Lived with children who he/she identifies as siblings	Nature of Relationship	<input type="checkbox"/> Biological <input type="checkbox"/> Legal <input type="checkbox"/> Living or Lived with children who he/she identifies as siblings	Nature of Relationship	<input type="checkbox"/> Biological <input type="checkbox"/> Legal <input type="checkbox"/> Living or Lived with children who he/she identifies as siblings
Ongoing Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete additional sections as needed if there are additional siblings.

**Identification of Sibling Placements:** Siblings should be placed together whenever possible, unless there is a clear and specific reason placement together is not in the best interest of a child or children. Efforts to place siblings together should be an urgent priority at the time children come into care. Out-of-home placements of children should be prioritized in accordance with section [39.4021](#), F.S.

<p>Does the child have any siblings, as defined by section 39.4024, F.S., already in out of home care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has the current placement of that sibling been contacted about being a placement for this child?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>List Any Current Sibling Placement:</b></p> <p>Name:</p> <p>Sibling Currently Placed With:</p> <p>Willing to Serve as Sibling Placement for all Children: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, is placement willing to care for any additional child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list child(ren) that can potentially be placed:</p> <p>Identify any potential barriers to placement:</p> <p>Identify any services that could secure/stabilize sibling placement:</p> <p>If placement cannot serve as placement for children/siblings, is the placement willing to support and maintain ongoing sibling relationships and contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

<p>Have there been efforts made to identify potential relatives to serve as sibling placement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>List Any Potential Relative Placement:</b></p> <p>Name:</p> <p>Relationship to child(ren):</p> <p>Willing to Serve as Sibling Placement for all Children: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, is placement willing to care for any of the sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list child(ren) that can potentially be placed:</p> <p>Identify any potential barriers to placement:</p> <p>Identify any services that could secure/stabilize sibling placement:</p> <p>If placement cannot serve as placement for children/siblings, is the placement willing to support and maintain ongoing sibling relationships and contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have there been efforts made to identify potential fictive kin/non-relatives to serve as sibling placement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have youth been asked who they trust and would want considered as a placement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>List any Potential Fictive Kin/Non-relative Placement:</b></p> <p>Name:</p> <p>Relationship to child(ren):</p> <p>Willing to Serve as Sibling Placement for all Children: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, is placement willing to care for any of the sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list child(ren) that can potentially be placed:</p> <p>Identify any potential barriers to placement:</p> <p>Identify any services that could secure/stabilize sibling placement:</p> <p>If placement cannot serve as placement for children/siblings, is the placement willing to support and maintain ongoing sibling relationships and contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have there been efforts made to identify licensed caregivers who are willing to serve as a sibling placement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>List any Potential Licensed Caregiver Placement:</b></p> <p>Name:</p> <p>Willing to Serve as Sibling Placement for all Children: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, is placement willing to care for any of the sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list child(ren) that can potentially be placed:</p> <p>Identify any potential barriers to placement:</p> <p>Identify any services that could secure/stabilize sibling placement:</p> <p>If placement cannot serve as placement for children/siblings, is the placement willing to support and maintain ongoing sibling relationships and contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Prioritization of Sibling Placements and Relationships:</b> If sibling groups cannot be maintained together, facilitating regular contact to maintain healthy relationships between them should be prioritized.</p>	
<p>When siblings are not placed together, additional considerations must be made to facilitate ongoing relationships.</p>	<p>Are the placement options geographically close to one another that can take separate placements of the sibling groups? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would the sibling group continue to be in the same school or day care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would the sibling group be able to be involved in extracurricular activities in the same community and/or neighborhood? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are the identified placements supportive of maintaining ongoing contact between the sibling group? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>When siblings are not placed together, ongoing contact and a visitation plan for <b>the sibling group</b> must be established, unless there is a specific safety concern for one or more of the children that cannot be addressed.</p>	<p>Type of Contact:</p> <p>Frequency of Contact:</p> <p>Type of Visitation:</p> <p>Frequency of Visitation:</p> <p>Persons Responsible to Arrange Contact:</p> <p>Has there been a determination that sibling contact and visitation is a safety concern? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, is placement willing to care for any of the sibling group? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, identify the sibling(s) impacted by the safety concerns, and list the safety concerns between the siblings that prevent contact and visitation:</p> <p>If visitation and contact is not occurring, specify what efforts are occurring to restore a healthy sibling relationship:</p>

<p>Siblings should be placed together unless there is a clear and specific reason that a placement together is not in the best interest of a child. When joint placement is not appropriate, plans must be made for how the relationships will be supported in other ways.</p>	<p>Has there been a determination made that joint sibling placement is not appropriate? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, identify the sibling(s) who should not be placed jointly, and list the specific reason(s) that joint placement is not appropriate:</p> <p>Specify how the sibling relationship will be supported:</p>
--	---

**Prioritization of a Child's Safety and Well-being in Consideration of Sibling Relationship:** The impact of a placement change on the child as a whole should be taken into account and should consider any disruptions to the child's school, community, routine, other important relationships in and out of the home. The following considerations should be made when assessing the sibling relationships against the potential harm of disrupting a child's placement:

<p>Have the factors as outlined in section <a href="#">39.01375</a>, F.S., been considered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the sibling relationship been assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Is there an established bond between the siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, how long has the bond existed?</p> <p>What is the nature of the relationship? Is it a strong and supportive relationship?</p> <p>What is the preference of the siblings if they are able to articulate one?</p> <p>What is the potential of the relationship the siblings are likely to have if they are placed together?</p>
--	--

<p>If the caregiver is a permanency option, has the sibling to caregiver relationship been assessed and considered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>What is the age of the child?</p> <p>Is there an established, healthy relationship between the child and current caregiver and is there a strong attachment between the child and caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the child's preference about placement?</p> <p>How long has the child been placed with the caregiver?</p> <p>Are there any strong relationships between the child and anyone else in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, with whom does the child have relationships?</p> <p>Is there any indication that the child has difficulty making new attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state the indicators of child's difficulty in developing attachments:</p> <p>How many placement-moves and caregivers has the child experienced?</p> <p>If the child remains with the current caregiver (and is not placed with his or her siblings), is the caregiver willing and able to facilitate visitation and contact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the caregiver willing to stay involved with the child if the child moves? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the caregiver, who the child may be moved to, able to become the primary attachment figure to the sibling group?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

<p>The potential harm to the child must be carefully considered. It should be determined that there is clear evidence that the benefits of disrupting a placement outweigh the risks to the child.</p>	<p>Has there been a determination that there is clear evidence that the benefits of disrupting a placement of a child outweigh the risks to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state the specific findings to support the decision to disrupt the placement of the child:</p> <p>If a child's placement is to be disrupted, has there been a transition plan developed in accordance to section <a href="#">39.4023</a>, F.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

**Summary of Recommendations and Next Steps of the Sibling Placement and Relationship Assessment MDT**

<p><b>Determined Agreed Upon Sibling Placement and Relationship Assessment Plan</b></p>
<p>If child is not placed with his/her siblings, has it been determined that all reasonable efforts have been made to secure a joint placement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what other immediate actions will be taken to secure a joint placement for siblings?</p> <p>Who is responsible?</p> <p>When shall action steps/tasks be completed by?</p> <p>How will information be shared with other stakeholders?</p>

If child is not placed with his/her siblings, has it been determined that it is not in the best interest of the child to not be placed with sibling(s)?  
 Yes  No

If yes, state reasons siblings are not placed together:  
 List any ongoing supports to develop a healthy relationship between siblings:  
 If no, see above.

---

If child is not placed with his/her siblings, has there been an ongoing plan developed to support and maintain a healthy relationship between sibling(s)?  
 Yes  No

If no, what immediate actions will be taken to establish a plan to support ongoing contact between the sibling(s)?  
 Who is responsible?  
 When shall action steps/tasks be completed by?  
 How will information be shared with other stakeholders?

---

Has there been a determination to not place sibling(s) jointly due to ongoing attachments of child and potential harm to child?  
 Yes  No

If yes, state the specific reasons to not disrupt child's placement?  
 If no and child will be moved to another placement, has there been a transition plan developed in accordance to section [39.4023](#), F.S.?  
 Yes  No

If a transition plan has not been developed, what immediate actions will be taken to establish a transition plan?  
 When shall action steps/tasks be completed by?  
 Who is responsible?  
 How will information be shared with other stakeholders?

Other Specific Recommendations and Considerations:

**Other Important Dates**

Upcoming Court Dates:	Upcoming MDT Meeting:	Other:
-----------------------	-----------------------	--------

**Participants and Signatures**

MDT Facilitator	Mother: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Preparer Signature:	Date:
Current Placement: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Father: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Case Manager Signature:	Date:
Proposed Placement: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Guardian Ad Litem: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Case Manager Supervisor Signature:	Date:
Attorney For Department <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Attorney Ad Litem: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature:	Date:
Youth: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature	Date:
Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other: <input type="checkbox"/> Invited <input type="checkbox"/> Attended	Other Signature	Date: