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Mission Statement

We are committed to addressing and reducing child abuse and neglect within the Seminole Tribe of Florida through a collaborative partnership with all Tribal departments while respecting the culture and traditions of the Seminole tribe.

Background Information on the Development of the Child Protection Team

The Child Protection Team (CPT) was formed as a by-product of the Family Preservation Committee also known as the Family Preservation Project Team that was formally recognized by the Tribal Council of the Seminole Tribe of Florida on October 29th 2009 via Tribal Council Resolution C-033 - 10.

The Tribal Council of the Seminole Tribe of Florida recognized that in recent years, in cases involving Seminole children, state courts and state agencies have increasingly demonstrated a lack of understanding of Seminole culture, practices and standards and at times this lack of understanding has led to inappropriate actions by state courts and state agencies that have adversely impacted tribal families.

Child abuse is a problem that is present in every community and certainly not immune to Native Communities. The driving force in developing a CPT within the Seminole Tribe of Florida was to develop and implement and interagency protocols with service provision in a culturally appropriate manner to Seminole Families in an effort to reduce and prevent child abuse.

Goals and Purpose of the Child Protection Team

1. Extract Seminole cases from the state system.
2. To Collaborate internally/externally to eliminate or minimize duplication of services and address barriers.
3. To ensure child protection through the Child Protection Team, development of polices, procedures, protocols and coordinate referral and services.
4. To create case plans that may include multiple solutions such as to preserve the family, removal of the child, or out-of-home permanency options.

5. To facilitate inter-governmental relationships with other jurisdictions aimed at protecting Seminole children and families.
Glossary of Common Terms

(1) "Abuse" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child. Seminole Tribal customary discipline of a child by a parent or customarily appropriate person for disciplinary purposes does not in itself constitute abuse when it does not result in harm beyond that required by custom to the child.

(2) "Adult" means any natural person other than a child.

(3) "Adoption" means the act of creating the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock.

(4) "Case plan" means a document, as described in s. 39.6011, prepared by the department with input from all parties. The case plan follows the child from the provision of voluntary services through any dependency, foster care, or termination of parental rights proceeding or related activity or process.

(5) "Child" or "youth" means any unmarried person under the age of 18 years who has not been emancipated by order of the court.

(6) "Child protection team" means a team of professionals established by Tribal Council Resolution 00-00-09 to receive referrals from the protective investigators and protective supervision staff of the department and to provide specialized and supportive services to the program in processing child abuse, abandonment, or neglect cases. A child protection team shall provide consultation to other programs of the department and other persons regarding child abuse, abandonment, or neglect cases.
(7) "Comprehensive assessment" or "assessment" means the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological or mental health, educational, vocational, and social condition and family environment as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate.

(8) "Concurrent planning" means establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following options:

(a) Adoption when a petition for termination of parental rights has been filed or will be filed;
(b) Permanent guardianship of a dependent child;
(c) Permanent placement with a fit and willing relative; or
(d) Placement in another planned permanent living arrangement.

(9) "Court," unless otherwise expressly stated, means the Seminole Tribal Court.

(10) "Department" means the Family Services Department of the Seminole Tribe of Florida.

(11) "Family" means a collective body of persons, consisting of a child and a parent, legal custodian, or adult relative, in which:

(a) The persons reside in the same house or living unit; or
(b) The parent, legal custodian, or adult relative has a legal responsibility by blood, marriage, or court order to support or care for the child.

(12) "Harm" to a child's health or welfare can occur when any person:

(a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries
to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

1. Willful acts that produce the following specific injuries:
   a. Sprains, dislocations, or cartilage damage.
   b. Bone or skull fractures.
   c. Brain or spinal cord damage.
   d. Intracranial hemorrhage or injury to other internal organs.
   e. Asphyxiation, suffocation, or drowning.
   f. Injury resulting from the use of a deadly weapon.
   g. Burns or scalding.
   h. Cuts, lacerations, puncture, or bites not consistent with customary rituals.
   i. Permanent or temporary disfigurement.
   j. Permanent or temporary loss or impairment of a body part or function.

As used in this subparagraph, the term "willful" refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury.

2. Purposely giving a child poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury. For the purposes of this subparagraph, the term "drugs" means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

3. Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis.

4. Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of
the injury; and the type of trauma inflicted. Corporal discipline may be considered excessive or abusive when it results in any of the following or other similar injuries:

- Sprains, dislocations, or cartilage damage.
- Bone or skull fractures.
- Brain or spinal cord damage.
- Intracranial hemorrhage or injury to other internal organs.
- Asphyxiation, suffocation, or drowning.
- Injury resulting from the use of a deadly weapon.
- Burns or scalding.
- Cuts, lacerations, punctures, or bites.
- Permanent or temporary disfigurement.
- Permanent or temporary loss or impairment of a body part or function.
- Significant bruises or welts.

(b) Commits, or allows to be committed, sexual battery, as defined in chapter 794, or lewd or lascivious acts, as defined in chapter 800, against the child.

(c) Allows, encourages, or forces the sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:
   1. Solicit for or engage in prostitution; or
   2. Engage in a sexual performance, as defined by chapter 827.

(d) Exploits a child, or allows a child to be exploited, as provided in s. 450.151.

(e) Abandons the child. Within the context of the definition of "harm," the term "abandoned the child" or "abandonment of the child" means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, makes no provision for the child's support and has failed to establish or maintain a substantial and positive relationship with the child. For purposes of this paragraph, "establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal
efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term "abandoned" does not include a surrendered newborn infant as described in s. 383.50.

(f) Neglects the child. Within the context of the definition of "harm," the term "neglects the child" means that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so. However, a parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone, but such an exception does not:

1. Eliminate the requirement that such a case be reported to the department;
2. Prevent the department from investigating such a case; or
3. Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician, as defined in this section, or treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

(g) Exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

1. A test, administered at birth, which indicated that the child's blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
2. Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as
prescribed and controlled substances as outlined in Schedule I or Schedule II of s. 893.03.

(h) Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child.

(I) engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.

(j) Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another.

(k) Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect.

(l) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

(13) "Judge" means the Tribal Court judge exercising jurisdiction pursuant to this chapter.

(14) "Legal custody" means a legal status created by a court which vests in a custodian of the person or guardian, whether an agency or an individual, the right to have physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide him or her with food, shelter, education, and ordinary medical, dental, psychiatric, and psychological care.

(15) “Mandated Reporter” is a person who…

(16) "Neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing
religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

Neglect of a child includes acts or omissions.

(17) "Next of kin" means an adult relative of a child who is the child's brother, sister, grandparent, aunt, uncle, or first cousin.

(18) "Other person responsible for a child's welfare" includes the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Tribe; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care. For the purpose of departmental investigative jurisdiction, this definition does not include law enforcement officers, except as otherwise provided in this subsection, when they are acting in an official capacity.

(19) "Parent" means a woman who gives birth to a child and a man whose consent to the adoption of the child would be required. If a child has been legally adopted, the term "parent" means the adoptive mother and/or father of the child. The term does not include an individual whose parental relationship to the child has been legally terminated, or an alleged or prospective parent. For purposes of this chapter only, when the phrase "parent or legal custodian" is used, it refers to rights or responsibilities of the parent and, only if there is no living parent with intact parental rights, to the rights or responsibilities of the legal custodian who has assumed the role of the parent.
(20) "**Permanency goal**" means the living arrangement identified for the child to return to or identified as the permanent living arrangement of the child. Permanency goals applicable under this chapter, listed in order of preference, are:

(a) Reunification;
(b) Adoption when a petition for termination of parental rights has been or will be filed;
(c) Permanent guardianship of a dependent child under;
(d) Permanent placement with a fit and willing relative; or
(e) Placement in another planned permanent living arrangement.

The permanency goal is also the case plan goal. If concurrent case planning is being used, reunification may be pursued at the same time that another permanency goal is pursued.

(21) "**Permanency plan**" means the plan that establishes the placement intended to serve as the child's permanent home.

(22) "**Physical injury**" means death, permanent or temporary disfigurement, or impairment of any bodily part.

(23) "**Physician**" means any licensed physician, dentist, podiatric physician, or optometrist and includes any intern or resident.

(24) "**Preliminary screening**" means the gathering of preliminary information to be used in determining a child's need for further evaluation or assessment or for referral for other substance abuse services through means such as psychosocial interviews; urine and breathalyzer screenings; and reviews of available educational, delinquency, and dependency records of the child.

(25) “**Preventative Case Plan**” means…

(26) "**Preventive services**" means social services and other supportive and rehabilitative services provided to the parent or legal custodian of the child and to the child for the purpose of averting the removal of the child from the home or disruption of a family which will or could result in the placement of a child in foster care. Social services and other supportive and rehabilitative services shall promote the child's need for physical, mental, and emotional
health and a safe, stable, living environment, shall promote family autonomy, and shall strengthen family life, whenever possible.

(27) "Protective investigation" means the acceptance of a report alleging child abuse, abandonment, or neglect, as defined in this chapter, by the central abuse hotline or the acceptance of a report of other dependency by the department; the investigation of each report; the determination of whether action by the court is warranted; the determination of the disposition of each report without court or public agency action when appropriate; and the referral of a child to another public or private agency when appropriate.

(28) "Protective investigator" means an authorized agent of the department who receives and investigates reports of child abuse, abandonment, or neglect; who, as a result of the investigation, may recommend that a dependency petition be filed for the child; and who performs other duties necessary to carry out the required actions of the protective investigation function.

(29) "Relative" means a grandparent, great-grandparent, sibling, first cousin, aunt, uncle, great-aunt, great-uncle, niece, or nephew, whether related by the whole or half blood, by affinity, or by adoption. The term does not include a stepparent.

(30) "Sexual abuse of a child" means one or more of the following acts:
   (a) Any penetration, however slight, of the vagina or anal opening of one person by the penis of another person, whether or not there is the emission of semen.
   (b) Any sexual contact between the genitals or anal opening of one person and the mouth or tongue of another person.
   (c) Any intrusion by one person into the genitals or anal opening of another person, including the use of any object for this purpose, except that this does not include any act intended for a valid medical purpose.
   (d) The intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:
      1. Any act which may reasonably be construed to be a normal caregiver responsibility, any interaction with, or affection for a child; or
      2. Any act intended for a valid medical purpose.
(e) The intentional masturbation of the perpetrator's genitals in the presence of a child.

(f) The intentional exposure of the perpetrator's genitals in the presence of a child, or any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

(g) The sexual exploitation of a child, which includes allowing, encouraging, or forcing a child to:
   1. Solicit for or engage in prostitution; or
   2. Engage in a sexual performance.

(31) "Social worker" means any person who has a bachelor, master, or doctoral degree in social work.

(32) "Substance abuse" means using, without medical reason, any psychoactive or mood-altering drug, including alcohol, in such a manner as to induce impairment resulting in dysfunctional social behavior.

(33) “Substantiated Case Plan” means…

(34) "Substantial compliance" means that the circumstances which caused the creation of the case plan have been significantly remedied to the extent that the well-being and safety of the child will not be endangered upon the child's remaining with or being returned to the child's parent.

(35) "Taken into custody" means the status of a child immediately when temporary physical control over the child is attained by a person authorized by law, pending the child's release or placement.

(36) "Temporary legal custody" means the relationship that a court creates between a child and an adult relative of the child, legal custodian, agency, or other person approved by the court until a more permanent arrangement is ordered. Temporary legal custody confers upon the custodian the right to have temporary physical custody of the child and the right and duty to protect, nurture, guide, and discipline the child and to provide the child with food, shelter, and education, and ordinary medical, dental, psychiatric, and psychological care, unless these rights and duties are otherwise enlarged or
limited by the court order establishing the temporary legal custody relationship.

(37) "Victim" means any child who has sustained or is threatened with physical, mental, or emotional injury identified in a report involving child abuse, neglect, or abandonment, or child-on-child sexual abuse.

**Child Protection Team Membership - Organizational Chart**
**Duties and Responsibilities of Child Protection Team Members**

The CPT will be responsible to staff all cases referred by the Child Protection Investigator (CPI) and develop case plans in accordance with the classification of the case i.e. Early Intervention Safety Plan or Case Plan. The CPT will develop, implement and manage these case plans in accordance with the Family Preservation Tribal Code.

A CPT member may recuse themselves from a CPT staffing due to a conflict of interest pertaining to a specific CPT case.

The CPT functions under the oversight of the Family Preservation Committee a.k.a. Family Preservation Project Team. The daily coordination of CPT activities is the responsibility of the Presenting Officer.

**Duties and Responsibilities of CPT**

1. CPT members must attend/participate in each CPT staffing as requested by the Presenting Officer.
2. CPT must staff all referrals.
3. CPT members must be prepared to update the CPT team on their respective involvement and status of the case to include recommendations.
4. CPT members must be knowledgeable of Seminole Tribe of Florida culture and traditions.
5. CPT members should be sensitive and empathetic during all meetings.
6. CPT members must adhere to the confidentiality requirements required by the Family Preservation Code.
7. CPT must conduct themselves in a professional and appropriate manner at all times.
8. CPT must adhere to all policies and procedures as stated in the CPT Protocol Manual.
9. Each CPT member is responsible to ensure that the agreed upon recommendations of each case plan as it relates to their respective departments are acted upon in a timely manner as stated in the plan.
**Confidentiality Requirements of CPT Members**

Each CPT Member must sign and adhere to the confidentiality policy defined by the General Counsel of the Seminole Tribe of Florida. See attached copy of Confidentiality Statement in appendix A. *(To be complete by Legal Department - Evonne).*

**Duties and Responsibilities of the Presenting Officer**

The Presenting Officer shall represent the Seminole Tribe of Florida in seeking custody from other jurisdictions outside the Seminole Tribe of Florida of abused or neglected children within the jurisdiction of the Seminole Tribe of Florida.

The Presenting Officer shall act as Chairperson of the CPT, scheduling CPT meetings and setting agenda items.

The Presenting Officer is responsible for addressing and resolving all conflict of interest issues within the CPT.

The Office of the Presenting Officer shall be located within the Office of the General Counsel of the Seminole Tribe of Florida.

**Referrals and Response Procedures**

**Procedures for Making Reports** – The Seminole Police Department (SPD) will be the receiving Tribal agency for all child abuse and neglect reports covering all tribal trust land. Individuals wishing to make an anonymous report will call **1-866-123-4567** or fax a report to **954-123-4567** *(need to clarify)*. Mandated Reporters can not make anonymous reports. See attached Abuse/Neglect Form that can be faxed

**Who Receives Referrals** – The Seminole Police Department (SPD) CPI will forward their initial investigation to the Presenting Officer for review and staffing.

If the CPI decides not to investigate a report – the CPI will make a referral to the Family Services Department for appropriate follow-up with the family.
Process of CPI Investigation to CPT Referral

1. Report of abuse and or neglect made to the STOF Abuse Hotline
2. SPD Dispatch notifies both SPD Sergeant and CPI of report.
3. SPD Sergeant and CPI review report and determine if the report meets criteria for an investigation to commence.
4. If report meets criteria for an investigation – CPI will be dispatched based on the priority level of the report at the same time FSD will be notified of the report and pending CPI investigation.
5. If the report does not meet criteria to investigate, a referral will be forwarded to the FSD for appropriate follow-up and monitoring.
6. Once the CPI completes their investigation and the report is substantiated, a referral is sent to the CPT for the case to be staffed.
7. The Presenting Officer will determine if the CPT staffing requires an emergency staffing or can be scheduled at the regular weekly CPT meeting in accordance with the Family Preservation Code. The CPT will develop a CPT Substantiated Case Plan.
8. Once the CPI completes an investigation and determines there are not sufficient findings to open a Substantiated CPT Case Plan, the CPI will send a referral to the CPT for review. The CPT will review the referral in order to develop a Safety Plan for the family in an effort to provide supportive services to the family that may be required.
9. The Presenting Officer will present the recommendations of the CPT to the Tribal Court in accordance with the Family Preservation Code. The Presenting Office will be responsible to update the Tribal Court of any status change in the CPT case as warranted and or requested by the Court.
10. Safety Plans will be closed within 90-days but may be extended by the Presenting Officer.
11. Cases Plans will be closed upon the closure of the Tribal Court case and in accordance with the Family Preservation Code.
12. Family Services Department counselor will monitor the case 6 months after the Tribal Court closes the case.
Process Flow of an Abuse/Neglect Report from Investigation to CPT

Referral Process

Report Made
Abuse or Neglect Report to STOF Hotline

CPI/SPD Notified
Dispatch calls
SPD Sgt and CPI

Does Report Meet Criteria?
SPD/CPI determine if investigation warranted

Report Accepted
If investigation warranted CPI will be dispatched based on priority in accordance to FP Code

Investigation Completed
CPI completes investigation referral sent to CPT

Substantiated Investigation referred to PO for CPT Staffing. FSD notified of outcome

Investigation Completed
Unsubstantiated incidents – CPI closes investigation FSD notified of outcome

Time of CPT Staffing Determined
Presenting Officer determines when CPT must staff case in accordance to FP Code

FSD notified for follow-up if necessary

FSD notified for follow-up if necessary

Continued on Next Page
Process Flow of an Abuse/Neglect Report from Investigation to CPT
Referral Process
(Continued)

If non-emergency staffing
Presenting Officer will staff
case at next CPT meeting

CPT Referral
CPT will staff all
referrals forwarded by
the PO

If emergency CPT Staffing –
Presenting Officer will schedule
meeting in accordance with FP
Code

Preparation for
Tribal Court
Presenting Officer
determines if court
case is warranted.

Yes

Case Plan Developed
if a court case

No

Safety Plan Developed
if not a court case

Review of CPT Safety Plan
CPT will continue to staff
CPT Safety Plan as scheduled
by the Presenting Officer

Safety Plan Closure
Within 90 days – may be
extended by Presenting Officer

Review of CPT Case Plan
CPT will continue to staff CPT
Case Plan as scheduled by the
Presenting Officer

Case Plan Closure
Within 90 days – may be
extended by Presenting Officer

Closing of CPT Case
CPT will close case upon closure
of Tribal Court Case in
accordance to FP Code
**Procedures for Child Protection Team Meetings**

The CPT staffing will be Family and Child focused to ensure that the recommendations from the CPT are developed in a culturally appropriate manner to ensure the safety and well being of the child(ren) and family.

The CPT will meet in closed session weekly in Hollywood every **Tuesday from 9am until 2pm in the Betty Mae Jumper Complex first floor conference room**. The Presenting Officer will be responsible for sending out meeting notices to CPT Members and preparing the agenda for the meeting. The Presenting Officer has the authority to invite other Tribal Departments and Program staff as deemed necessary for a specific CPT case staffing.

The Presenting Officer will advise the Tribal Court of a status change in the case if warranted. The Presenting Officer has the authority to change the CPT staffing date on a particular case as deemed necessary (**Please advise if this is accurate**).

Ongoing Tribal Court cases will be staffed on a routine basis in accordance with Tribal Court orders.

**Emergency Child Protection Team Meetings**

The Presenting Officer may call an emergency CPT staffing within a 24-hour period as warranted. These staffing may be conducted in person or via conference call at the discretion of the Presenting Officer.

**CPT Case Records**

The Presenting Officer is responsible for maintaining all CPT staffing records. (**Further Discussion about record storage – time frames**)

**Other Client Information Sharing Requirements – need to complete**
Jurisdictional Roles in Child Abuse Response –

Civil cases of child abuse and neglect shall be within the jurisdiction of the Seminole Tribe of Florida. Criminal cases of child abuse and neglect shall remain the jurisdiction of the State of Florida or applicable state.

Geographical Area of Child Protection Team

The CPT will staff all cases that involve members, descendant and adopted children of the Seminole Tribe of Florida.

Time Frame for Referral to CPT after CPI Investigation is Completed

All Tribal Investigations will be referred to the CPT.

1. Emergency Priority:  
   CPT Responds within 24-hours of report.  
   This category includes serious, life-threatening situations such as physical injury; serious physical or medical neglect; and sexual abuse where suspect has immediate direct or indirect access to child;

2. Non-Emergency Priority:  
   CPT responds at the scheduled weekly CPT meeting  
   This category includes non-life-threatening situations and will be staffed at the regularly scheduled CPT staffing.

Child Protection Team Cases Plans

CPT case plans will be developed by the CPT members by a consensus of CPT members in agreement to the recommendations.

In the event of an impasse by the CPT to reach agreement on CPT case plan recommendations, the Presenting Officer will mediate such an impasse and have the final decision making authority on the case plan.

In the event that a family has a disagreement with the recommendations of the CPT case plan, they must address those issues with the Tribal Court.

In the event that a family has a procedural disagreement with the CPT they must contact the Presenting Office to discuss the issue and the
Presenting Office may at their discretion schedule a meeting between the CPT members and the family.

Classification of Safety Plans and CPT Case Plans:

Safety Plans:
Safety Plans will be developed for each family where there is no open Tribal Court case in an effort to provide supportive services to the tribal family.

CPT Case Plans:
CPT Case Plans will be developed for each family where there is an open Tribal Court case.

Time Frames for Cases Safety and Case Plans to be Active

Safety Plans:
90 days and may be extended at the recommendation of the CPT.

CPT Case Plans:
18 months and can be extended for good cause as determined by the Tribal Court.

Process for Closing Child Protection Team Cases

CPT cases will be closed upon closure of Tribal Court case.

Appendices