



State of Florida
Department of Children and Families

Charlie Crist
Governor

Robert A. Butterworth
Secretary

DATE: July 8, 2008
TO: Regional Directors
THROUGH: George Sheldon, Assistant Secretary for Operations
David Fairbanks, Assistant Secretary for Programs
George Sheldon
David Fairbanks
FROM: *Patricia Badland*
Patricia Badland, Director of Office of Family Safety
SUBJECT: Child Welfare Professional Certification Requirements under Florida
Administrative Code 65C-13

PURPOSE: This memo provides information clarifying requirements for child welfare professional certification for staff performing functions related to licensing of foster homes, child placing agencies and child caring agencies.

BACKGROUND: On June 13, 2008, the Office of Family Safety issued a memorandum clarifying requirements for certification of staff providing foster parent training as per 65C-13.024(3), F.A.C (attached). Questions have since arisen as to the need to certify licensing staff that do not provide foster parent training.

Section 402.40, F.S., "Child Welfare Training", requires that the Department establish, maintain, and oversee the operation of child welfare training programs for persons providing child welfare services. Section 402.40(2)(b), F.S. defines persons providing child welfare services as those who have responsibility for supervisory, legal, direct care or support related work in the provision of child welfare services pursuant to chapter 39, F.S. Section 402.40(2)(a), F.S. defines child welfare services as any intake, protective investigations, preprotective services, foster care, shelter and group care, and adoption related services program, including support services, supervision, and legal services, provided to children who are alleged to have been abused, abandoned, or neglected, or who are at risk of becoming, are alleged to be, or have been found dependent pursuant to chapter 39, F.S.

Licensing staff play a critical role in child safety and permanency functions by performing the training, assessments and studies of families. It is imperative that staff working so closely with foster families have broad knowledge of Florida's child welfare foundations, laws and policies. This, coupled with the statutory mandate for training of persons providing child welfare services, requires that all licensing staff be certified as child welfare professionals.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Child Welfare Professional Certification Requirements For Licensing Staff

July 8, 2008

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ACTION REQUIRED: Please disseminate this information to all Community-Based Care Lead Agency CEOs, requesting that they share with their training providers and agencies they contract with for licensing functions. Many Community-Based Care Agencies already certify licensing staff under the services track. For those that have not already established this process, licensing staff will need to be certified within the next twelve months.

CONTACT INFORMATION: If you have any questions, please contact Taffy Compain at (850) 921-2765 or Taffy_B_Compain@dcf.state.fl.us.

Attachment





State of Florida
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DATE: June 13, 2008

TO: Regional Directors

THROUGH: George Sheldon, Assistant Secretary for Operations
David Fairbanks, Assistant Secretary for Programs

FROM: Patricia Badland, Director of Office of Family Safety

SUBJECT: Child Welfare Professional Certification Requirements Under Florida
Administrative Code 65C-13

PURPOSE: This memo provides information clarifying requirements for certification of staff providing foster parent training.

BACKGROUND: Per 65C-13.024(3), F. A. C. effective April 6, 2008, "each pre-service class shall be led by a certified child protection professional according to s. 402.40(7), F. S., who has a bachelor's degree or a master's degree from an accredited college or university". This means that the staff performing the critical function of training and assessing prospective foster parents must be certified as child welfare professionals.

In order to ensure community-based care agencies have sufficient time to accomplish this requirement, the following time frames are provided. These staff must become certified by April 6, 2009 (one year after the implementation of 65C-13, F. A. C.) Phase I of certification will need to be completed within 6 months or by October 6, 2008. If not already certified, the staff must attend the Phase 1 classes for services staff or must successfully pass the waiver test. For the Phase 2 portion of training, agencies will need to develop a Field Based Performance Assessment specific to licensing functions. A sample assessment for licensing staff may be obtained by visiting the Document Center at <http://skillnet.dcf.state.fl.us>.

ACTION REQUIRED: Please disseminate this information to all community-based care lead agency chief executive officers as well as all certified trainers conducting pre-service training classes.

CONTACT INFORMATION: If you have any questions, please contact Taffy Compain, at (850) 921-2765 or Taffy_B_Compain@dcf.state.fl.us.

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**FIELD-BASED PERFORMANCE ASSESSMENT
(FBPA)
Foster Care Licensing Counselor**

March, 2005



Field-Based Performance Assessment

Assessment Results Form Foster Care Licensing Counselor



Candidate's Name: _____

Candidate's Position: _____ District: _____

Candidate's Employer: _____

Case Identification Number or Name: _____

Attempt Number (circle one): 1 2

- Each criterion in each competency received a passing score from both evaluators during the same assessment.
- If any criteria did NOT receive a passing score, resulting in the candidate not passing the competency area, explain the criteria missed and the corrective measures required for the candidate to successfully demonstrate the competency.
- Child Safety Assessment Family Assessment Case File Documentation Interpersonal Skills

- We confirm that the candidate HAS demonstrated competency as required by the Field-Based Performance Assessment.
- We confirm that the candidate HAS NOT demonstrated competency as required by the Field-Based Performance Assessment. The competencies not passed are:
- We disagree on the results and forward the candidate's Field-Based Performance Assessment to the review panel.

Supervisor's Name (please print): _____ Date: _____

Supervisor's Signature: _____

Evaluator's Name (please print): _____ Date: _____

Evaluator's Signature: _____

I, the undersigned, have received the results of the Field-Based Performance Assessment.

Candidate's Name (please print): _____ Date: _____

Candidate's Signature: _____ SSN: _____

- The Candidate refused to sign. The candidate received a copy of the Assessment Results Form _____
(Supervisor's initials)

****Certificates cannot be issued without a signed, dated copy of this Assessment Results Form. Fax to 850-922-4559 or SC 292-4559 or mail to DCF, Office of Child Welfare/CBC, Child Welfare Training Unit, 1317 Winewood Blvd., Building 1 Room 309 Tallahassee, FL 32399-0700.**

Field-Based Performance Assessment

Assessment Results Form/Review Panel (if required)

Foster Care Licensing Counselor



Candidate's Name: _____

Candidate's Position: _____ District: _____

Employer: _____

Case Identification Number or Name: _____

Attempt Number (circle one): 1 2

Each criterion in each competency received a passing score from each panel member.

If any criteria did NOT receive a passing score, resulting in the candidate not passing the competency area, explain the criteria missed and the corrective measures required for the candidate to successfully demonstrate the competency.

We confirm that the candidate HAS demonstrated competency as required by the Field-Based Performance Assessment.

We confirm that the candidate HAS NOT demonstrated competency as required by the Field-Based Performance Assessment. The competencies not passed are:

Panel Member's Name (please print): _____ Date: _____

Panel Member's Signature: _____

Panel Member's Name (please print): _____ Date: _____

Panel Member's Signature: _____

Panel Member's Name (please print): _____ Date: _____

Panel Member's Signature: _____

Supervisor's Signature: _____ Date: _____

I, the undersigned, have received the results of the Field-Based Performance Assessment.

Candidate's Name (please print): _____ Date: _____

Candidate's Signature: _____ SSN: _____

The candidate refused to sign. The candidate received a copy of the Assessment Results Form _____
(Supervisor's Initials)

****Certificates cannot be issued without a signed, dated copy of this Assessment Results Form. Fax to 850-922-4559 or SC 292-4559 or mail to DCF, Office of Child Welfare/CBC, Child Welfare Training Unit, 1317 Winewood Blvd., Building 1 Room 309 Tallahassee, FL 32399-0700.**

Field-Based Performance Assessment

Foster Care Licensing Counselor



Evaluator's Criteria Area A: Child Safety Assessment

Evaluate the candidate's work as provided on the Candidate's Product Worksheet: Child Safety Assessment (Licensing Standards Checklist). The candidate's responses should address all the criteria and elements on this form whether applicable to the inspection or not. For example, "This home has no swimming pool or body of water." Each criteria will be evaluated as follows:

<p>1</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>Are the following home safety requirements in compliance, or are violations noted?</p> <ul style="list-style-type: none"> ■ Guns and ammunition must be kept separately and locked. ■ All medications, poisonous chemicals, and cleaning materials must be kept in a locked place, inaccessible to children. ■ Alcoholic beverages should be stored out of reach of small children. ■ Children's access to large pets or potentially dangerous animals must be restricted. ■ Transportation and access to telephone must be available for immediate use in emergencies. <p>Observation/Examples:</p>
<p>2</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>Are the following transportation safety requirements in compliance, or are violations noted?</p> <ul style="list-style-type: none"> ■ All vehicles used to transport children must comply with applicable motor vehicle laws of the state and be equipped with seat belts and/or approved car seats for children under 4 years of age. ■ All vehicles owned by the substitute parents used for transporting children must have proof of liability insurance. ■ Substitute parents who drive must have a valid drivers license. (obtain the license number). <p>Observations/Examples:</p>

<p>3</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>Are the following care and supervision requirements in compliance, or are violations noted?</p> <ul style="list-style-type: none"> ■ There are no more than two infants under 2 years of age in the home. ■ There are no more than five children in the home, including the substitute parent’s own children. (Non compliance must have justification.) ■ Substitute parents have received a copy of the department’s discipline policy, have acknowledged receipt, and have agreed to abide by that policy. <p>Observations/Examples:</p>
<p>4</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> no</p>	<p>Are the following physical environment requirements in compliance, or are violations noted?</p> <ul style="list-style-type: none"> ■ The home premises must be free from objects, materials, and conditions that constitute a danger to children. ■ The home must have a safe outdoor play area as part of the property or within reasonable walking distance. ■ Each child must be provided with adequate storage space for personal belongings and a designated space for hanging clothes in or near the bedroom occupied by the child. ■ Children in substitute care must not share a bedroom with any adult, except for infants 12 months old or younger. ■ Any child over 3 years of age must not share a bedroom with a child of the opposite sex. <p>Observations/Examples.</p>

5

- yes
 no

Are the following swimming pool and body of water requirements in compliance, or are violations noted?

- Swimming pools must have a barrier on all sides at least four feet high.
- All access through the barrier must have one of the following safety features (indicate which one): a) alarm, b) key lock, c) self-locking doors, or d) bolt lock that is not accessible to children.
- When swimming pool is not in use, all entry points must be locked.
- Steps or ladders leading to above-ground pools must be secured, locked, or removed when the pool is not in use.
- Hot tubs and spas shall be required to have a safety cover that is locked when not in use.
- Swimming pools must be equipped with one of the following lifesaving devices (indicate which one): a) ring buoy, b) rescue tube, or c) other appropriate device with a rope attached which is sufficient in length to cover the area.
- Substitute care parents who have swimming pools must have completed a basic water safety course.
- Substitute care providers must have been informed that :
 - Direct adult supervision is required when children are using the swimming pool, spa, or hot tub, or are in the pool area, and
 - Children who are not proficient in swimming must wear a life jacket or approved floating device when in the pool area.

Observations/Examples:

Field-Based Performance Assessment

Foster Care Licensing Counselor



Evaluator's Criteria Area B: Family Assessment

Evaluate the candidate's work as provided on the Candidate's Product Worksheet: Family Assessment (Home Study). The candidate's response should address all the criteria and elements on this form whether applicable to the assessment or not. For example, "The family has no history of domestic violence."

1 = Does not meet basic performance standards

2 = Meets basic performance standards

3 = Exceeds basic performance standards

<p>1</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p>Is the composition and interaction of the foster family and the household described completely?</p> <ul style="list-style-type: none"> ■ Who lives in the home and how are they related (parents, children, paramours, relatives, etc.)? ■ How will the foster child be incorporated into family life? ■ What will be the relationship of relatives and close family friends with the foster child? (That is, how will relatives and close family members interact with the foster child?) <p>Examples:</p>
<p>2</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p>Are issues of possible concern relating to the foster family described completely?</p> <ul style="list-style-type: none"> ■ Does any member of the family/household have a criminal or abuse history? ■ Is domestic violence occurring now or has it occurred in the past? If so, what caused the situation and how has it been resolved or changed? ■ Does any family member have health problems now or in the past? If so, how have they been resolved or changed? ■ What are the parent's beliefs and practices regarding child management and discipline? <p>Examples:</p>

<p>3</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p>Is the foster family’s employment, social, and community context described completely?</p> <ul style="list-style-type: none"> ■ Does the family have sufficient income to assure the stability and the security of their own family without relying on board payments? ■ Will the family provide opportunities for a foster child’s participation in the faith of his or her choice or that requested by the birth family? ■ Does the family’s own religious preference allow the use of a licensed medical physician for the department’s children? ■ Does the home have access to schools, churches, medical care, recreation, and community facilities? <p>Examples:</p>
<p>4</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p>Are the foster family’s perceptions of meeting the needs of the child fully described?</p> <ul style="list-style-type: none"> ■ Reactions to child’s needs ■ Feelings about foster care ■ Strengths of family ■ Needs of family ■ Willingness of family to accept services <p>Examples:</p>

Candidate Name: _____

Additional Comments:

Field-Based Performance Assessment

Foster Care Licensing Counselor



Evaluator's Criteria Area C: Case File Documentation

Evaluate the candidate's work as provided on the Candidate's Product Worksheet: Case File Documentation. The candidate's responses should address all the criteria and elements on this form. You will also need the actual case file to assess this competency.

1 = Does not meet basic performance standards

2 = Meets basic performance standards

3 = Exceeds basic performance standards

1	Consistent/Organized Manner: The file must be maintained in a consistent and organized manner.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ The file is organized in sections as directed by district policy. ■ Examples include license issuance materials, inspections, and complaints. <p>Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ All documents are placed in chronological order or by district policy. <p>Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Documents are neat, secured, and filed correctly. <p>Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ The file communicates all information in a clear and understandable manner. <p>Observations/Example:</p>

<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Confidential information is secured in a separate, removable manner. ■ Examples include a red folder or sealed brown envelope. <p>Observations/Examples:</p>
2	Documentation: Each file must contain the following documentation, as required.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ License Application, signed copy of license, and supporting documents.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Foster Care Home Licensing Checklist or documentation of compliance with administrative rule.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Environmental health inspection reports or district approved documentation, if required.
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Fire inspection reports or district approved documentation, if required.
3	Planning Activities: Each file must contain evidence of the following planning activities:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Evidence of planning skills to solve identified problems. Examples include chronological notes, staffing summaries, the agency’s corrective action plan, and the absence of any new reports. <p>Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Plan to achieve compliance for any licensing standard that is identified as not in compliance. <p>Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<ul style="list-style-type: none"> ■ Clear, time-limited statements recording the actions necessary for compliance. <p>Observations/Examples:</p>

<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>■ Records of appropriate efforts to assist the foster care home in meeting the licensing standard in a timely manner. Observations/Examples:</p>
<p>4</p>	<p>Time Frames: All applicable time frames must be met for activities contained in the case file.</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>■ Complaints have been investigated and documented in a timely manner. Observation/Examples.</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>■ All licensee renewals were completed on or before the expiration date. Observations/Examples:</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>■ License was issued within 90 days of signature date. Observations/Examples</p>
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<p>■ Inspections have been performed as required by Administrative Code 65C-13. Observations/Examples.</p>

<p>5</p>	<p>Coordinating and Providing Services: The file must clearly document the coordination and provision of referrals and services to the foster care home, as appropriate.</p>
<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> ■ The counselor planned, coordinated, facilitated, or referred the foster parents to appropriate in-service training opportunities. ■ Examples include MAPP certification, in-service logs. <p>Observations/Examples:</p>
<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> ■ The counselor has made referrals to services and/or technical assistance providers when requested. <p>Observations/Examples:</p>
<p>6</p>	<p>Participation: The file must clearly document participation with other individuals and/or entities.</p>
<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> ■ There is evidence of interaction with foster parents. <p>Observations/Examples.</p>
<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> ■ There is evidence of supervisory review and guidance, if required. <p>Observations/Examples:</p>
<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>	<ul style="list-style-type: none"> ■ There is evidence of participation with legal personnel, if required. ■ Examples include legal staffings and administrative hearings. <p>Observations/Examples:</p>

Field-Based Performance Assessment

Foster Care Licensing Counselor



Evaluator's Criteria Area D: Interpersonal Skills

Each candidate must demonstrate the following professional interpersonal skills while interacting with foster care home families. Examples of actions that may illustrate that each skill has been demonstrated are provided. Not every example indicated must be demonstrated. No more than 30% of the total criteria may be rated as non-applicable (4 criteria with an N/A rating).

<p>1</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Demonstrate advanced preparation (provide brief oral chronology).</p> <ul style="list-style-type: none"> ■ For example, review the file, the licensing status, and the history of the facility or home with the Department; know the purpose of the visit; and dress appropriately. <p>Examples:</p>
<p>2</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Perform Introduction.</p> <ul style="list-style-type: none"> ■ For example, greet the family appropriately, state name and position, and show ID card when appropriate. <p>Examples:</p>
<p>3</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Explain the purpose of the visit.</p> <ul style="list-style-type: none"> ■ For example, identify individuals present in the foster care home, provide a clear statement of visit and steps to be taken, and use non-accusatory language <p>Examples</p>

<p>4</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Maintain an objective approach.</p> <ul style="list-style-type: none"> ■ For example, use non-threatening language, appropriate body language, and objective statements and questions. <p>Examples:</p>
<p>5</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Communicate at the child's level.</p> <ul style="list-style-type: none"> ■ For example, talk directly with child(ren) when appropriate and use appropriate body language, objective statements, and questions. <p>Examples:</p>
<p>6</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Communicate professionally with the foster parents.</p> <ul style="list-style-type: none"> ■ For example, restate what the family says to ensure understanding; ask for family members' opinions, points of view, and/or questions; ask the family relevant questions; and access resources for foreign language or other special needs. <p>Examples:</p>
<p>7</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Demonstrate active listening skills.</p> <ul style="list-style-type: none"> ■ For example, respond to questions appropriately, allow the family to complete statements or thoughts without interrupting, and ask open-ended questions. <p>Examples:</p>
<p>8</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Maintain focus.</p> <ul style="list-style-type: none"> ■ For example, redirect conversation, be flexible, and focus on the immediate concerns. <p>Examples:</p>
<p>9</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p>Respond to unexpected events.</p> <ul style="list-style-type: none"> ■ For example, confront unpleasant issues effectively, de-escalate situations, and allow the family members to vent. <p>Examples:</p>

<p>10</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Verbalize strengths and needs of foster parent(s).</p> <ul style="list-style-type: none"> ■ For example, provide positive feedback, make clear statements, and verify/validate family concerns. <p>Examples:</p>
<p>11</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Offer service/provider alternatives to foster parents.</p> <ul style="list-style-type: none"> ■ For example, demonstrate the ability to negotiate, explain benefits and possible consequences, and suggest needed resources. <p>Examples:</p>
<p>12</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Perform closing activities.</p> <ul style="list-style-type: none"> ■ For example, summarize the results of the interaction, ask for questions/clarifications, explain the next step, provide referral information as needed, and thank the family for their time. <p>Examples:</p>

Additional Comments:
