



Florida Abuse
Hotline

Quality Assurance Review Instrument

This document contains the case review items, core concepts, instructions, and rating criterion developed by the Office of Child Welfare, Performance and Quality Management. This document is used to assess child welfare intake practices pursuant to Section 39.201 (4)(b), F.S., which requires the Department to monitor and evaluate the effectiveness of the department's program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.

This document has been updated to align with the Safety Practice Guidelines.

**Florida Abuse Hotline
Quality Assurance Review Items
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Introduction

The Florida Abuse Hotline is the central point of entry for calls, fax reports, and web reports to the Department of Children and Families regarding the possible abuse, neglect, and/or exploitation of children. This centralized intake assessment utilizes trained Hotline counselors to screen information, assess the level of risk to children, and prioritize reports of abuse, neglect, and abandonment according to the urgency with which a child protective investigator needs to respond. The Hotline operates 24 hours a day, 7 days a week.

Florida law requires any individual who suspects that a child has been abused to report that to the Florida Abuse Hotline. Allegations that a child was abused or neglected by a caregiver are investigated by the Department of Children and Families, while allegations of child abuse by someone other than a caregiver are electronically transferred to the appropriate local law enforcement agency where the child lives. Penalties for those who suspect a child is being abused but fail to report it have been increased from a misdemeanor to a felony.

When collecting information it is critical that the hotline counselor attempt to understand the basis for the report, i.e., what does the reporter know about the family and how do they know it? What is the level of exposure the reporter has to the child or to the parents? What is the timing of the exposure?¹ Understanding this early in the intake will help the hotline counselor know how to proceed with the interview process.

Some callers/reporters have a range of background information they can provide during the screening process. This could include prior abuse/neglect history, case management history, marital history, etc., and the range of information provided varies from almost none to a full and extensive history. This information could be critical especially if the actual and current alleged maltreatment may not clearly warrant an investigation. In that case, if there was some doubt but the history showed a dangerous pattern or there was concern the family might flee, it would help support the screening decision and the response time.

The information gathered during the hotline intake is used to inform two fundamental decisions:

- (1) Screening: to determine whether the information obtained supports the decision to screen in or screen out an intake for investigation, and
- (2) Priority Response Time: to determine how quickly the child protective investigator (investigator) must make contact with children and families to begin the Present Danger and Family Functioning Assessment process.

The Hotline intake assessment is the fundamental assessment whereby the crucial decision is reached regarding the need for the investigator to intervene in the lives of families. The decision to intrude in the life of a family is serious and requires rigorous and consistent practice. The intake assessment must be conducted in a highly professional manner and completed in a way that adheres to social work principles and the application of solid interpersonal interviewing techniques.

The Hotline Counselor when interacting with a reporter, should apply the following principles:

- Interviews with reporters are structured and conducted the same way.
- Information collection and decision making is highly focused and strictly criteria-based.
- Counselors are responsive and attentive to the reporter.
- Information elicited adequately informs the screening decision.
- Premature conclusions regarding the appropriateness of a referral prior to sufficient information collection are avoided.

¹ Evaluating Reporters at the Intake Assessment, How do reporters to CPS know what they know? Action for Child Protection

What is the Role of Quality Assurance?

Quality Assurance and Continuous Quality Improvement (QA/CQI): ensures that continuous review and adjustment is a necessary part of assuring the effectiveness of day-to-day practice. Quality assurance evaluates practice related to assessments and decision making against a set of uniform items that gauge practice. Quality assurance findings should be used by management to improve practice, establish benchmarks for skill development, and reveal the need for adjustment or enhancement to training.

Hotline decisions drive child protective investigative responses and impact the Federal Safety Outcome 1, Children are, first and foremost, protected from abuse and neglect which is measured by the agency's responses to all accepted child maltreatment

Quality assurance activities at the Florida Abuse Hotline are supported by the following Florida Statutes:

1. Section 39.201 (4)(b), F.S., requires: The Department to monitor and evaluate the effectiveness of the department’s program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information.
2. Section 39.201 (7), F.S., requires: The Department’s quality assurance program shall review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. A component of the quality assurance program shall analyze unaccepted reports to the hotline by identified relatives as a part of the review of screened out calls. The Program Director for Child Welfare may refer a case for investigation when it is determined, because of this review, that an investigation may be warranted.

Type of Review

Intake Review Side by Side Review Fax Report Web Report

Reporter Profile

Reporter Profile	Yes	No
Stranger/family unknown to the report	<input type="radio"/>	<input type="radio"/>
Parent/legal Guardian	<input type="radio"/>	<input type="radio"/>
Relative	<input type="radio"/>	<input type="radio"/>
Friend	<input type="radio"/>	<input type="radio"/>
Neighbor	<input type="radio"/>	<input type="radio"/>
Hospital/doctor/nurse	<input type="radio"/>	<input type="radio"/>
Teacher	<input type="radio"/>	<input type="radio"/>
Law Enforcement	<input type="radio"/>	<input type="radio"/>

Review Sample

Sample Rationale	Yes	No	Not Applicable
Was this Intake screened out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this review the result of Three or more screened out intakes on a single child? (that meets jurisdiction criteria)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this review the result of a Screened Out Child Fatality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this review the result of a field feedback request?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this review the result of a screened out intake by an identified relative?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE: Items 1 – 6 applies to calls, fax reports, and web reports to the Department of Children and Families regarding the possible abuse, neglect, and/or exploitation of children.

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Item 1

Sufficiency of Information Collection

1.0 Sufficient information was solicited to assess child safety and identify present and impending danger and screening assessed background information available to the hotline counselor.

ITEM	Yes Sufficient information was solicited	No Insufficient information was solicited	Not Applicable Evaluation of Reporter confirms he/she had no familiarity with the family
1.1 Extent of the alleged maltreatment?	<input type="radio"/>	<input type="radio"/>	
1.2 Nature of maltreatment?	<input type="radio"/>	<input type="radio"/>	
1.3 Child functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4 Parent/Caregiver Functioning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 Parenting general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.6 Parenting discipline/ behavior management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.7 Sufficient information regarding caregiver(s)' capacity, intent or motivation to protect was solicited?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Concepts. The six information domains provide the substantive basis for the components which comprise the safety decision making process: (1) the presence of danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian **in the household** who has sufficient protective capacities to manage the identified danger threat in the home. Information gathered and assessed in the domains is essential in order to understand what is occurring in the family day in and day out and to effectively assess child safety and family risk. Information collection concentrated primarily on the extent of maltreatment and/or surrounding circumstances is in no way sufficient to judge whether a child is unsafe and whether a family is in need of ongoing case management involvement through protective supervision or community-based supports.

Throughout this document there is reference to sufficient information. Sufficient information collection is the **most essential ingredient for effective decision making**. There must be an appreciation that the ability to make effective decisions is directly dependent on the extent of information available for the hotline counselor to analyze and determine significance. Information collection among hotline assessments and decision making processes (nationally) are consistently found to be lacking and cursory in terms of scope and detail. This contributes to rework, repeat investigations, poor resource management, and a lack of respect for the family to truly ‘help’ them achieve accountability and sustainability, etc.

The hotline counselor should provide a general orientation to the reporter regarding the intake assessment process. The hotline counselor should not spend an inordinate amount of time early on seeking family demographic information and must move quickly to obtain the story from the reporter. Further detail regarding family demographic information can be obtained in the closing stage of the intake process.

The reporter must be able to tell his/her story without inappropriate interruption. If something is shared that is not clear, the hotline counselor should seek clarification but encourage reporters to continue sharing their concerns. Information collection from reporters should begin by being open and non-directive initially and then proceed to be more specific and focused based on what the reporter reveals.

Some reporters are hesitant or apprehensive about sharing what they know when they make a call to the hotline. Allowing information to be shared without numerous interruptions enables a reporter to get their

concerns "off their chest" and become more focused as the interview proceeds. It also allows the hotline counselor to get a broad understanding of what is being reported, which will help determine the specific information needed by the conclusion of the interview to make decisions. Effective interviewing requires the hotline counselor to correctly read the emotions of the reporter and respond so the reporter can fully participate in the intake assessment process.

The conclusions reached on these items are based on the hotline counselor's understanding of a family gained from the information collected from the reporter. (Note: may not be possible when there is a fax or web-based report.) The assessment of present and impending danger is precise in focus: information is gathered and analyzed in the six constructs to develop an understanding of family dynamics and functioning. Standardized information gathering is crucial. While present danger is readily identifiable and likely observable at the time of initial contact; impending danger is more elusive and requires focused professional information gathering and assessment.

Note to reviewer: Item 1, Information Collection, considers a series of informational questions that may be asked collectively at the beginning of an intake. It is acceptable for the hotline counselor to solicit this information collectively, especially when a reporter declares at the beginning of a call that he or she does not know the family. Hotline counselors are trained to explain to the reporter the type of information important in an abuse investigation. For example, although the reporter does not know the family, the reporter may notice the mother was unable to count change at a retail register or the child was acting below age level. The hotline counselor must have good interviewing skills to probe for information versus making the reporter feel as though a "form" is being filled out. The reviewer should not expect to see the following questions answered in sequence. The hotline counselor should be having a discussion with the reporter and the information needed should be probed and solicited during the discussion.

Instructions and Considerations:

Refer to the full description of the six information domains in Appendix 2. The information documented in the domains will be considered **sufficient** when the information:

- a. Fully describes what has or is happening in each domain, providing a clear picture and accurate understanding of the domain without having to refer to additional material (e.g., FSFN notes, CPT report, completed assessments, etc.)
- b. Is relevant to that domain only (for example, aspects of child functioning are not described in the adult functioning domain, etc.)
- c. Is essential to gaining a full understanding or complete picture of the domain (e.g., "child has numerous healthy peer relationships" is relevant; providing names of friends is not relevant)
- d. Covers the core issues associated with the domain (e.g., Extent of Maltreatment – there is information on severity, maltreatment history, description of specific events, behaviors, emotional and physical symptoms, and identification of maltreating parent, etc.)
- e. Adequately describes the role of other persons in the home or the family resource network in the context of their relationship with the parent/legal guardian
- f. Provides a clear rationale for the decision and provides confidence that the correct conclusion was reached
- g. Supports the impending danger threshold criteria
- h. Supports protective capacity assessment

The reviewer should consider the following to determine to help determine the sufficiency of information:

Qualifying the Danger Threshold:

▶ **What Must We Know?**

- How long have family conditions been occurring? (Duration)
- How often do the family conditions happen? (Consistency)
- What is the extent of the family conditions? (Pervasiveness)
- What stimulates/contributes to the family conditions? (Influence)
- What is the impact on the family? (Impact)
- How likely is it that the family conditions will continue? (Continuance)

1.1 Extent of the alleged maltreatment

Core Concepts: Sufficient information is solicited to determine the extent of the maltreatment. Sufficient refers to the hotline counselor’s efforts to obtain a description of parent/caregiver behavior indicative of maltreatment; identification of type(s) of maltreatment; injuries to the child from the maltreatment; and identification of the alleged perpetrator.

Information was missed in the following area: (Used to understand training needs only)

- Caregiver Behavior
- Child/Children Emotional/Physical Injuries
- Type(s) of Maltreatment
- Alleged Perpetrator Identified (role or relationship to child/children)

1.2 Nature of Maltreatment

Core Concepts: Sufficient information is solicited regarding circumstances that accompany the maltreatment. Sufficient refers to hotline counselor’s efforts to solicit information regarding the circumstances and events associated with maltreatment; includes duration, frequency, and history; details about parent/caregiver behavior associated with the maltreatment (substance abuse, extent of self-control, etc.); any known response of the non-maltreating parent/caregiver that provides an explanation for the maltreatment; attitudes of parent/caregivers respective of maltreatment. Information regarding the nature of the maltreatment or the circumstances surrounding the maltreatment is important for determining if child abuse, neglect, or abandonment is in the process of occurring, is isolated, or is constant.

Thorough and detailed information helps the hotline counselor and supervisor determine whether there are indications of Present or Impending Danger. Examples of circumstances surrounding the nature of the maltreatment include:

- Premeditated, deliberate, out of control; reactive
- Cruel; bizarre, not remorseful
- Progressive in severity versus a onetime occurrence
- Several victims; targeted child
- Alcohol/drug related
- Not protective parent/caregiver (non-maltreater)
- Multiple alleged perpetrators
- Unusual object used, including a knife or gun, Use of threat; intimidation
- Intentional/unintentional
- Accessibility in time and place /Accessible to alleged perpetrator
- Justification for use of force
- Crisis present; chronic stress, intimate partner violence
- Parent/caregiver's explanation is inconsistent with the injury or there is a lack of explanation

Information was missed in the following area: (Used to understand training needs only)

- Circumstances and Events associated with Maltreatment
- Duration, Frequency, and History of Maltreatment
- Details about Caregiver Behavior associated with the Maltreatment (substance abuse, extent of self-control, etc.);
- Any Response of the Non-Maltreating Caregiver providing Explanation for Maltreatment
- Attitudes of Caregiver(s) about Maltreatment

1.3 Child Functioning

Core Concepts: The hotline counselor makes a reasonable effort to solicit and obtain information regarding how the child(ren) functions on a daily basis. This includes pervasive behaviors, feelings, intellect, physical capacity and temperament. Sufficient refers to physical, emotional and social development; predominant behavior; peer and school behavior; mood and temperament; speech and communication; vulnerability; general behavior; daily routines and habits; and ability to self-protect. **(Based on Qualification of Reporter)**

Information was missed in the following area: (Used to understand training needs only)

- Child/Children Development (physical, social, emotional, cognitive)
- Child/Children Behavior
- Peer and School Behavior
- Daily Routines
- Ability to Self-Protect and Level of Vulnerability
- Child Functioning Information on all Children in the Home

1.4 Parent/Caregiver Functioning

Core Concepts: The hotline counselor makes a reasonable effort to solicit and obtain information regarding how well the adult functions in respect to daily life management and general adaptation. Sufficient refers to general day to day functioning (i.e., substance usage; mental health issues; coping; behaviors; emotions; temperament; employment; peer relations). **(Based on Qualification of Reporter)**

Information was missed in the following area: (Used to understand training needs only)

- Caregiver Daily Functioning
- Caregiver Economic Challenges

1.5 Parenting General

Core Concepts: The hotline counselor makes a reasonable effort to solicit and obtain information regarding the overall, typical, pervasive parenting practices used by the parent/caregiver. It does not include discipline. Sufficient refers to the hotline counselor’s efforts to explore parenting style and approach; interest in parenting; attitudes and perceptions toward the child(ren). **(Based on Qualification of Reporter)**

Information was missed in the following area: (Used to understand training needs only)

- Caregiver Attitudes about being a Parent
- Caregiver Attitudes about Child/Children
- Caregiver Parenting Abilities

1.6 Parenting discipline/behavior management

Core Concepts: The hotline counselor makes a reasonable effort to solicit and obtain information regarding the overall, typical, pervasive parenting practices used by the parent/caregiver. It does not include discipline. Sufficient refers to the hotline counselor’s efforts to explore parenting style and approach; interest in parenting; attitudes and perceptions toward the child(ren). **(Based on Qualification of Reporter)**

Information was missed in the following area: (Used to understand training needs only)

- Caregiver Attitudes About Discipline
- Caregiver Discipline Knowledge

1.7 Sufficient information regarding caregiver(s)' capacity, intent or motivation to protect was solicited.

Core Concepts: The hotline counselor makes a reasonable effort to solicit and obtain information regarding the identification of specific protective capacities that appear to be present, diminished or absent; includes consideration of any and all previous relevant history. (Note: This could include DCF, LE or other child protection history from other states.)

Information was missed in the following area: (Used to understand training needs only)

- Caregiver Protective Capacities Present
- Caregiver Protective Capacities Absent

Rating Criterion:

For Drill Downs:

Applicable to all items

- The reviewer will answer yes if the hotline counselor made reasonable efforts to solicit sufficient information to determine if the intake should be screened in or out.
- The reviewer will answer no if the hotline counselor did not make reasonable efforts to solicit sufficient information.
- The reviewer will answer not applicable if, evaluation of reporter confirms he/she had no familiarity with the family.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document

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Item 2

Demographic and Family Composition Information

2.0 Demographic and family composition information was solicited or confirmed through FSFN if there have been prior reports.

ITEM	Yes	No
The following were clearly identified and documented correctly:		
2.1 Alleged child victim(s) and age(s) and location(s).	<input type="radio"/>	<input type="radio"/>
2.2 Other children in the home: ages and relationships and locations.	<input type="radio"/>	<input type="radio"/>
2.3 Non-maltreating parent/caregiver.	<input type="radio"/>	<input type="radio"/>
2.4 Alleged maltreating parent/caregiver.	<input type="radio"/>	<input type="radio"/>
2.5 Other adult household members.	<input type="radio"/>	<input type="radio"/>
2.6 Sources for collaterals.	<input type="radio"/>	<input type="radio"/>
2.7 Other contact/means to locate information.	<input type="radio"/>	<input type="radio"/>

Core Concepts. The hotline counselor must solicit sufficient initial information from the reporter and document the information accordingly. Sufficient information means the hotline counselor confirmed information through FSFN or asked the reporter specific questions related to demographics and family composition. The hotline counselor must then ensure the information gathered or confirmed is accurately documented in FSFN.

Accurate information regarding the subjects and sources within the investigation is essential to the investigators ability to assess child safety and make informed decisions during agency involvement with the family.

Rating Criterion:

Alleged child victim(s) and age(s) and location(s) are clearly identified and documented correctly (2.1)

- The reviewer will answer yes if,
 - 1) The alleged child victim(s), age(s) and location were clearly identified, or
 - 2) The reporter was asked and could not provide the information based on what was known to the reporter.
- The reviewer will answer no if the reporter was not asked to identify the alleged child victim(s), age(s) and location.

Other children in the home: ages and relationships and locations identified clearly and documented correctly (includes siblings, step siblings, non-related children in home) (2.2)

- The reviewer will answer yes if,
 - 1) The reporter was asked to identify the names, ages, relationship and locations of the other children in the home, or
 - 2) The reporter was asked and could not provide the information, or
 - 3) The reporter was asked and stated there were no other children in the home
- The reviewer will answer no if,
 - 1) Ages of other children in the home were not clearly identified.
 - 2) Relationships of other children in the home were not clearly identified.
 - 3) Locations of other children in the home were not clearly identified.

or if,

- 4) The counselor did not ask about other children in the home.

Non-maltreating parent/caregiver identified clearly and documented correctly (includes bio-parent, paramour, grandmother acting as parent, etc.; age, relationship and location) (2.3)

- The reviewer will answer yes if,
 - 1) The hotline counselor asked and the reporter identified non-maltreating parent/caregiver, or
 - 2) The reporter was asked but could not identify the alleged non-maltreating parent/caregiver.
- The reviewer will answer no if the hotline counselor did not ask the reporter to identify the non-maltreating parent/caregiver.

Alleged maltreating parent/caregiver identified and documented correctly (includes age, relationship, and location). (2.4)

- The reviewer will answer yes if,
 - 1) The hotline counselor asked and the reporter identified the alleged maltreating parent/caregiver, or
 - 2) The reporter was asked but could not identify the alleged maltreating parent/caregiver.
- The reviewer will answer no if the hotline counselor did not ask the reporter to identify the alleged maltreating parent/caregiver.

Other adult household members identified and documented correctly (includes boyfriend, relatives in home, roommates, boarders, etc.; location and relationship) (2.5)

- The reviewer will answer yes if,
 - 1) The hotline counselor asked and the reporter identified the other adult household members, or
 - 2) The reporter was asked but could not identify other household members.
- The reviewer will answer no if the hotline counselor did not ask the reporter to identify other adult household members.

Sources for collaterals identified and documented correctly (includes as appropriate adults not in household such as grandparents, adult siblings, adult children, doctors, school personnel, neighbors, etc..) (2.6)

- The reviewer will answer yes if,
 - 1) The hotline counselor asked and sources for collaterals were identified, or
 - 2) The reporter was asked but could provide sources for collaterals.
- The reviewer will answer no if the hotline counselor did not ask the reporter about sources for collaterals.

Other contact/means to locate information gathered and documented correctly (phone numbers, places and hours of employment, school, etc.) (2.7)

- The reviewer will answer yes if the hotline counselor asked and other contact and means to locate information was gathered.
- The reviewer will answer no if the hotline counselor did not ask about other contact and means to locate information.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document

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Item 3

Intake Allegation Narrative

3.0 The intake allegation narrative accurately represents the information provided by the reporter and excludes information that may be used to identify the reporter.

ITEM	Yes	No
3.1 The Intake (content narrative) provided adequate detail of alleged events with reference to the people involved without identifying the reporter.	<input type="radio"/>	<input type="radio"/>
3.2 The intake summary is well written, grammatically correct, and free of spelling errors.	<input type="radio"/>	<input type="radio"/>

Core Concepts: It is critical for the information solicited by the hotline counselor to be accurately reflected in the allegation narrative. The reviewer should consider the information provided and determine if substantive errors were made when entering the information in the allegation narrative. For example, if the reporter alleges the home is flea infested, and the hotline counselor documents the home is infested with fleas and other bugs, this should not be considered a substantive error, because it does not negatively impact the actions or decisions the investigator might make. If, however, the hotline counselor documents information regarding child functioning, adult functioning, general parenting or discipline and behavior management is unknown, but did not explore this information with the reporter it might cause the investigator not to address these areas with the reporter.

The reporter’s identity must be protected and held confidential. The information documented in the Intake narrative must be carefully considered so it does not unintentionally provide identifying information that allows the reported family to make the connection.

The content of the Intake provided the “story” or the concerns expressed by the caller rather than re-naming the people involved which is documented elsewhere in the Intake format.

A copy of the Intake document may be requested by subjects of the report, attorneys and the judiciary for various reasons. It is important that the document represents professional handling of the information received to include appropriate use of grammar, syntax, and correct spelling throughout.

Rating Criterion:

The Intake (content narrative) provided adequate detail of alleged events with reference to the people involved without identifying the reporter. (3.1)

- The reviewer will answer yes if the allegation narrative provided an adequate detail of events and persons involved.
- The reviewer will answer no if the allegation narrative was insufficient and did not represent the details of events or persons involved in the story.

The intake summary is well written, grammatically correct, and free of spelling errors. (3.2)

- The reviewer will answer yes if the narrative was well written and grammatically correct and contained minimum spelling errors.
- The reviewer will answer no if the narrative was not well written, grammatically incorrect and/or contained several spelling errors.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document

Item 4 Decision-Making

4.0 The degree to which information gathered accurately identifies whether present or impending danger threats exist and whether a responsible adult can and will protect the child from threats.

ITEM	Yes	No	NA
4.1 Statutory Screening Criteria Applied Accurately	<input type="radio"/>	<input type="radio"/>	
4.2 Maltreatment Identified Accurately.	<input type="radio"/>	<input type="radio"/>	
4.3 Present Danger or Impending Danger was Accurately Identified for Assignment of a Protective Investigation response time) N/A- applies to screen outs only.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.4 The hotline counselor considered the family’s background information for screening purposes and/or response time.	<input type="radio"/>	<input type="radio"/>	
4.5 The Intake Type was correctly assigned.	<input type="radio"/>	<input type="radio"/>	

Core Concepts: Sufficient information collection is the **most essential ingredient for effective decision-making**. There must be an appreciation that the ability to make effective decisions is directly dependent on the extent of information available for workers to analyze and determine significance. Often information collection for determining whether a child is unsafe tends to isolate on content related to incidences of maltreatment (did something happen, was it abuse/neglect by a caregiver responsible, who did it, when did it occur). Greater attention must be given to the day-to-day functioning of children and caregivers in a family, the “why” of maltreatment, and the underlying conditions contributing to maltreatment without which, true and sustainable change is not possible. The hotline counselor must critically analyze and synthesize all of the information obtained through information collection and demographics. Information collection that concentrates primarily on the extent of maltreatment and/or surrounding circumstances is not sufficient to judge whether a child is unsafe.

4.1 Statutory Screening Criteria Applied Accurately.

Yes No

Core Concepts: Accurately means information gathered clearly meets the statutory criteria: child is under 18, the alleged perpetrator is a parent, caregiver or other person responsible, there is a means by which to locate subjects of the report, harm or threat of harm and danger (present or impending) is identified, reasonable cause to suspect is justified through the circumstances described in the intake report.

Document (check) the criteria below that **were not applied** correctly:

- Child < 18
- Alleged concerns meet the statutory criteria for abuse and neglect
- Alleged Perpetrator is Parent/Caregiver
- Means to Locate Subjects
- Present and/or Impending Danger Identified
- Maltreatment Index

Rating Criterion:

- The reviewer will answer yes if the hotline counselor applied all screening criteria accurately.
- The reviewer will answer no if the hotline counselor did not apply all of the screening criteria accurately.

4.2 Maltreatment Identified Accurately.

Yes No

Core Concepts: Accurately means information gathered includes any number or variety of alleged maltreatments were considered and documented during the decision-making process. For instance, the caller may contact the hotline to report a recent serious medical neglect situation, but during the conversation with the hotline counselor the caller alleges the child was also physically abused a few weeks earlier. The hotline counselor is expected to capture the alleged prior maltreatment as well.

Rating Criterion:

- The reviewer will answer yes if maltreatments were identified and/or excluded (screen-outs) accurately based on the available information.
- The reviewer will answer no if maltreatments were not identified accurately. This includes maltreatments overlooked prior to a screen-out.

4.3 Present Danger or Impending Danger was Accurately Identified for Assignment of a Protective Investigation. (Clearly Screens in or Screens Out)

Yes No Not Rated

Core Concepts: Accurate identification is based on the information gathered or available about the child and family. Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability create a threat to child safety. The vulnerability of each child needs to be considered throughout the information collection and assessment.

Present danger refers to threats identified that are immediate, significant, clearly observable and actively occurring at the point of the call to the hotline. Serious harm will result without a prompt response from the investigator or case manager. In present danger, the dangerous situation is in the process of occurring which means it might have just happened (e.g. a child presents at the emergency room with a serious unexplained injury); is happening (e.g. a young child is left unattended in a parked car); or happens all the time (e.g. young children were left alone last night and are likely to be left home alone again tonight). In Present Danger, the danger is active – it exists or is occurring. When a child is in Present Danger, the fact of the danger itself is sufficient for you to act, and the intervention must be immediate.

Impending Danger Refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

The following danger threats must be assessed.

- (1) Parent/Legal Guardian or Caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already seriously harmed or will likely be serious harmed.
- (2) Parent/Legal Guardian's or Caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.

- (3) Parent/Legal Guardian or Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.
- (4) Parent/Legal Guardian or Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child.
- (5) Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.
- (6) Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control that results in self-destructive behavior that Parent/Legal Guardians or Caregivers are unwilling or unable to provide necessary care. Child provokes dangerous reactions/behaviors in Parent/Legal Guardian(s) or Caregivers and Parent/Legal Guardian(s) and Caregivers are unwilling or unable to arrange or provide for care to manage/control the child.
- (7) Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian's or Caregiver's explanations are inconsistent with the serious illness or injury that is indicative of child abuse.**
- (8) The child's physical living conditions are hazardous due to the faults and habits of the Parent/Legal Guardian or Caregiver and a child has already been seriously injured or will likely be seriously injured.
- (9) There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid DCF intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.**
- (10) Parent/Legal Guardian or Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be serious harmed.
- (11) Other. Explain.

****Reviewer please note that** Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian's or Caregiver's explanations are inconsistent with the serious illness or injury that is indicative of child abuse **and** There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid DCF intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm **are danger threats that are typically only associated with present danger. The threat of fleeing and refusing contact must be coupled with another threat.**

Rating Criterion:

- The reviewer will answer yes if the hotline counselor accurately identified Present/Impending danger based on the information gathered or available, clearly meeting the definitions of abuse, neglect, abandonment or threat of harm: A child is being hit, beaten or severely deprived at the time of the report.
- The reviewer will answer no if the hotline counselor did not accurately identify Present/Impending danger based on the information gathered.
- The reviewer will answer not rated if the counselor assessed the information and the alleged concerns did not constitute abuse or neglect.

4.4 The hotline counselor considered the family’s background information for screening purposes and/or response time.

Yes No

Core Concepts: Some callers/reporters have a range of background information they can provide during the screening process. This could include prior abuse/neglect history, case management history, criminal history, marital history, etc., and the range of information provided could be from almost none to a full and extensive history. This information could be critical especially if the actual and current alleged maltreatment may not clearly warrant an investigation. In that case, if there were some doubts, but the history showed a dangerous pattern or the family might flee, it would help support the screening decision and the response time.

Rating Criterion:

- The reviewer will answer yes if background history was considered and applied correctly for screening and response time.
- The reviewer will answer no if background history was not taken into consideration for screening and response time.

4.5 The Intake Type was assigned correctly

Yes No

Core Concepts: There are four intake types or categories in which information collected will require a response: an In-Home, Other, Institutional, or Special Conditions Intake. Based on the content of the information collected, the Hotline counselor will make a determination about the category that most accurately corresponds with the information provided. It is critical for the hotline counselor to make an appropriate determination because the determination drives response requirements. For Investigation Sub Type, the hotline counselor will select In-Home, Institutional or Other.

- (a) In-Home: Situations of known or suspected child abuse or neglect in which the person allegedly responsible is the parent, legal custodian, permanent guardian, or adult household member. This sub type also includes Special Conditions intakes.
- (b) Institutional. Situations of known or suspected child abuse or neglect in which the person allegedly responsible is an employee of a school, public or private day care center, residential home, agency, or any other person at such institution responsible for the child's care to include a law enforcement officer employed in any facility, service, or program
- (c) Other: Situations of known or suspected child abuse or neglect in which the person allegedly responsible is an adult non-household-member who entrusted with the child's care. This includes non-licensed placement by the Department.

If the information collected is based on allegations of parental/caregiver child maltreatment, an In-Home Intake will be completed and requires the investigator to complete a Family Functioning Assessment on the household. If the allegations are based on allegations of child maltreatment by a person other than the primary parent/caregiver (for instance, a relative/non relative not in household), an Intake with the subtype of “Other” does not require the investigator to complete the Family Functioning Assessment on the household. Institutional intakes and Special Condition intakes do not require Family Functioning Assessments, but will need to be investigated or responded to accordingly. Institutional intakes and Special

Condition intakes may not require a worker to complete a face-to-face or in-home contact with the subjects.

Rating Criterion:

- The reviewer will answer yes if the hotline counselor correctly assigned the intake type(s) based on the information gathered or the alleged concerns did not constitute abuse or neglect or special conditions.
- The reviewer will answer no if the hotline counselor did not correctly assign the intake type(s) based on the information gathered.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document

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Item 5 Supervisory Consultation and Guidance

5.0 Supervisory consultation, support and guidance was provided to ensure sufficient information was collected to support a quality assessment to determine screening decision and/or response time.

ITEM	Yes	No	NA
5.1 The hotline supervisor’s consultation guided the hotline counselor in decision-making and was consistent with Florida Law and Department guidelines (not applicable if there was no override).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 The hotline supervisor’s decision to override a screening decision and screen a report in or out was consistent with Florida Law and Department guidelines (not applicable if there was no override).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 If there was a difference of opinion between the Hotline counselor’s screening recommendation and the Supervisors recommendation, the situation was staffed accordingly with a Hotline supervisor or manager.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Core Concepts: Supervisory consultation is sometimes needed to help assist the counselor in making an assessment about the information that is provided by the caller. These consultations are often requested when a counselor is unclear on if the concerns reported require agency intervention. The supervisory consultation should focus on:

- Counselors assessment of the implications to child safety based on a review of the prior reports and known criminal history;
- Information that needs to be collected to inform the decision making process;
- Information that is known about any protective actions taken by another caregiver within the household (not possible in a single parent household)

Quality and sufficiency refer to enough depth and breadth in all information collection to: a) provide a reasonable understanding of family members and their functioning, and b) support and justify decision making. Information is specific, behaviorally stated, precise, relevant and comprehensive. There is evidence of sufficient supervisory support and guidance when provided.

The supervisor and counselor must both be aware of the information needed and why. The counselor must consult with the supervisor when family conditions are obscure and not so obvious, the maltreatment is in question or response time is in question. The supervisory consultation should focus on whether the counselor’s information and exploration support the counselor’s conclusion. When the counselor determines the information warrants the report being screened out the supervisor must explore all aspects of the family condition and ensure the information obtained has been reconciled with the core concepts of each. The supervisory consultation should not reflect a list of actions the counselor was directed to complete prior to completion of the call. The supervisor should guide the counselor’s ability to obtain information that supports and justifies their decisions.

The reviewer should look for evidence the counselor was encouraged to critically analyze the information to understand the callers concerns, explore the domains by asking the correct questions, and solicited the counselor’s judgement. The follow-up should address those factors known and unknown and the actions planned by the counselor to address concerns when applicable.

When “present danger” is assessed, is the assessment, decision making, and supervision consistent with:

- (1) An understanding of the implications of the prior abuse history of reports and investigations.

- (2) Information collected from the caller.
- (3) Conditions believed to endanger the child.
- (4) Child’s condition and whether it is consistent with the definition of “present danger”.
- (5) Caregiver’s condition and whether it is consistent with the definition of “present danger”.
- (6) An active current danger based on the caller’s description.
- (7) An active threat to child safety based on the callers description of the family’s circumstance or an aspect of the caregiver’s functioning.
- (8) A need to take action immediately to assure the child’s protection.

When “impending danger” is assessed, is the assessment, decision making and supervision consistent with a state of danger in which family behaviors, attitudes, motive, emotions, and/or situations pose a threat which is not currently active, but can be anticipated to have severe effects on a child at any time?

5.1 The hotline supervisor’s consultation guided the hotline counselor in decision-making and was consistent with Florida Law and Department guidelines.

Yes No NA

Core Concepts: Accurately means information gathered clearly meets the statutory criteria: child is under 18, the alleged perpetrator is a parent, caregiver or other person responsible, there is a means by which to locate subjects of the report, harm or threat of harm and danger (present or impending) is identified, reasonable cause to suspect is justified through the circumstances described in the intake report.

Rating Criterion:

- The reviewer will answer yes if the hotline supervisor applied all screening criteria accurately.
- The reviewer will answer no if the hotline supervisor did not apply all of the screening criteria accurately.
- The reviewer will answer NA if the there was no consultation.

5.2 The hotline supervisor’s decision to override a screening decision and screen a report in or out was consistent with Florida law and Department guidelines (not applicable if there was no override).

Yes No NA

Core Concepts: Accurately means information gathered clearly meets the statutory criteria: child is under 18, the alleged perpetrator is a parent, caregiver or other person responsible, there is a means by which to locate subjects of the report, harm or threat of harm and danger (present or impending) is identified, reasonable cause to suspect is justified through the circumstances described in the intake report.

Rating Criterion:

- The reviewer will answer yes if the hotline supervisor applied all screening criteria accurately.
- The reviewer will answer no if the hotline supervisor did not apply all of the screening criteria accurately.
- The reviewer will answer NA if there was no override.

5.3 If there was a difference of opinion between the Hotline counselor’s screening recommendation and the Supervisors recommendation, the situation was staffed accordingly with a Hotline supervisor or manager.

Yes No NA

Core Concepts: It can be very difficult sometimes to determine if the information provided by the caller warrants an Intake for Investigation or not. The determination can be very subjective as it is impossible to put in policy any and all scenarios, i.e., “if this is said, then you must do that” and counselors may come from varying perspectives and experiences. When this occurs, the conflict resolution process must be activated and a decision made promptly

Rating Criterion:

- The reviewer will answer yes if staffing with a manager was warranted and occurred.
- The reviewer will answer no if staffing with a manager was warranted and did not take place.
- The reviewer will answer na if consultation not required.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document

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Item 6

Customer Service and Specific and General Impressions

6.0 The counselor demonstrated the overall quality and adequacy of agency expectations during the call?

ITEM	Yes	No
6.1 The time between answering the call at the Hotline and making a screening decision was considered reasonable given the amount of information shared.	<input type="radio"/>	<input type="radio"/>
6.2 The reporter was treated in a professional and service oriented manner.	<input type="radio"/>	<input type="radio"/>

Core Concepts: Quality and adequacy refer to thorough information collection to provide a reasonable understanding of family functioning and to support and justify the decision. Information is specific, behaviorally stated, precise, relevant and comprehensive.

6.1 The time between answering the call at the Hotline and making a screening decision was considered reasonable given the amount of information shared.

Yes No

Core Concepts: If timeframes are not carefully considered, there is a risk that the pending, incoming calls might be abandoned, i.e., caller hangs up before the call is answered. Although the desired state is that callers have plenty of time to “tell the story” there must be a conscionable effort to use time wisely and move forward with a screening decision that is made reliably and expeditiously.

Rating Criterion:

- The reviewer will answer yes if timeframe was reasonable – given the information shared and follow-up required.
- The reviewer will answer no if timeframe was not reasonable – given the information shared and follow-up required.

6.2 The reporter was treated in a professional and service oriented manner.

Yes No

Core Concept: The call resulted in appropriate “give and take” (dialogue) between the counselor and reporter that resulted in sufficient information collection that was relevant to the situation. The exchange made it easy to understand what was being reported and where the family can be located.

Rating Criterion:

- The reviewer will answer yes if, reporter was treated in a professional manner and service oriented manner.
- The reviewer will answer no if, reporter was not treated in a professional service oriented manner.

Reference: National Resource Center for Child Protective Services (2012). *Sufficiency of Information and Justification of Decision through Hotline Reports*, Aurora, CO: Unpublished Document.

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Item 7
Web and Fax Reports

ITEM	Yes	No
7.1 Images and supporting documents were attached to intake when provided?	<input type="radio"/>	<input type="radio"/>
7.2 Did the counselor utilize the web attachments and intake with reporter narrative to assess the report?	<input type="radio"/>	<input type="radio"/>

Core Concepts: Florida law requires the department to utilize a web form for reporting child abuse, abandonment, or neglect that includes:

- Qualifying questions in order to obtain necessary information required to assess need and a response.
- Mandatory fields required to submit the report.
- Allows a reporter to save his or her report and return to it at a later time.
- Process to make the report available to the counselors in its entirety as needed to update the Florida Safe Families Network or other similar systems.

7.1 Images and supporting documents attached were attached to intake when provided?

Yes No

Rating Criterion:

- The reviewer will answer yes if the hotline counselor referenced the images and supporting documents to the intake.
- The reviewer will answer no if the hotline counselor did not reference the images and supporting documents to the intake.

7.2 Did the counselor utilize the web attachments and reporter narrative to assess the report?

Yes No

Rating Criterion:

- The reviewer will answer yes if the hotline counselor utilized the attachments in order to determine screening decision, response time and/or writing of allegation narrative.
- The reviewer will answer no if the hotline counselor did not utilize the web attachment and/or reporter narrative to assess the report.

Reference: Section 39.201 (J), 1, F.S. Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.

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Item 8

Screen-out Reports: Three or More Unaccepted Reports on a Single Child

8.0 The review and evaluation of the intakes led to the correct screening decision when there were three or more unaccepted reports on a single child. ***

ITEM	Yes	No
8.1 Was the screening decision correct?	<input type="radio"/>	<input type="radio"/>
8.2 Was this report referred to General Counsel’s office for harassment?	<input type="radio"/>	<input type="radio"/>
8.3 Was this report referred for a subsequent intake and rational documented?	<input type="radio"/>	<input type="radio"/>

Core Concepts: Florida law requires the department’s quality assurance program to review calls, fax reports, and web-based reports to the hotline involving three or more unaccepted reports on a single child, where jurisdiction applies, in order to detect such things as harassment and situations that warrant an investigation because of the frequency or variety of the source of the reports. The Program Director for Family Safety may refer a case for investigation when it is determined, as a result of this review, that an investigation may be warranted.

****Reviewer Guidance:* Item 8 provides information used for tracking purposes and is only based off the reviewers actions.

Reference: Section 39.201 (7), F.S. Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.

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Item 9

Screen-out Calls: Child Fatality

9.0 The decision to screen-out a child fatality report was correct.***

Yes No

Core Concept: Florida Law requires the department to provide prompt disclosure of the basic facts of all child deaths of children from birth through 18 years of age which occur in this state and which are reported to the department's central abuse hotline. Disclosure should be posted on the department's public website.

***Reviewer Guidance: Item 9 provides information used for tracking purposes and is only based off the reviewers actions.

If the reviewer answers no, a subsequent intake must be generated.

Reference: Section 39.2022 (1), F.S. Public Disclosure of Reported Child Deaths

APPENDIX 2

Definitions

Avaya: Avaya is the system used to receive all incoming calls, faxes, and web based concerns. Avaya tracks call volume, calls answered, and calls abandoned.

Criminal Intelligence Technician: Completes all initial background checks for investigators, emergency placements, planned placements, and background rechecks for investigators (as required by and described in Chapter 3 of the Child Welfare Operating Procedure Manual).

Hotline Counselor: Receives, gathers, assesses and processes information for concerns received at the Hotline from individuals wishing to report known or suspected child maltreatment by a parent, legal custodian, caregiver or other person responsible for a child's welfare, and/or for special conditions or; verifies the employment of an investigator when a request for verification is received, and conducts record checks for out-of-state social service agencies conducting an open protective investigation, once verification of the requestor's identity is completed.

Hotline Portal: The Portal is used to document all information received when processing calls, faxes and web concerns received at the Hotline.

Hotline Supervisors and Manager: Serves as a leader, mentor, and coach to demonstrate, model, and reinforce a positive and ethical work environment for employees to achieve their full potential in carrying out the Department's mission and values.

Verint: the system that provides call recording, speech analytics and workforce management components which includes uniform adherence to a schedule.

Information Domains (Source: *Safety Methodology Practice Guideline, Investigations, dated 8/8/14*)

Domains	Guidance
Extent of alleged maltreatment	<p>This domain is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The assessment also results in a finding/identification of maltreatment (as in an allegation or verification of the alleged maltreatment). This is typically the focus of most hotline reports and investigations; so, it is very important. However, relying only on information from this domain is inadequate for assessing safety. Information that informs this domain includes:</p> <ul style="list-style-type: none"> • Type of maltreatment • Severity of maltreatment • Description of specific events • Description of emotional and physical symptoms • Identification of the child and maltreating caregiver • Condition of the child
Nature of maltreatment	<p>This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that 1) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is. Information that informs this domain includes:</p> <ol style="list-style-type: none"> a. The duration of the maltreatment b. History of maltreatment c. Patterns of functioning leading to or explaining the maltreatment d. Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm) e. Parent/legal guardian or caregiver explanation for the maltreatment and family conditions f. Unique aspects of the maltreatment, such as whether weapons were involved g. Caregiver acknowledgement and attitude about the maltreatment and h. Other problems occurring in association with the maltreatment
Child Functioning	<p>This domain is concerned with the child’s general behavior, emotions, temperament, development, academic status, physical capacity and health status. It addresses how a child functions from day to day, their current status, rather than focusing on a specific point in time (i.e. CPI contact, time of maltreatment event, CM home visit).</p> <p>A developmentally appropriate standard is applied in the area of inquiry. This</p>

Domains	Guidance
	<p>information element is qualified by the age of the child and/or any special needs or developmental delays. Functioning is considered with respect to age appropriateness.</p> <p>Age appropriateness is applied against the “normalcy” standard. Among the areas to consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior.</p> <p>Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known. In terms of a child who is currently receiving ongoing case management, this information should reflect areas of current child need, such as a medical condition that must be managed, symptoms of depression and/or trauma, poor academic performance. If the child is in out-of-home care, it should include information as to the child’s stability in the current placement." Information that answers this question includes:</p> <ul style="list-style-type: none"> • General mood and temperament • Intellectual functioning • Communication and social skills • Expressions of emotions/feelings • Behavior • Peer relations • School performance • Independence • Motor skills • Physical and mental health • Functioning within cultural norms
Adult Functioning	<p>This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This domain is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis.</p> <p>The domain focuses on current adult functioning separate from parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers.</p> <p>This assessment area is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence.</p> <p>It is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the adult’s behavior, impulse control, etc.; previous relationships and including any history of violence against a previous or the current partner; and so on. Information that answers this question includes:</p> <ol style="list-style-type: none"> a. Family and partner relationships b. Home and financial management (household responsibilities, support system) c. Income/Employment d. Physical health and capacity e. Communication and social skills f. Coping and stress management (includes self-care and self-preservation)

Domains	Guidance
	<ul style="list-style-type: none"> g. Problem solving (includes judgment, decision-making, resourcefulness) h. Citizenship and community involvement i. Functioning within cultural norms j. Substance use (description of pattern, frequency, associated behaviors) k. Mental health (specific diagnoses, method of managing, symptoms) l. Domestic violence pattern of coercive control) m. Family Violence (aggression related to anger and lack of impulse control) n. History of trauma
General Parenting	<p>This domain explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences. Information that answers this question includes:</p> <ul style="list-style-type: none"> a. Reasons for being a caregiver b. Ability to nurture c. Parent/legal guardian's support of the partner's parenting d. Satisfaction in being a caregiver e. Parent/legal guardian or caregiver knowledge and skill in parenting and child development f. Parent/legal guardian or caregiver expectations and empathy for a child g. Decision making in parenting practices h. Parenting style i. History of parenting behavior j. Cultural practices k. Protectiveness
Parenting disciplinary practices	<p>Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline. Information that answers this question includes:</p> <ul style="list-style-type: none"> a. Disciplinary methods b. Approaches to managing child behavior c. Perception of effectiveness of utilized approaches d. Concepts and purpose of discipline e. Context in which discipline occurs f. Cultural practice

APPENDIX 3

Danger Threats (Source: Safety Methodology Practice Guideline, Investigations, dated 8/8/14)

Danger Threat	Guidance
<p>Parent/legal guardian’s intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.</p>	<p>This refers to caregivers who anticipate acting in a way that will result in pain and suffering. “Intended,” suggests that before or during the time the child was mistreated, the parents’/primary caregivers’ conscious purpose was willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt.</p> <p>Examples of Present Danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Parent/legal guardian or caregiver actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. • Initial information supports that the injuries/child’s condition is a result of the deliberate preconceived planning or thinking which the parent/legal guardian or caregiver is responsible. • Serious injury locations for present danger should be considered when located on the face/head/neck. Child’s injuries may or may not require medical attention. • Bone breaks, deep lacerations, burns, inorganic malnutrition, etc. characterize serious injury. • Children that are unable to protect themselves have sustained a physical injury as a result of the parent/legal guardian or caregiver intentional and willful act. Could include parent/legal guardian or caregiver who used objects to inflict pain. <p>Examples of Impending Danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Fractures, deep lacerations, extensive bruising, burns or inorganic malnutrition characterize serious injury • Typically involves the use of objects to inflict pain/cause injury • Child has no ability to protect themselves from physical injury or excessive corporal punishment
<p>Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury.</p>	<p>This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family condition or what is happening is bizarre and unusual with no reasonable explanation. Generally this will be a danger threat used only at present danger.</p> <p>Examples for present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • A child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young and non-verbal. <p>Examples for impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Multiple injuries or singular severe injury that could not have occurred accidentally • Despite seriousness of injury, parent reportedly does not know how child was injured • Explanation for how child was injured changes over time

Danger Threat	Guidance
<p>The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child’s physical health.</p>	<p>This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).</p> <p>Examples for present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • The child’s living condition is an immediate threat to the child’s safety. This would include the most serious health conditions, such as: <ul style="list-style-type: none"> ○ Living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention. ○ Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian who has not or will not act. <p>Impending Danger: Refer to page 36 of the 10/21/14 Desk Reference Guide:</p> <p>Examples for impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Extreme lack of hygiene with potential to cause serious illness • Toxic chemical or materials easily within reach of child • Unsecured, loaded firearms/ammunition in child’s presence • Illicit or prescription drugs accessible by children
<p>There are reports of serious harm and the child’s whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.</p>	<p>This threat refers to situations the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward the investigator or case manager, is totally avoiding staff, refusing access to the home, hides child, or refuses access to the child <u>and</u> the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically confined within the home or parents who avoid allowing others to have personal contact with the child, can be considered ‘reported concern is significant and indicates serious harm’ for example. The act of physically restraining a child within the home might be a maltreatment of bizarre punishment or physical injury, and would indicate use of this danger threat.</p> <p>The threat is qualified by the allegation of maltreatment, information from prior case history and current reports regarding the child. There should be concern for present or impending danger based upon information provided to the agency that would result in serious harm to the child. Generally this will be a danger threat used only at present danger.</p>
<p>Parent/legal guardian is not meeting the child’s essential medical needs <u>and</u> the child is/has already been seriously harmed or will likely be seriously harmed.</p>	<p>This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child’s health. “Essential” refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child’s essential needs, will not or cannot meet the child’s basic needs.</p> <p>Examples of present and impending danger may include but are not limited to:</p>

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	<ul style="list-style-type: none"> • There is an emergent quality about the required care. • Child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.
<p>Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage.</p>	<p>This refers to specific deficiencies in parenting that must occur for the “exceptional” child to be unsafe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.</p> <p>Examples of present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Present danger considerations are focused both on the child’s emotional needs and the parent/legal guardian or caregiver ability to meet those needs. Child’s emotional symptoms are serious in that they pose a danger to others or themselves, this could include self-harming, fire-setting, and sexual acting-out on others. Parent/legal guardian or caregiver response places the child in present danger. • Child that requires acute psychiatric care due to self-harming that the parent/legal guardian or caregiver will not or cannot meet despite the resources and ability to attend to the child’s needs. <p>Examples of impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Child is self-injurious • Child is setting fires • Child is sexually acting out • Child is addicted to drugs or alcohol
<p>Parent/legal guardian is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.</p>	<p>Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person’s ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy. When violence includes the perpetrator dynamics of power and control it is considered “domestic violence.” Physical aggression in response to acts of violence may be a reaction to or self-defense against violence.</p> <p>For purposes of child protection interventions, is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations is narrower in scope.</p> <p>Impulsive means that one does not think before one acts. It may mean that you blurt things out or take actions without thinking about the consequences. Impulsivity (or impulsiveness) is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of consequences. Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often</p>

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	<p>result in undesirable consequences, which imperil long term goals and strategies for success. Impulsivity appears to be linked to all stages of substance abuse and is linked to sexual abuse.</p> <p>Those who discount delayed reinforces. Extreme difficulty controlling impulses or urges despite negative consequences. Individuals suffering from an impulse control frequently experience five stages of symptoms: compelling urge or desire, failure to resist the urge, a heightened sense of arousal, succumbing to the urge (which usually yields relief from tension), and potential remorse or feelings of guilt after the behavior is completed.</p> <p>Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior.</p> <p>Examples of present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Child has experienced sexual abuse and/or exploitation and perpetrator has on-going access to child. • Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways. <p>Examples of impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Child has been sexual abuse and/or exploitation and perpetrator has on-going access to child. • Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways. • Caregiver is brandishing a weapon • Domestic violence dynamics are present in the household • Caregiver is involved in substance misuse. • Caregiver is violating "no contact" supervision restrictions by order of the court.
<p>Parent/legal guardian is not meeting child’s basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.</p>	<p>Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources to provide for a minimal standard of care if they were available.</p> <p>Examples of present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision. • The parent/legal guardian or caregiver may be currently intoxicated and/or unavailable, thus leaving the child without supervision and the child is children are unable to protect themselves. • Child is found unsupervised in a dangerous condition—such as being left wandering the streets. • There is no parent/legal guardian or caregiver that is currently providing for supervision of the child. • Lack of essential food, clothing, and/or supervision that result in child needing acute medical care due to the severity of the present danger. • Hospitalized child due to non-organic failure to thrive. <p>Examples of impending danger may include but are not limited to:</p>

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	<ul style="list-style-type: none"> • Child is unsupervised in a dangerous environment or condition • Lack of basic, essential food, clothing, or shelter that result in child needing medical care or attention • Child needs to be hospitalized for non-organic failure to thrive
<p>Parent/legal guardian is threatening to seriously harm the child; is fearful he/she will seriously harm the child.</p>	<p>This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a “call for help.”</p> <p>Examples for present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child. • Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. • Intent should be considered for present danger, in addition access and ability to harm child. <p>Examples of impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Parent expresses intent or desire to harm child • Parent makes statements about the family’s situation being hopeless • Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent’s volatility and frustration with child
<p>Parent/legal guardian views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.</p>	<p>“Extremely” is meant to suggest a perception, which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.</p> <p>Examples present danger may include but are not limited to:</p> <ul style="list-style-type: none"> • This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child, as demon possessed, evil, and responsible for the conditions within the home. • Consideration of parent/legal guardian or caregiver’s viewpoint of the child as being in action for present danger. <p>Examples for impending danger may include but are not limited to:</p> <ul style="list-style-type: none"> • Parent describes the child as evil or has singled the child out for being responsible for the family’s problems • Child expresses fear of being left with caregiver. • Child describes being subjected to confinement or bizarre forms of punishment
<p>Other</p>	<p>This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.</p>