STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, April 8, 2024

CF OPERATING PROCEDURE
NO. 170-5

CHILD PROTECTIVE INVESTIGATIONS

This operating procedure describes procedures for conducting child protective investigations in the state of Florida. Procedural requirements necessary for the comprehensive assessment and determination of child safety are covered in depth. This operating procedure also provides directives on the assessment of risk and the use of family support services to prevent children at risk of maltreatment from being harmed in the future.

This operating procedure applies to all child protective investigators, case managers, and child welfare professionals in Florida.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

Chapter 11 allows the CPI to consult with a substance abuse expert when information available at pre-commencement, or obtained during the Family Functioning Assessment, indicates that substance misuse is believed to be occurring in the home at any time prior to making the impending danger safety assessment. This change allows for flexibility in the investigative process and helps to eliminate any delays in the investigation.

This operating procedure supersedes CFOP 170-5 dated February 1, 2022.
OPR: Office of Child and Family Well-Being

Chapter 1

INVESTIGATIONS INVOLVING MULTIPLE COUNTIES

1-1. Purpose. When the child, alleged maltreating caregiver, parent/legal guardian or other household members are located in different counties and there are investigators from multiple counties involved in conducting one investigation, **it is imperative** all parties exercise due diligence in closely coordinating investigative activities and sharing essential information. All staff involved must exercise the utmost professionalism in coordinating and communicating across jurisdictions to ensure a potential child victim receives the benefit of a quality assessment and protective actions in the following situations:

a. "Concurrent Intake Assignment" means that two counties are assigned to the intake because at the time the intake is screened in and accepted as a report by the Hotline **it is known that the alleged child victim's location is outside the county of the focus household.**

b. "Focus Household" per CFOP 170-1, paragraph 2-3c, means the home in which children and significant caregivers are assessed in a Family Functioning Assessment.

c. "Investigation Transfer" means a concurrent intake assignment was not designated by the Hotline at the time of assignment and that the county initially assigned the intake is not the county in which the focus household is located and the investigation needs to be transferred to the county with appropriate jurisdiction.

d. "Out of Town Inquiry" (OTI) means a concurrent intake assignment was not designated by the Hotline at the time of assignment but an investigator subsequently receives a request from another investigator in a different county for assistance with participant (family or collateral) interviews, completion of a home study for emergency placement purposes, or requests for a local criminal history background check.

1-2. Concurrent Intake Assignment. The Hotline will assign child intakes based upon the location of the focus household – **where the alleged maltreating parent resides** – at the time the report is accepted. When the alleged perpetrator is unknown, the focus household will initially be considered to be in the county where the child resides until an alleged perpetrator is identified.

a. Child victims located outside the county in which the focus household is located at the time the report is accepted by the Hotline will have both a primary and "Out of County" assignment to the intake.

b. The initial Hotline response priority will be "Immediate" for both primary and Out of County assignments.

1-3. Concurrent Assignment Procedures. Prior to commencing their respective parts of the investigation, the primary and Out of County investigator shall make telephonic contact to discuss and coordinate the following aspects of the investigation:

a. Pre-Commencement Activities.

(1) Review of Records. Both the primary and Out of County investigator are mutually responsible for a thorough review of all criminal and child welfare histories prior to commencing their respective aspects of the investigation.

(2) Reporter Contact. Contacting the reporter is generally the responsibility of the primary investigator. Based upon a review and discussion of the specific information contained in the allegation narrative, consensus should be reached regarding which investigator will contact the reporter prior to the Out of County investigator interviewing or observing the child victim.

(3) Notification of Law Enforcement. The responsibility for notifying law enforcement of possible criminal conduct and the potential need to coordinate a concurrent criminal investigation is assigned to the investigator in the county in which law enforcement has jurisdiction to investigate. If the maltreatment did not occur in either investigator's county, then it is the responsibility of the primary investigator to notify law enforcement in the appropriate jurisdiction.

b. Commencement of the Investigation.

(1) The investigation is commenced by the Out of County investigator where the alleged child victim is located at the time of the concurrent assignment.

(2) The primary investigator should not initiate contact with members of the focus household until he or she has had the opportunity to discuss the information obtained by the Out of County investigator making initial contact with the child victim. The Out of County investigator will also interview other members of the focus household (e.g., sibling, non-maltreating caregiver, maltreating caregiver, etc.) when these individuals are at the child victim's out of county location.

(3) The primary and Out of County investigator may only initiate concurrent contact with family members **when there are multiple alleged victims in both counties and present danger is suspected.**

c. Investigation Procedures.

(1) Exchange of Critical Information. The Out of County investigator shall contact the primary investigator to share information or observations about the child victim and statements obtained from other family members, if present, as soon as possible but no later than one hour after the interviews or observations are completed.

(2) Child Protection Team (CPT) Consultations. If the child victim is hospitalized or at a hospital emergency room, the Out of County investigator will contact CPT to determine the need for an immediate on-site medical evaluation. The primary investigator will have responsibility for scheduling any follow-up CPT medical evaluations or CPT services which are not arranged by the Out of County investigator during the initial contact with the child.

(3) Present Danger Assessment in FSFN. After obtaining significant input from the Out of County investigator, the primary investigator will have responsibility for completing the present danger assessment. If the investigators cannot reach consensus about the identification of present danger, both parties shall immediately initiate their respective escalation process for resolution of the issue. An essential element of discussion is that sufficient information was obtained by either or both parties to complete the present danger assessment.

(4) Present Danger Safety Planning. After obtaining significant input from the Out of County investigator, the primary investigator will have responsibility for completing a present danger safety plan in FSFN to control for identified danger threats. If the investigators cannot reach consensus about the protective actions required to control for the danger threats identified, both parties shall immediately initiate their respective escalation process for resolution of the issue.

(5) Judicial Intervention. When the primary and Out of County investigators discuss and reach consensus for the need for a shelter hearing, each investigator should consult with their respective legal counsel to determine which county is best suited to conduct the shelter hearing. If the respective legal counsel differ on the appropriate venue (or need for a shelter hearing) the managing attorneys should initiate their respective escalation process to reach consensus on the matter.

1-4. Investigation Transfer Procedures.

a. When an investigator initially assigned to the investigation determines that the focus household is located in another county outside the investigator's jurisdiction, an investigation transfer should be promptly initiated after the following actions have been completed:

(1) The investigator confirms the home residence of the alleged maltreating caregiver.

(2) The investigator documents all activities, interviews, observations, and assessments in FSFN. Documentation must be accurate and complete.

b. After the transfer has been completed (i.e., re-assigned), the investigator initially assigned to the investigation shall coordinate follow-up investigative activities with the assigned investigator via telephonic communication no later than the next business day after the investigation transfer. The follow-up communication and collaboration between investigators should include, but not be limited to:

(1) A discussion of the most relevant information obtained from interviews and firsthand observations.

(2) An assessment of the credibility of the information obtained from family and collateral sources.

(3) Recommendations regarding gaps and additional interviews needed.

(4) Coordination of any further interviews and investigative activities needed.

(5) Exchange contact information for all professional parties (e.g., child protective investigators and supervisors, CLS staff, medical and law enforcement personnel, etc.) involved in the investigation.

1-5. OTI Procedures.

a. A collaborative and consultative approach will be used between investigators requesting and responding to Florida-based and out-of-state OTI requests.

b. OTI requests for home studies within Florida for relative/non-relative emergency placements must be initiated as soon as possible but no later than 4 hours. Out-of-state placement requests are required to follow the regulations of the Interstate Compact on the Placement of Children (ICPC) and are not eligible for the OTI process.

c. OTI requests for **initial** child victim interviews will be commenced within four (4) hours from the time of the OTI request.

d. OTI requests for follow-up (i.e., not initial contacts) victim interviews, sibling, adult family members and all other collateral contact requests must be commenced within 24 hours of the request, unless the circumstances warrant an immediate response, and completed within five business days from the time of the OTI request.

e. Requests for local criminal history background checks must be submitted to law enforcement within 72 hours from the time of the OTI request.

f. Problems or issues in coordinating the investigation, particularly involving delays in obtaining requested information within the timeframes established should immediately be referred to each

respective circuit, county or agency ‘OTI Point of Contact’ for resolution. The OTI contact list in FSFN shall be kept up to date with current contact information for all point of contacts.

1-6. Supervisor. When initiated, supervisor consultations involving multi-county case coordination should affirm:

a. Investigators have demonstrated timely and robust communication and collaboration to achieve well-coordinated investigative activities.

b. Investigators have successfully resolved challenges impeding a coordinated investigation or appropriately followed local protocol to involve management in addressing unresolved issues.

1-7. Documentation.

a. The investigators will document all investigative activities conducted and inter/intra agency contacts related to multi-county case coordination in case notes within 48 hours.

b. The supervisor will document the consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module.

Chapter 2

NO JURISDICTION, DUPLICATE AND FALSE REPORT CLOSURES

2-1. Permitted Exceptions to Completing an Investigation. An investigation may be discontinued when an investigator, in consultation with his or her supervisor or designee, determines the following circumstances have been clearly identified, validated, and documented.

a. The report meets criteria for a closure disposition of "No Jurisdiction", as set forth in Rule 65C-30.001, Florida Administrative Code (F.A.C.), which includes:

(1) The alleged victim is not a child, as defined in section 39.01, Florida Statutes (F.S.).

(2) The alleged maltreating caregiver does not meet the statutory definition of caregiver or other person responsible for a child's welfare as defined in section 39.01, F.S.

(3) The allegations are of harm or threatened harm to a child residing and located in another state at the time of the report. "Residing" is defined as the alleged child victim has been out of the state of Florida for 30 consecutive days or longer and is not expected to return to Florida at any time within the next thirty (30) calendar days. This exclusion does not apply to summer visitation schedules.

(4) The allegations are of harm or threatened harm to a child residing on federal property, such as housing located on a military base or installation, or to a Native American child residing on tribal lands (unless there is an agreement with the appropriate federal authorities or Tribe to grant jurisdiction to the Department).

b. A supplemental report that contains information on a household with a current, open investigation which **does not** provide any new information on additional child victims, additional maltreating caregivers, additional subjects, new evidence, or additional allegations or incidents to the open investigation.

c. The report can be classified a "duplicate" if it was previously investigated by the Department and does not contain:

(1) New information or evidence related to the maltreatment previously investigated.

(2) New alleged child victim(s).

(3) New alleged maltreating caregiver(s).

(4) Additional subjects needed to be interviewed as collateral contacts, unless the maltreatment was verified in the prior report.

(5) New allegations or additional incidents of the previously investigated harm.

d. During the course of the investigation, if the investigator, in consultation with his or her supervisor or designee, determines that the investigation was conducted as a result of a false report, the investigation may be discontinued. All investigations discontinued based upon the determination of being a false report must be referred to local law enforcement.

2-2. Procedures.

a. If a report does not require investigation, the investigator must:

(1) Provide a detailed explanation in FSFN of why the report should be reclassified or the investigation closed.

(2) Obtain supervisory approval prior to discontinuing investigative activities.

b. If the reporter requested notification of the outcome of the investigation per section 39.202(5), F.S., the investigator must:

(1) Notify the reporter by phone that an investigation did not occur as a result of the report made.

(2) Document in FSFN the date and to whom the notification was made.

c. To inform the reporter that an investigation will not be commenced, the investigator shall take the following measures to ensure reporter confidentiality is not inadvertently compromised.

(1) Calls should only be initiated from phones which will not display "State of Florida" on the caller's incoming message screen.

(2) The investigator shall not initially disclose his or her professional role to the person answering the call, but will simply provide his or her name and request to speak with the reporter such as, "*This is John Smith calling for Ann* Johnson," and not "*This is John Smith, Child Protective Investigator, calling for Ann Johnson.*"

(3) When the investigator begins the discussion with the party believed to be the reporter, the introductory comments should be of a general, non- specific nature. For example, "*I'm a child protective investigator and I am calling in response to a report on the Smith family.*" The objective is to get the individual to acknowledge he or she is the reporter so the investigator can feel confident information is being shared with the right individual.

2-3. Supervisor. A supervisor consultation will be provided prior to any report being closed out as a 'Duplicate' or with a closure determination of 'No Jurisdiction' to ensure:

a. The investigator has provided sufficient information to identify jurisdictional issues.

b. The investigator has provided adequate rationale for the 'No Jurisdiction' closure reason selected.

c. The investigator has provided adequate rationale to show the report was previously investigated by the Department and should be closed as a 'Duplicate' report.

2-4. Documentation.

a. The investigators will document the rationale justifying use of a Duplicate or No Jurisdiction closure and the follow-up contact with the reporter, if required, in case notes within two business days.

b. The supervisor will document the consultation in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 3

INVESTIGATION RESPONSE TIMES

3-1. Definition. Response time refers to the assigned timeframe for commencement of the investigation by the Child Protective Investigator (CPI). The commencement timeframe begins at the point the Hotline either assigns the report to the local Receiving Unit or makes contact with an "on-call" CPI, CPI Supervisor, or designee according to circuit or region processes and procedures.

3-2. Determining Response Time. The Hotline is responsible for determining initial response times based on their assessment of present or impending danger, as indicated by the information provided. Based upon having more complete or up-to-date information than initially collected by the Hotline, the CPI Supervisor may upgrade or downgrade the response time established by the Hotline.

a. An **Immediate Response** time established by the Hotline requires the CPI to attempt to make the initial face-to-face contact with the alleged child victim as soon as possible, but no later than within four hours of the intake decision date/time.

b. A **24 Hour Response** time established by the Hotline requires the CPI to attempt to make initial face-to-face contact with the alleged child victim(s),as soon as pre-commencement activities are completed, but no later than 24 hours following the intake decision date/time.

c. The CPI shall conduct face-to-face interviews with siblings and other children, the parents, legal custodians, or caregivers within the household of focus.

d. If the CPI is unable to make contact with the alleged child victim(s) and/or other known children in the home after timely commencement of the investigation, the CPI must make diligent daily attempts to re-visit the home or visit other known or suspected locations of household members (e.g., school, work, etc.) and attempt contact at different times of the day (e.g., early morning, evening hours, etc.), including weekends until contact has been made. All visits to the home should be unannounced until initial contact with the alleged child victim(s), other known children, and caregivers has occurred. To help maintain the family's right to confidentiality, unannounced visits to a caregiver's work site or other non-household location are discouraged unless concerns about a child's safety justify contacting a subject of the report in a public location.

3-3. Supervisory Approval to Change Response Time.

a. A CPI Supervisor may downgrade an immediate response report to a "24 hour response" time when:

(1) Additional information is obtained from the reporter or other reliable collateral source, which indicates the "real time" circumstances have changed as initially reported to the Hotline and the present danger threat is no longer active (e.g., law enforcement has responded to a situation and noted there is no immediate danger, etc.).

(2) The CPI has reliable information that the alleged child victim has been threatened or warned by a parent or alleged maltreater not to talk with or disclose personal or family information to child protection services and waiting to interview the child at a different location away from the source of threats would significantly enhance disclosure of information by the child. In regard to allegations of sexual abuse or other severe maltreatment, this would include consideration of waiting until the alleged perpetrator leaves the premises where the child is currently located to facilitate the interview process.

b. A CPI Supervisor and/or designee may upgrade a report to an "immediate response" time when it is determined after sufficient review of the report that the allegations contain present danger

threats to the child, **or** the local unit has additional information on the family circumstances to warrant an upgraded response time priority.

c. A present danger threat is defined as an immediate, significant, and clearly observable family condition that is occurring in the household.

3-4. Documentation. If the Supervisor determines that the response time should be changed, the Supervisor will complete the following documentation in a case note within one business day:

a. Record the revised response time.

b. Document the rationale for the change.

Chapter 4

INVESTIGATION TYPES AND USE OF THE FAMILY FUNCTIONING ASSESSMENT (FFA)

4-1. Types of Investigations. There are three investigation types in which a child has been alleged to be maltreated: “In-Home,” “Other,” and “Institutional.” The main determinants in identifying the type of investigation are the alleged maltreater’s relationship to the alleged child victim(s) and the setting or location at which the alleged maltreatment occurred.

4-2. Definitions.

a. An “In-Home” investigation is an intake in which the child’s parent, legal guardian (i.e., both permanent guardianship through section 39.6221, F.S., and temporary custody of a minor through Chapter 751, F.S.), paramour (residing or frequenting the home) and/or other adult household member with significant caregiver responsibility for care and protection of the child is the alleged person responsible for the maltreatment. The child victim may reside in the household on a full or part-time basis. If the child’s parents or legal guardians have established separate households through divorce or separation, only the household in which the abuse is alleged to have occurred is assessed for danger threats and family functioning.

b. An “Other” investigation is an “In-Home” subtype which involves alleged abuse by a relative, non-relative, paramour, or adult babysitter temporarily entrusted with a child’s care who does not reside in the home with the parent and child. Similarly, human trafficking involving a non-parent as the alleged perpetrator is an “Other” investigation. When a parent is the alleged trafficker however, an “In-Home” investigation is required even though the parent may be trafficking the child at a location away from parent’s household. An “Other” investigation does not require a Family Functioning Assessment (FFA)-Investigation, but does require a Present Danger Assessment. The investigator’s responsibility in this type of investigation is to determine the appropriate maltreatment findings and assess whether or not the parent or legal guardian will take appropriate protective actions if the maltreatment is verified (i.e., change babysitter, not allow the relative to be in a caregiver role in the future, etc.).

c. An “Institutional” investigation involves alleged abuse by an “Other Person Responsible for a Child’s Welfare” (as defined in section 39.01, F.S.) which typically occurs in institutional settings such as schools, daycares, foster care, residential group care or facilities. Family Functioning Assessments (FFAs) are not completed in Institutional investigations because the alleged maltreatment does not involve the child’s parent(s) or legal guardian.

4-3. Purpose of the Family Functioning Assessment. The Family Functioning Assessment (FFA) is the process by which investigators apply critical thinking skills to guide decision-making regarding child safety and risk based upon having an extensive and comprehensive knowledge of the individual and family conditions in the home. This process is summarized in six information domains and is essential to the investigator being able to accurately identify impending danger threats, assess the sufficiency of caregiver protective capacities, complete a safety analysis, implement a safety plan (as appropriate), and determine the risk for future maltreatment to the child(ren).

4-4. Required Use of the Family Functioning Assessment. An FFA-Investigation (FFA-I) is required for all In-Home investigations except when the report is being closed out as a "Duplicate," "No Jurisdiction," "Patently Unfounded," "False Report," or when the subtype is determined to meet the criteria for and is changed to "Other." Since Special Condition Referrals only involve problematic circumstances (e.g., parent hospitalized, Parent Needs Assistance, etc.) with no allegations of maltreatment, FFAs are not completed in those circumstances either.

a. Safe Family Functioning Assessment (SFFA-I).

(1) A Safe FFA-I must be completed when there is no impending danger identified and the child(ren) are determined to be ***safe;*** **or**

(a) When the family is **currently** open to ongoing case management services. Although this criterion requires an unsafe safety determination, a Safe FFA-I must be completed. This criterion requires a multidisciplinary team staffing prior to closure.

(b) When a new child (infant or otherwise) enters a household that is **open** to ongoing case management services. This criterion requires an unsafe safety determination if the new child is unsafe and is being added to the FFA-Ongoing (FFA-O) and/or progress update, but a Safe FFA-I can be completed if, during the required multidisciplinary team staffing, case management agrees to add the new child to the FFA-O and/or progress update.

(2) Requirements for Safe FFA.

(a) The investigator will determine appropriate finding(s) upon completion of the investigation, including presentation and documentation of credible evidence which supports or refutes child maltreatment for each alleged victim (as set forth in CFOP 170-5, Chapter 22, Determination of Findings).

(b) These findings will be sufficiently documented in FSFN in the Maltreatment/Nature of Maltreatment domain by using typed chronological notes accordingly.

b. Documentation. The following documentation activities must occur in all In-Home investigations with a safe determination.

(1) The investigator will document the Present Danger Assessment, compelling evidence, and corroborating information using FSFN functionality contained in case notes, per requirements for an In-Home investigation.

(2) All information regarding investigative activities must be thoroughly documented in **typed** chronological notes. The completion and sufficiency of this information and its documentation must be confirmed by the reviewing supervisor prior to investigation closure.

(3) The investigator will launch the "In-Home" investigative subtype in FSFN, launch the Family Functioning Assessment, and document the assessment in the body of the first domain section, titled "Maltreatment." The summary should contain, at a minimum:

(a) Type, Severity, Duration, and History of the maltreatment. Patterns of functioning leading to or explaining the maltreatment. Parent/legal guardian or caregiver intent concerning the maltreatment, assessment of intent (re: parenting/discipline vs. intent to harm), and unique aspects of the maltreatment, such as whether weapons were involved. Explanations for the maltreatment and attitudes and acknowledgement about the maltreatment. Description of specific events and emotional and physical symptoms. Condition of the child.

(b) An explanation of the household composition, including the relationship of the alleged maltreating caregiver(s) and victim(s).

(c) A concise summary of investigative tasks that directly impact the findings and safety outcome of the case including, but not limited to:

1. Interview(s) with household members including the child(ren) and adult(s);

2. Overview of information provided by collateral contact(s), prior history, criminal history, callouts, etc. (if relevant or impactful), or the absence of concerning or related history; and,

3. Completion of any required staffings and outcomes, when available, including Child Protection Team (CPT), law enforcement, multi-disciplinary team staffings, subject matter expert (SME) consultations, etc.

(d) Documentation of maltreatment findings.

(e) Final safety determination for each child (the safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

(f) Summary of any referral(s) completed for the family and discussion of the family's engagement.

(4) The investigator should document "See Chronological Notes" in the following FFA sections:

(a) Child Functioning.

(b) Adult Functioning.

(c) Parenting/Behavior Modification.

(5) The investigator should document "See Maltreatment Domain" in the Child Safety Analysis Summary section of the FFA.

(6) The following should be utilized for radio button selections on the FFA:

(a) "No" for all listed danger threats (unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the appropriate danger threats will be identified, the safety determination for these children will remain unsafe, and an accompanying safety plan will be required).

(b) Accurate determination and radio button selections should be made surrounding the "caregiver protective capacities."

(c) "Yes" for "Parent/Legal Guardian protective capacity determination summary."

(d) “Safe” for “Child Safety Determination.” The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required.

(7) The investigator will complete the “Results-Determination” drop down selection as appropriate.

c. Unsafe Family Functioning Assessment.

(1) An Unsafe FFA-I will be completed for any investigation where impending danger is identified and an unsafe safety determination has been made.

(2) Complete required documentation in all six domains in the FFA-I.

4-5. Conditions Generating a Separate In-home Investigation. The investigator will need to contact the Hotline and generate a separate, subsequent “In-Home” investigation because of information obtained during an ”Other” or “Institutional” investigation under the following conditions:

a. A child victim or collateral source interviewed in an Other or Institutional report also alleges maltreatment in the home setting by his or her parent or legal guardian.

b. The investigator determines a parent or legal guardian failed to act with due diligence to protect his or her child from maltreatment despite the parent having prior knowledge that an adult sitter or relative in an Other investigation, or Other Person Responsible for the Child’s Welfare in an Institutional investigation, was abusing or neglecting the child.

c. An investigator determines during an Other or Institutional investigation that a parent or legal guardian does not recognize that the maltreater’s ongoing access to the child represents an active danger threat and the parent or legal guardian refuses to take sufficient protective actions to ensure the child’s safety despite being fully informed of the danger threat(s) posed by the person responsible for the maltreatment (in the Other or Institutional investigation).

d. There is reason to suspect that the individual responsible for maltreatment in an Other or Institutional report is abusing his or her biological or adopted children as well.

4-6. Relationship of Maltreating Caregiver to Child. The following additional situations involving a biological parent or legal guardian should also be treated as an “Other” report:

a. Permanent Guardianship cases in which the alleged maltreating caregivers were formerly the child’s parents but no longer have legal custody and a new report is received alleging the child has been re-abused in that caregiver’s custody (e.g., during visitation or the legal guardian has returned the child to the parent’s home without a legal change in custody).

b. Permanent Guardianship cases in which the investigator determines the documented maltreatment involves one or more of the following conditions:

(1) The guardian’s conduct toward the child or toward other children demonstrates that the continuing involvement of the guardian in the child’s life threatens the life or safety of the child irrespective of the provision of services.

(2) The guardian’s conduct is so egregious (e.g., deplorable, flagrant, or outrageous by a normal standard of conduct) as to threaten the physical, mental, or emotional health of the child.

(3) The guardian has subjected the child or another child to aggravated child abuse as defined in section 827.03, F.S., or sexual battery or sexual abuse as defined in section 39.01, F.S.

c. The maltreating parent resides out of state.

d. Child trafficking-by a non-caregiver (i.e., not biological parent or child's legal guardian).

4-7. Supervisor. When initiated, the pre-commencement supervisor consultation will affirm the investigator has sufficiently reviewed, to the extent possible, the roles and relationships in the investigation to determine the focus household and validate the type of report (i.e., In-Home, Other or Institutional) initiated by the Hotline.

a. Supervisory and Second Tier Consultations required as part of the standard investigation review process (as outlined in CFOP 170-5, Chapter 26 and Chapter 27) must be completed for all applicable investigations.

b. Additionally, a closure review must be completed for all investigations with a Safe FFA-I and must include, at a minimum, verification of required investigative tasks, confirmation of typed chronological notes containing sufficient information to support the safety determination, and agreement with the final safety decision.

Chapter 5

ASSIGNING THE INVESTIGATION

5-1. Intake Assignment. To the extent possible, a supervisor should evaluate the circumstances of the report prior to intake assignment to ensure the investigator assigned has the requisite skills and experience needed to conduct a comprehensive investigation (e.g., specialized training in child trafficking or medical neglect, etc.).

5-2. Factors to Consider in Intake Assignment.

a. Upon receiving a report alleging medical neglect, the receiving unit or supervisor will assign the report to a child protective investigator who has specialized training in assessing medical neglect and working with medically complex children.

b. Upon receiving a report alleging human trafficking, the receiving unit or supervisor will assign the report to a child protective investigator who has specialized training in assessing children who may be victims of human trafficking.

c. To the extent possible, supervisors should help investigators gain competency and become more proficient in investigating complicated cases, by:

(1) Teaming an experienced investigator, agency approved mentor/trainer, or field supervisor with the less experienced investigator to work the more complex investigations together.

(2) Providing pre-commencement consultations to facilitate information collection and explore the need for teaming with subject matter experts; providing real time ‘Initial’ consultations (i.e., telephonic communication while the investigator is still on-site) to review the assessment of present danger; and by providing timely ‘Follow-up’ consultations to develop critical thinking skills around initial safety determinations and completion of the FFA-investigation.

(3) Providing more frequent and in-depth case consultations when less experienced investigators are assigned complex investigations during after-hour or weekend “on-call” operation.

d. Gender consideration is important when assigning an investigator, particularly in sexual abuse investigations. The supervisor should closely review the report prior to assignment for any indication a child is likely to respond more positively to a male or female investigator and, when possible, assign the intake accordingly. Post-commencement, the supervisor should also be willing to re-assign the investigation if the investigator thinks gender is an issue and is inadvertently creating trust issues and/or impeding disclosure of information by the child.

e. In areas in which reports are assigned by “rotation” (i.e., automatically assigned to investigators in a queue) the supervisor should consider re-assigning reports involving complex dynamics (e.g., substance misuse, sexual abuse, domestic violence, etc.) to the most experienced investigator available.

f. In areas where case assignment is completed by a screening unit, the supervisor should work closely with screening personnel to identify the types of reports the supervisor wants to be made personally aware of prior to case assignment.

g. Intentional case assignment should also be considered for the following highly complex circumstances:

(1) Intakes involving critical or life threatening injuries of a child and/or parent.

(2) Child fatalities.

(3) Intakes involving Department, sheriff or community-based care employees.

(4) Intakes involving public officials, celebrities, and prominent foreign visitors.

(5) Institutional abuse.

(6) Participants have been subjects of a prior investigation (reference section 39.301(4), F.S.).

Chapter 6

PRE-COMMENCEMENT ACTIVITIES

6-1. Purpose. Pre-commencement activities are intended to adequately prepare the investigator for completing the Family Functioning Assessment (FFA). Florida's safety practice emphasizes the significance of planned, purposeful interventions and sufficient information collection as the key to safety decision making during all phases of working with the family. Pre-commencement consultations related to specific case practice issues provide an ideal instructional opportunity for both assessing and developing worker competencies including, but not limited to, analyzing known information, guiding information collection, and planning initial investigative activities.

6-2. Required Consultation. To the extent practical, pre-commencement consultations should be in-person discussions between the supervisor or designee and the child protective investigator assigned to the investigation. Telephonic conversations are permissible when work related activities prevent face-to-face interaction (e.g., investigator is at court or supervisor is attending a staffing in another building, etc.).

a. Pre-commencement consultations are required on all investigations assigned to provisionally certified investigators.

b. Pre-commencement consultations are required for all staff when an intake alleges or indicates:

(1) Life threatening injuries or a child fatality.

NOTE: When the deceased child or another child in the household was the victim of a verified maltreatment during the previous twelve months, the supervisor must notify the Region's Family Safety Program Administrator or designee that a "Critical Incident Rapid Response Team" review must be initiated.

(2) Medical neglect or involves a medically complex child and the investigator assigned has not received specialized training in assessing or handling those conditions.

(3) Child trafficking and the investigator assigned has not received specialized training in assessing for child trafficking.

(4) Concerns for worker safety and worker requests a consult.

c. Supervisors should conduct pre-commencement consultations with certified investigators until such time that the individual has demonstrated competency in recognizing present danger, recognizing patterns of maltreatment, and recognizing the significance of the family's child welfare and criminal history, etc.

6-3. Pre-Commencement Review Activities. The gathering and review of information prior to commencing the investigation requires the use of good judgment on the investigator's part in balancing the 'need to know more' with the need for expediency. Reports with 'Immediate' response priorities may limit the investigator's ability to gather historical information prior to making contact with the family when information from the reporter (e.g., young children at home without a caregiver, etc.) indicates the commencement should occur as soon as possible. For many 'Immediates' however, the investigator will still have time to gather substantial information prior to commencement. Twenty four-hour response

priorities should allow for a complete review of available information and a thorough analysis of the totality of the known information on the family.

a. Prior to initial contact with the child/family, the investigator, to the extent practical, should review current and past family circumstances, including but not limited to:

(1) The current intake allegation narrative.

(2) All prior abuse reports and investigative decision summaries to assess maltreatments, alleged victims, alleged maltreating caregivers, and outcomes.

(a) Identify patterns of escalating maltreatment (i.e., increase in frequency of reports or severity of maltreatment) over time.

1. Elapsed time between alleged maltreatment incidents (e.g., reports are occurring more frequently over past 1 – 2 years, etc.).

2. Injuries to child victim required hospitalization or medical treatment.

3. Intrusiveness of agency interventions (e.g., in-home vs. out-of-home safety plan, judicial vs. non-judicial, etc.).

(b) Identify patterns of same maltreatment type (e.g., all priors allege sexual abuse, all priors allege inadequate supervision, etc.) or a 'cross-type' recurrence pattern (e.g., all priors involve acts of omission by caregivers, all priors involve inflicted injuries, etc.).

1. Caregiver characteristics (i.e., same or multiple mal-treaters).

2. Victim characteristics (i.e., same or multiple victims).

(c) Identify patterns of pervasive, "embedded" individual or family conditions that have been out-of-control in the past (e.g., domestic violence, parental substance abuse, unmanaged medical or mental health condition in a household member, etc.).

1. Note change in household members.

2. Behavior indicative of codependent relationships.

3. Adults – one partner is very high functioning while other partner is very irresponsible/low functioning.

4. 'Parentified Child' – a child repeatedly performs household tasks or responsibilities that are not age-appropriate.

(d) Review prior interventions and outcomes in order to assess why past referral or treatment efforts were, or were not, successful.

(3) National (NCIC), state (FCIC), and local criminal histories including local law enforcement arrests and "call out" history.

(4) Clerk of Court records (CCIS) and Department of Corrections (DOC) records.

(5) Domestic violence/no contact injunctions. When the investigator discovers there is a domestic violence injunction in place in accordance with section 39.504 or section 741.30, F.S., the investigator must assess both worker and survivor safety concerns and obtain additional information to

the extent possible regarding the alleged batterer's compliance/non-compliance with prior or current orders. It is essential for the investigator to obtain information related to the use, effectiveness, and outcomes of prior injunctions in order for the investigator to explore current safety issues with the survivor and children.

(6) Involuntary assessment or stabilization orders (i.e., Baker Act and Marchman Petitions). Documented substance abuse or unmanaged mental health issues should alert the investigator to seek an authorization for the release of medical treatment records (e.g., assessments, evaluations, progress notes, etc.) related to the individual's overall functioning.

(7) Economic Self Sufficiency (ESS) records.

(8) Out-of-state child welfare agency records if the family is known to have lived in another state within the past five years. As states vary in release of information protocols and jurisdictional responsibilities (i.e., county run vs. state-wide operations) initial contact by the investigator should be telephonic, followed up by a written request for information once the family's prior residential locations have been obtained during on-site interviews with family members.

b. If the investigator assigned to the investigation is "in the field" or otherwise unable to access FSFN or other records directly, essential information referenced above (paragraphs 6-3a(1)-(6)) should be provided to the individual by another investigator or other available agency staff prior to the commencement of the investigation.

c. When essential review activities are unable to be completed prior to commencement, a complete record review should be completed as soon as possible by the investigator prior to conducting further investigative activities.

6-4. Required Reporter Contact.

a. The investigator must attempt to contact the reporter prior to commencing the investigation in order to verify information contained in the allegation narrative and to explore additional information the reporter might have on the maltreatment incident or on the child/family in general, except when a concern for child safety and the need for expediency warrants a post-commencement contact as in the following circumstances:

(1) An immediate response is required because of present danger (e.g., a 3-year-old is alleged to be home alone, etc.).

(2) Special conditions reports in which there is no parent, legal custodian, or responsible adult relative immediately available to provide care and supervision for the child (e.g., parent incarcerated, parent hospitalized, etc.).

(3) Attempting contact with the reporter may increase the risk of harm to the child or adult household member (e.g., reporter is a subject of the report or resides in the same home as the family and attempted contact may inadvertently alert the alleged perpetrator of the investigation, etc.).

b. Investigators are statutorily required to provide their name and contact information to reporters in the following occupational categories within 24 hours of being assigned to the investigation:

(1) Medical professionals (e.g., physician, nurse, medical examiner, etc.).

(2) Health or mental health professionals.

(3) Practitioners who rely solely on spiritual means for healing.

(4) School teacher or other school personnel.

(5) Social worker, child care worker, or other professionals in foster care, residential or institutional settings.

(6) Law enforcement personnel.

(7) Judge.

c. Investigators are statutorily required to advise reporters named in paragraphs 6-4b(1)-(7) above that they may submit a written summary of the information made to the Hotline to become part of the child's case file.

d. When circumstances preclude contacting a reporter prior to commencement or an attempted contact was unsuccessful, the investigator is required to contact the reporter as soon as practical after the initial on-site response is completed.

6-5. Pre-Commencement Planning and Teaming.

a. Pre-commencement planning should structure initial information gathering efforts by:

(1) Determining how interview protocols should be implemented (i.e., what individuals need to be interviewed, the order in which subjects should be interviewed, consideration of a line of questioning, etc.).

(2) Identifying relevant collateral contacts (i.e., sources) likely to have information on child and/or adult functioning, or specific knowledge about the maltreatment incident(s).

(3) Guiding the investigator in further information gathering including, but not limited to:

(a) Danger threats.

(b) Evidence collection.

(c) Gaps in information.

(d) Child and family resources and support systems.

b. Pre-commencement planning should facilitate essential teaming activities by:

(1) Identifying which professionals or subject matter experts need to be consulted:

(a) To ensure cases meeting the statutorily mandated CPT referral criteria or needing other CPT services are referred to the Child Protection Team.

(b) To arrange for screening or specialized assessments (e.g., substance abuse assessment, mental health evaluation, Batterer Intervention Program assessments, etc.).

(c) To evaluate a special condition in a child or caregiver (e.g., a child with a rare medical condition or a parent with an intractable mental health condition, etc.).

NOTE: The Department and its employees, contracted providers, and sub-contracted providers will not base child safety actions on stereotypes or generalizations about parents with disabilities, or on a parent's disability, diagnosis, or intelligence measures alone. These decisions are made through an individualized assessment of the parent with a disability and objective facts relating to the danger

threats impacting the child. If necessary and reasonable, accommodations must be provided to ensure parents with disabilities can fully participate in the programs and services of the dependency system.

(d) To assist with engagement efforts to overcome challenges related to culture, language or communication problems.

(2) Identifying when law enforcement or additional agency personnel (i.e., a 2nd investigator) should accompany the investigator to the home because of safety concerns (for child or investigator personal safety).

6-6. Field Kits. Adequate pre-commencement preparation for the investigator also includes ensuring the materials likely to be needed when meeting with the family during the initial home visit are organized and readily available. The investigator "Field Kit" should minimally include:

a. Face sheet providing essential family contact information – names, address, etc.

b. Business cards.

c. The pamphlet titled "Child Protection: Your Rights and Responsibilities."

(1) CF/PI 175-32 (English) (available in DCF Forms).

(2) CF/PI 175-66 (Spanish) (available in DCF Forms).

(3) CF/PI 175-69 (Creole).

NOTE: The investigator should contact a staff member or interpreter who is fluent in the subject's language prior to proceeding and/or disseminating information.

d. Domestic violence resource information (e.g., referral form for DV advocate, pamphlet from local certified DV Center, etc.).

e. Substance abuse and mental health referral information.

f. 2-1-1 (general community resource) information.

g. Local homeless shelter referral information.

h. ESS brochures.

i. Temporary Assistance for Needy Families (TANF) Eligibility form.

(1) CF-FSP 5244 (English) (available in DCF Forms).

(2) CF-FSP 5244S (Spanish) (available in DCF Forms).

j. HIPAA forms.

(1) CF-ES 2320 (English) (available in DCF Forms).

(2) CF-ES 2320H (Creole) (available in DCF Forms).

(3) CF-ES 2320S (Spanish) (available in DCF Forms).

k. Indian Child Welfare Act (ICWA) Verification forms.

(1) CF-FSP 5323 (English) (available in DCF Forms).

(2) CF-FSP 5323S (Spanish) (available in DCF Forms).

l. Release of Information form (form CF-FSP 4006, available in DCF Forms).

m. Water Safety Brochure.

n. Safe Sleep Brochure.

o. The brochure titled "Who's Watching Your Child?"

p. Acknowledgement of Firearms Safety Requirements (form CF-FSP 5343, available in DCF Forms).

q. Drug screen kit.

r. Additional equipment, such as:

(1) Car seats.

(2) Camera, if not incorporated into the state-issued cell phone.

(3) Cell phone.

(4) Laptop (for use off-site, but not in family's home).

6-7. Supervisor. When initiated, pre-commencement supervisor consultations are provided to affirm:

a. The investigator has sufficiently reviewed historical records and reports (criminal and child welfare) and information contained in the current intake to explore a wide array of investigative considerations, including but not limited to the following:

(1) What additional information might be obtained from the reporter prior to commencement to assist in the investigation?

(2) Which individuals mentioned in the intake are likely to have the most credible/reliable information?

(3) Which individuals not specifically referenced in the report (i.e., relevant collaterals) are likely to have firsthand knowledge of the maltreatment incident?

(4) Which individuals are likely to know the family well enough to provide information on child and adult functioning, general parenting, and disciplinary and behavior management practices?

(5) Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs the next interview's line of questioning, etc.)?

(6) Are there any discernible patterns of 'out-of-control' behaviors in prior maltreatments (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) of which the investigator should have a heightened awareness?

(7) Do safety concerns warrant the teaming of two investigators or contacting law enforcement for assistance?

(8) Does prior history or the intake contain information that would suggest the need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to commencement?

b. The investigator has fully assessed and determined the need for initiating a joint response, inter-agency consultation or obtaining subject matter expertise prior to commencing the investigation.

c. The investigator has contacted or made diligent efforts to contact the reporter (e.g., phone calls at different times of the day, attempted face-to-face contact, etc.).

6-8. Documentation.

a. The investigator will document information considered and used in planning a systematic and structured approach to contacting the family and commencing the investigation in case notes within two business days for all investigations.

b. The supervisor will document the pre-commencement consultation, if conducted, in FSFN within two business days using the supervisor consultation page hyperlink in the investigation module.

Chapter 7

CONSULTATION AND TEAMWORK WITH EXTERNAL PARTNERS

7-1. Purpose. Based upon a review of the available information and/or discussion during pre-commencement case consultation activities, the investigator is required by statute to determine if immediate consultation and teamwork with individuals from specific professional disciplines are necessary to facilitate the assessment of the family and needed interventions during the investigation. The list of potential external partners the investigator might need to work with on an investigation can be extensive. Part of the consultative discussion should involve determining if a joint response is feasible and necessary (per local agreements) with any of the following entities:

a. Law Enforcement;

b. Child Protection Team;

c. Co-located Domestic Violence Advocate;

d. Substance Abuse or Mental Health Professional;

e. Case Manager (if open for safety services or case management);

f. Child Care and Foster Care Licensing staff; or,

g. Adoption case manager or post-adoption services staff.

7-2. Use of Professional Assessments during FFAs.

a. Professional assessments are purpose-specific, stand-alone evaluations intended to provide the child protective investigator additional clinical expertise to help determine the need for immediate safety interventions or to adequately inform the investigation Family Functioning Assessment (FFA). Professional assessments in this context are different from more generalized intake assessments that are typically part of a referral for service to a provider or the assessment a provider may conduct to determine appropriateness and engagement in a treatment process.

b. Screening for potential developmental delays or disabilities is a critical component of assessing child functioning. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator shall provide the parent information on community early intervention services. Additionally, the Child Abuse Prevention and Treatment Act (CAPTA) requires investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure to be screened to determine the need for a developmental assessment. The child welfare professional will utilize CFOP 170-1, Appendix A, Child Development Stages Matrix to screen for the need of a referral for a developmental assessment.

(1) “Safe” Safety Determinations (regardless of findings) – referrals for developmental assessments, if the initial screening indicates a need, shall be initiated by the child protective investigator.

(2) “Unsafe” Safety Determinations – referrals for developmental assessments, if the initial screening indicates a need, shall be initiated by the case manager, if not already initiated by the investigator.

c. Additional appropriate assessments from a subject matter expert, clinician or professional discipline would include, but not be limited to:

(1) Substance abuse assessments to determine if drug or alcohol use is out-of-control to the point of having a direct and imminent effect on child safety.

(2) Batterers' Intervention Program assessments by Domestic Violence professionals to help determine the severity and pattern of coercive control.

(3) Mental health evaluations for assessment of the severity of a condition and review of an individual's medication management, or the need for changes in drug dosage or medication prescribed.

7-3. Multidisciplinary Staffing.

a. The investigator will often need to facilitate the exchange of information between a team of family members and professionals who all have a different role to play in a complex, rapidly unfolding family crisis. The investigator has the constant challenge of organizing all of these individuals into a well-functioning team. The investigator will demonstrate team leadership by:

(1) Maintaining a professional demeanor throughout the investigation.

(2) Respecting differences of opinion held by individuals.

(3) Continuing to promote open and ongoing communication and teamwork.

(4) Actively working to resolve differences when safety planning for the child will be negatively impacted.

b. The investigator will direct and guide the team by:

(1) Ensuring other team members are kept up to date with the current situation by:

(a) Informing members of present danger and the specifics of the safety plan; and,

(b) Knowing about other interviews being conducted, who has the lead, and how information will be shared.

(2) Understanding and supporting the respective roles and expectations of other professionals involved.

(3) Working to achieve consensus on understanding family dynamics, next steps, and the actions needed with all the professionals involved.

c. The investigator will discuss the situation with a supervisor when necessary to determine best approaches to resolving differences among team members. When the multidisciplinary team cannot reach a consensus, the local escalation protocol will be followed.

7–4. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The investigator's ability to provide team leadership.

b. The importance of the investigator's participation in local joint meetings and training sessions with other key partners to nurture and build effective system level partnerships.

c. The need for identifying local partnerships which need strengthening in order to support the collaboration needed in investigations and bring system needs to the attention of local department leaders.

d. The investigator has fully assessed and determined the need for initiating a joint investigation, inter-agency consultation, or obtaining subject matter expertise prior to commencing or during the investigation.

7-5. Documentation.

a. The investigator will document that an intentional determination was made regarding the need for inter-agency consultation, any identified service referrals, and a joint response with other professional disciplines in case notes within two business days.

b. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

c. The multidisciplinary staffing, if held, will be documented in the meetings module within the Florida Safe Families Network (FSFN), in accordance with CFOP 170-1, Chapter 12, Case Note and Meetings Documentation.

Chapter 8

COORDINATION WITH LAW ENFORCEMENT

8-1. Purpose. The investigator is required by statute to notify law enforcement immediately when the alleged harm to the victim is the result of suspected "criminal conduct" by the child's caregiver. How interviews are handled (e.g., which agency takes the lead and the sequencing of interviews, etc.) and how evidence is gathered must be carefully coordinated. When there are physical injuries or medical concerns, there must be coordinated teamwork with both law enforcement and the Child Protection Team (CPT). Based upon a review of the available information and/or discussion during pre-commencement case consultation activities, the investigator may also need to consult and coordinate with law enforcement in other situations such as when there are concerns about child safety or an investigator's personal safety.

8-2. Procedures.

a. The investigator must immediately notify law enforcement when the alleged harm to the child is the result of suspected "criminal conduct." These specific circumstances include any child suspected of being a victim of:

(1) Child abuse or neglect as defined in section 827.03, F.S.

(a) Intentional infliction of physical or mental injury;

(b) Intentional acts that could reasonably be expected to result in physical or mental injury;

(c) Active encouragement of any person to abuse or neglect a child;

(d) Lack of food, nutrition, clothing, shelter, supervision, medicine, and medical services essential to the well-being of a child; or,

(e) Failure to protect a child from abuse or exploitation.

(2) Aggravated child abuse as defined in section 827.03(1)(a), F.S.

(a) Aggravated battery on a child;

(b) Willfully tortures, maliciously punishes, cages a child; or,

(c) Willful abuse that results in great bodily harm, permanent disability or permanent disfigurement.

(3) Sexual battery or sexual abuse as defined in sections 827.071(1)(f) and 39.01(67), F.S., respectively.

(a) Oral, anal, or vaginal penetration;

(b) Intentional touching of genitals or other intimate body parts (clothed or unclothed);

(c) Masturbating in the presence of a child;

(d) Indecent exposure in the presence of a child; or,

(e) Sexual exploitation (allowing, encouraging, or forcing a child to solicit or engage in prostitution, sexual performance or participate in child sex trafficking (by any adult).

(4) Any abuse or neglect occurring by employees in institutional settings as defined in sections 39.01(36) and 39.302(1), F.S., respectively:

(a) Private or public school;

(b) Public or private day care center; or,

(c) Residential home, institution, facility or agency.

(5) Human trafficking as provided in section 787.06, F.S.

(a) Sexually exploiting a child for financial gain, benefits or anything of value; or,

(b) Exploiting a child through labor or services for financial gain, benefits or anything of value.

(6) Any child suspected of having died from abuse or neglect.

b. While law enforcement is authorized to take the lead in conducting a joint investigation; the investigator shall take the lead in determining if a child is in present danger and in implementing the appropriate safety interventions.

c. The investigator also needs to consider the “facts of the case” as reported in the intake to determine if an immediate consultation with law enforcement is appropriate under the following circumstances:

(1) Life Threatening Circumstances. When an investigator has credible information indicating an active (occurring now) danger threat is placing the child’s life in immediate danger.

(2) Present Danger. When the investigator has information indicating a child may have suffered significant injuries or extreme deprivation and is currently in immediate danger.

(3) Restricted Access To Child. When the alleged harm is severe (i.e., significant impairment or need for medical treatment) and the investigator has information the family may not allow the investigator to observe the alleged victim or other children in the home.

(4) Protective Custody. When the investigator has information a child may need to be placed in protective custody.

(5) Worker Safety. When the investigator has information indicating the family behavior, circumstances, situation or environment (i.e. dangerous animals) could pose a danger to the investigator.

(6) Joint Response. When the investigator needs to determine if a joint response is necessary and feasible to coordinate investigative activities, including but not limited to:

(a) To avoid multiple interviews of a child;

(b) To decide if the alleged maltreating caregiver is going to be interviewed jointly or separately;

(c) To protect or maintain physical evidence; or,

(d) Per local inter-agency agreements.

d. When there is a joint response involving the Department and law enforcement and the investigator is asked not to interview the alleged maltreating caregiver until law enforcement personnel have initiated or completed their investigation, the investigator is still responsible for ensuring child safety and completing all required safety assessments according to the timeframes and parameters established by child welfare practice. Consideration will be made to ensure that the assessments and response by child protective investigators will not compromise the criminal investigation.

e. Local law enforcement “call-out” records shall be requested by the investigator when family or domestic violence is alleged in the report or suspected by the investigator. The investigator should request “call out” records for the past two years from law enforcement for the residence of the household under investigation. If the alleged mal-treater or any other household members with significant caregiving responsibility have resided at additional locations over the previous two years those addresses should also be checked.

8-3. Supervisor. When initiated, discussions are provided to affirm:

a. The investigative activities are being carefully coordinated in conjunction with the ongoing criminal investigation.

b. The identification and resolution of potential jurisdictional issues related to the geographic location of the potential crime scene versus the child’s current location (e.g., *most likely to occur between law enforcement agencies and responders when the alleged maltreatment occurred in one county’s jurisdiction, but the child is in another jurisdiction, possibly in a hospital or other emergency placement*).

c. The investigator’s understanding and adherence to local protocols.

d. Actions necessary to resolve jurisdictional issues that impede the investigator’s safety assessment or initiation of safety actions.

8-4. Documentation.

a. The investigator will document that an intentional determination was made regarding the need for inter-agency consultation and consideration of a joint investigation with law enforcement in case notes within two business days.

b. The investigator will document the actions taken to resolve jurisdictional issues with law enforcement in case notes within two business days.

Chapter 9

COORDINATION WITH CHILD PROTECTION TEAM (CPT)

9-1. Purpose. The Children's Medical Services Program with the Department of Health is statutorily directed, per section 39.303, F.S., to develop, maintain, and coordinate one or more multi-disciplinary child protection teams (CPTs) in each region of the Department. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services. Each CPT's main purpose is to supplement the child protective investigation activities of DCF or designated sheriffs' offices by providing multidisciplinary assessment services to the children and families involved in child abuse and neglect investigations. CPTs may also provide assessments to Community-Based Care Lead Agencies (Lead Agencies) providers to assist in case planning activities, when resources are available. Information from CPT assessments are critical in developing the information domains, determining findings, and establishing safety actions.

9-2. Mandatory Referral Criteria. The investigator must make a referral to CPT when the report contains the following allegations as mandated by section 39.303(4), F.S.:

a. Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.

b. Bruises anywhere on a child 5 years of age or under.

c. Any report alleging sexual abuse of a child.

d. Any sexually transmitted disease in a prepubescent child.

e. Reported malnutrition of a child and failure of a child to thrive.

f. Reported medical neglect of a child.

g. Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.

h. Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

9-3. Mandatory Referral Process.

a. An investigator must contact CPT in person or by phone to discuss all reports meeting the mandatory criteria listed in paragraph 9-2 above to determine the need for CPT services.

(1) If an injury is observed or the preliminary information obtained supports the reported maltreatment, the investigator should contact CPT as soon as possible to arrange for a medical evaluation or other CPT services.

(2) If there is no indication of injury and the preliminary information obtained does not support the reported maltreatment, the investigator should contact CPT within two working days to attain a consensus decision (i.e., between the investigator and the CPT case coordinator) in regard to the need for a medical evaluation or other CPT services.

b. The investigator should provide the following information to the CPT case coordinator when discussing the need for or scheduling of CPT services:

(1) The investigator's personal observation of the injury site (if visible);

(2) The caregiver's explanation for the injury (if present);

(3) Statements from other sources (e.g., siblings, other children in the home, household members, family members, collateral contacts, etc.) on the cause of any observed injury; and,

(4) A description of the interactions between the parent(s) and the child.

c. If there is consensus that no CPT services are needed, the investigator should scan the Intake/Referral form which documents the referral and rationale for closure without CPT services into the FSFN file cabinet and/or – if an Intake/Referral form is not used locally – enter a case note into FSFN within two business days of being notified that the CPT Medical Director or his/her designee determined that CPT services were not needed.

d. When consensus cannot be reached between the investigator and the CPT case coordinator on the need for a CPT consult, the participants should refer the matter to their respective managers (i.e., child protective investigator supervisor and CPT Team Coordinator) for resolution.

e. If consensus cannot be reached between the investigation Supervisor and CPT Team Coordinator on the need for a CPT consult, the participants should refer the matter to their respective managers (i.e., Operational Program Administrator or equivalent and local CPT Medical Director) for resolution.

f. If consensus cannot be reached between the Operational Program Administrator or equivalent and CPT local Medical Director on the need for a CPT consult, the matter should be referred to the Family Safety Operations Manager or equivalent and Statewide Medical Director for resolution.

9-4. Conflict Resolution Over CPT Findings or Recommendations.

a. When an investigator does not agree with a CPT finding or recommendation(s), the investigator must notify his or her Supervisor and initiate a follow-up discussion with the CPT Case Coordinator in an attempt to reach consensus regarding the differences in professional positions.

b. If consensus cannot be reached between the investigator and the CPT Case Coordinator after the follow-up discussion, a staffing involving the investigator, investigator supervisor, Case Coordinator, Team Coordinator (and local Medical Director if the disagreement involves a medical issue) should be held within five working days to resolve the differences in professional positions.

c. If the staffing does not result in resolution of all the major issues and concerns, the matter should be referred to the Family Safety Operations Manager or equivalent and Statewide Medical Director for resolution.

9-5. General Consultation Requirements.

a. To the extent practical, the investigator shall be present for CPT medical assessments.

b. Following the medical exam, the investigator should discuss findings and safety planning, if needed, with the CPT physician and CPT case coordinator. The investigator should obtain CPT's medical report with preliminary impressions and recommendations. If a written hardcopy of the report is not immediately available, the investigator should document the verbal discussion of the CPT findings and recommendations in FSFN within two working days.

c. The investigator shall attend and participate in every formal case staffing and consultation.

d. The investigator shall keep the CPT case coordinator responsible for the case involved and informed as to final safety determinations and safety actions.

e. The investigator shall follow established local protocols and requirements for making referrals to CPT after regularly scheduled business hours.

9-6. Medical Neglect Consultation Requirements.

a. In reports alleging medical neglect, the investigator will contact CPT and request an immediate medical consultation after identifying present danger resulting from a parent not meeting a child's essential medical needs. The purpose of this call is to identify immediate responses needed to further evaluate or address the medical needs of the child. The consultation should discuss the need for the following immediate responses based upon information obtained by the investigator or the investigator's direct observation of the child:

(1) Calling 911 to dispatch first responders to the home.

(2) Directing the parents to take the child to the nearest hospital emergency room.

(3) The investigator taking the child into custody and requesting that the parents follow the investigator to the nearest hospital emergency room.

(4) Arranging for a medical evaluation of the child by CPT as soon as possible.

b. In reports alleging medical neglect in which present danger is not identified, the investigator will contact CPT within two working days to discuss essential information needed to be obtained by the investigator for the assessment and identification of impending danger.

c. When developing a safety plan due to the parent not meeting the child's essential and basic medical needs, the child protective investigator must consult with CPT to consider the available services required to address the child's medical condition and services which would enable the child to remain safely within the home. When considering a present danger plan, the child protective investigator will consider the availability of services and the level of needed care. When considering the development of an impending danger safety plan, the child protective investigator will utilize information obtained from CPT to inform the safety planning analysis criteria.

d. If the Child Protection Team determines that medical neglect is substantiated, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator, department legal staff, representatives from the Child Protection Team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration (if the child is Medicaid eligible), the community-based case lead agency, and any providers of services to the child.

9-7. Child Fatality Consultation Requirements.

a. When an investigator's maltreatment finding involving a child fatality is not compatible with a CPT's verified finding that the child's death resulted from abuse, neglect or abandonment, a staffing to reach consensus on the appropriate finding should be held prior to the investigation being closed.

b. The investigator shall notify the regional child fatality specialist of the date and time of the scheduled staffing. Both the investigator and the regional child fatality specialist are required to participate in the staffing.

9-8. Reports from Hospital Emergency Rooms.

a. When an investigator's initial contact with a child victim is at a medical facility or hospital emergency room, the investigator will consult with the attending physician to determine whether the injury or illness is the result of maltreatment.

b. If the physician who examined the child is not associated with CPT, the investigator will immediately contact the local CPT office to share the examining physician's impressions and contact information with a case coordinator. CPT will determine whether or not to respond on-site to conduct additional medical evaluation of the child and/or determine the need for follow-up CPT services.

c. If the child has been treated and released from the medical setting prior to the investigator's arrival, the investigator will follow the standard mandatory referral process to CPT as described above in paragraph 9-3 of this operating procedure.

9-9. Reconciling Differing Medical Opinions.

a. Physicians and other professionals involved in the medical care and treatment of a child may occasionally express differing medical opinions related to two key aspects of the investigation:

(1) Whether or not an injury or observed harm is the result of caregiver maltreatment.

(2) Whether or not a caregiver's failure to seek medical care or provide ancillary medical treatment constitutes medical neglect.

b. Since CPT medical providers have specialized training, experience, and expertise in the field of child abuse, the investigator should use and act on the CPT medical finding(s) and recommendation(s) when the medical opinion of an attending physician or primary care physician differs from the CPT physician's diagnosis/assessment/recommendation(s).

c. When other information gathered throughout the investigation supports the position of the attending or primary care physician, the investigator should follow the conflict resolution procedures outlined specifically in paragraph 9-4 of this operating procedure.

9-10. Supervisor.

a. The supervisor will ensure the investigator:

(1) Completed a referral to CPT as statutorily mandated by reviewing the CPT recommendations or the Intake/Referral form when no CPT services were appropriate.

(2) Is successfully achieving collaboration and teamwork with CPT professionals involved.

(3) Understands and adheres to local protocols.

(4) Uses the conflict resolution process or requests a second medical opinion from the statewide CPT Medical Director prior to using a medical opinion from the child's primary care physician or an attending physician with a certified specialty in the maltreatment, which differs from the CPT medical provider.

b. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

9-11. Documentation. The investigator will document the information provided to CPT and all recommendations resulting from the team staffing in a case note within two business days.

Chapter 10

DOMESTIC VIOLENCE (DV) CONSULTATIONS

10-1. Purpose. For purposes of child protection assessment and interventions, it is important to collaborate with domestic violence advocates or other domestic violence professionals to accurately identify the underlying causes of any violence occurring and whether or not the dynamics of power and control are evident.

a. **Violence** refers to aggression, fighting, brutality, cruelty, and hostility. Physical aggression ***in response to*** *acts of violence* may be **a reaction to or self-defense** against violence.

b. **When violence includes dynamics of power and control, it is considered "intimate partner violence."** Intimate partner violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another partner. Intimate partner violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

c. The investigator must assess whether the maltreating caregiver is using tactics of coercive control and how those tactics impact the protective capacity of the parent who is the survivor, as well as to understand the survivor's previous or current efforts to support their personal safety and the safety and well-being of the children. The best safety outcomes will result from partnering with the parent who is a survivor in a joint effort to protect the children, while holding the maltreating caregiver accountable for the violence and its impact on the children.

10-2. Procedures.

a. When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate in order to:

(1) Review the family's prior history of intimate partner violence and outcomes from prior intervention efforts.

(2) If the family has no prior reported history, but law enforcement or medical personnel report a current incident of intimate partner violence, assess dynamics to inform interviewing strategies prior to going to the home or immediately after commencement.

(3) Explore the feasibility of the DV advocate accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

b. Whenever intimate partner violence is occurring, the investigator will seek domestic violence expertise for the following critical elements of the investigation:

(1) The maltreating caregiver's pattern of coercive control and level of dangerousness:

(a) Explore the benefits of a joint interview conducted with law enforcement or law enforcement accompanying the investigator to the home.

(b) Determine the safest approach to conducting separate interviews with the maltreating caregiver and the survivor.

(2) Specific behaviors the maltreating caregiver engaged in to harm the child.

(3) Full spectrum of the survivor's efforts to promote the safety and well-being of the child despite the violence in the home.

(4) Adverse impact of the maltreating caregiver's behavior on the child.

(5) Other factors impacting the intimate partner violence (i.e., substance abuse, mental health, cultural, and socio-economic).

(6) Developing separate child safety plans for the adult victim of intimate partner violence and perpetrator of intimate partner violence. The investigator must ensure information related to the safety of the adult survivor or child victim (i.e., location of family members or DV shelter, etc.) is kept confidential and not inadvertently disclosed as part of the perpetrator's safety plan.

(7) Developing actions to hold the maltreating caregiver accountable.

(8) Provide all safety plans implemented with the family to the court.

c. The investigator will seek supervisor consultation when a parent refuses to sign an Authorization for Release of Information allowing the domestic violence advocate to disclose confidential communication. In such instances, the supervisor consultation will help to identify alternative strategies to engage the survivor and the domestic violence advocate in assessment and safety planning.

10-3. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The maltreating caregiver's pattern of behaviors, the actions specifically taken by the maltreating caregiver to harm the child, the impact on the child, and identification and recognition of the survivor's strengths and protective capacities are closely reviewed.

b. The investigator is able to achieve separate interviews and meetings to gather information from family members.

c. Collaboration and teamwork with co-located domestic violence advocates is achieved and the investigator understands and adheres to local protocols.

d. The investigator's use of professional expertise during the safety assessment to assess for intimate partner violence.

10-4. Documentation.

a. The investigator will document the information shared during the consultation with the domestic violence advocate and any recommendations made by the advocate regarding the non-maltreating caregiver and child safety in case notes within two business days.

b. The investigator will document when a safety plan is provided to Children's Legal Services for submission to the court in a case note within two business days.

c. The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 11

SUBSTANCE USE/MISUSE CONSULTATIONS

11-1. Purpose. For purposes of child protection assessment and interventions, it is important to accurately identify substance use disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery.

a. Substance use that is unable to be mitigated can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family.

b. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance use/misuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

11-2. Procedures.

a. When information obtained during the interactions with and assessment of the family's functioning indicates that substance misuse is believed to be occurring in the home and the Child Protective Investigator (CPI) feels as though the substance misuse is having an impact of child safety, or the CPI is unsure of the impact of the substance misuse on child safety, or the CPI is unsure of the impact of the substance misuse on child safety, the CPI must consult with a Behavioral Health Consultant or another substance use/misuse expert in order to:

(1) Assess whether the substance misuse is out-of-control to the point of having a direct and imminent effect on child safety.

(a) Identify specific harm(s) to the child caused by or highly correlated with the substance misuse (i.e. impacts to the child's care, schooling, or daily living).

(b) Provide input on what safety actions need to be incorporated into a safety plan for children of substance misusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event.

(2) Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.).

(3) Explore the potential use of the Marchman Act with the family to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance misuse for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance misusing family member.

(4) For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse and potential impact on child safety including, but not limited to:

(a) Dishonesty or the individual is a poor historian and information is not verifiable by collateral sources;

(b) Current inability to manage emotions, not fiscally solvent, and daily caregiving and/or individual well-being responsibilities are impacted;

(c) Depression, anxiety and sleeplessness;

(d) Harbored resentments that impact daily functioning;

(e) Isolation from others; and,

(f) A pattern of non-compliance (if a safety or case plan is in place), or non-engagement in own recovery process.

(5) Explore the feasibility of the Behavioral Health Consultant or substance use/misuse expert accompanying the investigator to the interview site when available, based upon local protocols and working agreements. The consultation with a Behavioral Health Consultant or another substance use/misuse expert should be initiated as soon as possible after identifying the need for such consultation as outlined above, to provide insight and guide decision-making within the investigative process.

b. The investigator will thoroughly assess family dynamics looking for behaviors and patterns of interaction indicative of co-dependency.

(1) “Parentified child.”

(2) Deficiencies in functioning between individual using substances and co-dependent partner.

c. The investigator will also seek mental health expertise to determine whether a co-occurring mental health condition is present to ensure that services for both conditions are provided at the same time, to avoid triggering the symptoms of the co-occurring condition that is not being addressed.

11-3. Supervisor. When initiated, supervisory consultations are provided to affirm:

a. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for substance use/misuse and impacts to child safety.

b. The investigator’s understanding and adherence to local protocols.

c. The Supervisor may waive the requirement for a substance use/misuse consultation, based on sufficiency of information collected to inform the Family Functioning Assessment and identified safety actions. This decision and supporting information shall be documented in a supervisory consultation.

11-4. Documentation.

a. The investigator will provide all known information, including any historical information, to substance use/misuse professionals to assist in the assessment process; and the recommendations resulting from the consultation activities shall be placed in a case note within two business days.

b. The supervisor will document the supervisory consultation, if conducted, in CCWIS using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 12

MENTAL HEALTH CONSULTATIONS

12-1. Purpose. For purposes of child protection assessment and interventions, it is important for investigators to consult with mental health professionals to accurately identify mental health conditions in parents, caregivers, children and adolescents in order to determine the extent, if any, the condition has on the caregiver's ability to parent and, in extreme circumstances, the direct impact on child safety.

a. Despite the social stigma associated with mental illness, the vast majority of individuals experiencing or caring for a child under psychological distress parent very capably. At times, however, an undiagnosed or undermanaged mental illness can result in conditions, behaviors, and situations in the home which cause the individual to be a danger to themselves or others.

b. By the conclusion of the Family Functioning Assessment, it is critical that the child welfare professional accurately assesses if the caregiver's untreated or improperly managed mental health condition has seriously harmed a child or will likely result in serious harm to a child.

c. By the conclusion of the Family Functioning Assessment, it is critical that the child welfare professional accurately assesses if the alleged child victim's mental health condition is beyond the caregiver's protective capacity, or willingness to manage, which has seriously harmed the child or will result in serious harm to the child.

d. Screening questions which must be discussed during a mental health consultation related to how a caregiver's behaviors may represent a danger threat to a child can be found in the "Assessing for Maltreatment" section for Inadequate Supervision within CFOP 170-4, Child Maltreatment Index.

12-2. Procedures.

a. When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that a mental health condition is believed to be significantly impacting any household member, the child protective investigator must consult with a mental health professional to:

(1) Assess whether the mental health condition is out-of-control to the point of having a direct and imminent effect on child safety.

(a) Identify specific harm(s) caused by the parent's behavior, emotions, perceptions, or attitudes toward the child.

(b) Provide input on what safety actions need to be incorporated into a safety plan to manage safety tied directly to the parent/caregiver's poorly managed or out-of-control condition, or mental health status that creates concern regarding his or her ability to provide care and supervision to the child.

(c) Determine the need for crisis stabilization through Baker Act proceedings.

(2) Review the child or parent/caregiver's current medication use (regarding compliance and effectiveness) and treatment regimen, if any, being particularly sensitive to mothers recently having given birth who might be struggling with post-partum depression.

(3) Explore additional treatment options and interventions to better control or manage the existing condition.

(4) Explore the feasibility of the mental health professional accompanying the investigator to the interview site when “crisis response teams” are available, based upon local protocols and working agreements.

b. The investigator will also seek substance abuse expertise when there are concerns that a co-occurring substance abuse problem is present in order to ensure that services for both conditions are provided at the same time, to avoid triggering the symptoms of the co-occurring condition that is not being addressed.

c. When a child or adolescent has been placed under the Baker Act and **is pending discharge from the facility,** the child welfare professional shall request notice of, and subsequently attend, any scheduled discharge planning or multidisciplinary staffing for the child.

(1) If the child welfare professional is aware of additional therapeutic disciplines working with the child or family (e.g., child or family therapist, behavior analyst, school social worker, psychologist or psychiatrist, etc.), the child welfare professional should share this information with the treatment provider so these individuals may participate in the multidisciplinary staffing as well.

(2) The child welfare professional shall request that individuals participating in the discharge planning conference or multidisciplinary staffing review, discuss, and to the extent possible reach consensus on the following issues:

(a) The factors or circumstances which contributed to or resulted in the child or adolescent’s hospitalization;

(b) Recommendations to address any child safety, permanency, or well-being needs identified; and,

(c) Develop a plan to ensure ongoing therapeutic and placement needs are met.

d. When a child or adolescent has been placed under the Baker Act and **has already been discharged from the facility, or the discharge planning conference or multidisciplinary staffing is conducted without the child welfare professional in attendance,** the child welfare professional will complete the following activities:

(1) Immediately attempt to obtain and review the receiving or treatment facility’s discharge plan and/or multidisciplinary staffing notes and any recommendations for aftercare;

(2) **Schedule a follow-up multidisciplinary staffing with all therapeutic disciplines working with the child or family as soon as possible, but no later than 72 hours from the child’s or adolescent’s discharge from the treatment facility**; and,

(3) Review, discuss, and document circumstances leading to the child’s or adolescent’s hospitalization, recommendations to address newly identified safety, permanency, and well-being issues, and develop a plan to ensure ongoing therapeutic and placement needs are met.

(4) For families under the jurisdiction of the court, the child welfare professional will notify the court of the child’s or adolescent’s emergency mental health admission in keeping with the statutory intent to keep the court “*updated throughout the judicial review process*” relative to “any other relevant health, *mental health*, and education information concerning the child” [emphasis added].

e. Child protective investigators will be responsible for initiating the multidisciplinary staffing for any child in an active investigation not concurrently opened for case management services. Case managers will be responsible for initiating the multidisciplinary staffing for all ongoing services cases

including those with an active investigation (although the child protective investigator is required to attend and participate in the staffing in an active investigation).

12-3. Supervisor. When initiated, supervisor consultations are provided to affirm:

a. The child welfare professional is successfully achieving collaboration and teamwork with professionals during the Family Functioning Assessment to assess for poorly managed or out-of-control mental health issues or indicators of mental health status that creates concern regarding the parent/caregiver's ability to provide care and supervision to the child.

b. The child welfare professional's understanding and adherence to local protocols.

12-4. Documentation.

a. The child welfare professional will document the information provided to mental health professionals to assist in the assessment process and any recommendations resulting from the consultation activities in a case note within two business days.

b. The child welfare professional will document the supervisor consultation, if conducted, using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 13

ASSESSING PRESENT DANGER

13-1. Purpose. The assessment of present danger has two aspects for the child protective investigator. The first aspect involves the completion of a standardized instrument, a single point in time documentation of what was observed (or information obtained) as a result of the investigator's first face to face contact with the alleged child victim(s) and caregiver(s), if available. The determination, justification, and documentation of any safety interventions taken or not taken during that initial contact with the family represents a fixed, singular decision point. In the second, broader aspect the assessment of present danger by the child protective investigator is an active, ongoing mental process which should be occurring every time the investigator visits a home, not just on the initial visit. Assessment in this sense is a fluid, dynamic process with the recognition and appreciation that present danger may occur with any child in the home, and at any point in time.

13-2. Present Danger Threats.

a. The investigator will identify which specific danger threat is occurring. It is absolutely critical that investigators use the full definitions and descriptions provided in CFOP 170-1, Chapter 2, Core Safety Constructs, Present Danger. Present danger may be indicated when the investigator or case manager encounters examples such as the following, which is not intended to provide a complete list:

(1) Parent does not know how child was seriously injured.

(2) Explanation for how child was injured changes over time.

(3) Family is intentionally avoiding contact with investigator or case manager and the intake alleges serious harm to the child or the documented injuries to the child are significant.

(4) Parent/caregiver is hiding child with relative or family friend and refuses to disclose location and the intake alleges serious harm to the child or the documented injuries to the child are significant.

(5) Parent/caregiver is not maintaining child's medical regimen or meeting treatment needs despite the seriousness of the injury/illness.

(6) Parent/caregiver has not called 9-1-1 to seek emergency medical response.

(7) Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that the parent/caregiver is unwilling or unable to manage.

(a) Child is self-injurious.

(b) Child is setting fires.

(c) Child is sexually acting out.

(d) Child is addicted to drugs or alcohol.

(8) Child is being sexually abused and maltreating caregiver has on-going access to child.

(9) Parent/caregiver is demonstrating psychotic, delusional or physically assaultive/threatening behaviors.

(10) Parent/caregiver is brandishing a weapon.

(11) Domestic violence dynamics are active in the household.

(12) Child is unsupervised in a dangerous environment or condition.

(13) A lack of basic, essential food, clothing, or shelter is resulting in the child needing medical care or attention.

(14) Child needs to be hospitalized for non-organic failure to thrive.

(15) Parent/caregiver makes statements about the family's situation being hopeless.

(16) Child describes extreme mood swings in parent, drug or alcohol use that exacerbates the parent's volatility and frustration with child.

(17) Child expresses significant fear of being left with parent/caregiver or going home from school.

(18) Child describes being subjected to confinement or bizarre forms of punishment.

b. The investigator will identify the specific present danger threat and qualify that it is immediate, significant, and observable as defined in CFOP 170-1, Chapter 2, Core Safety Constructs, Present Danger. The danger threats and qualifiers apply to the family condition, child condition, individual behavior or action, or family circumstances which endanger, or threaten to endanger, the child. It should be noted that the location of the alleged perpetrator outside the immediate presence of the child victim (e.g., maltreater arrested, child in hospital, etc.) does not negate the present danger threat. In present danger, the dangerous situation is:

(1) In the process of occurring which means it is happening right in the presence of the investigator or case manager (e.g., *an infant is left unattended in a parked car*), or,

(2) It might have just happened (e.g., *a child presents at an emergency room with a serious unexplained injury*), or,

(3) It happens "all the time" (e.g., *young children were left alone last night and are likely to be left home alone again tonight*).

c. When present danger is not immediately apparent, special consideration needs to be given to the following:

(1) If what is alleged could be true, does it equate to present danger (e.g., *serious unexplained injuries or sexual abuse allegations*)?

(2) Is any child in the home vulnerable to the identified threat (i.e., a threat only exists in tandem with a vulnerable child)?

(3) Does the investigator or case manager need to respond to the threat immediately?

d. While section 790.335, F.S., prohibits the department and providers from keeping lists or records of firearms and/or their owners, it is always appropriate and necessary for a child protective

investigator to inquire about, assess, and document any potential danger from a firearm in the home, when:

(1) The intake report contains information specifically describing the potential for harm or danger related to a firearm in the home (e.g., the alleged maltreater is threatening the child or other household members with a weapon, or a young child has access to an unsecured, loaded firearm outside the immediate presence of an adult, etc.).

(2) The investigator personally observes a firearm while in the home. If there is no trigger lock on the weapon and a minor in the home could readily gain access to the firearm without the owner's permission, the investigator must confirm with the caregiver that the weapon is unloaded.

e. Aside from potential danger threats related to firearms, an investigator is also responsible for obtaining the signature of prospective relative/non-relative caregivers acknowledging the individual understands Florida law related to safe gun ownership as part of a home study prior to placing a child in the home. The investigator must have the caregiver sign and date the "Acknowledgement of Compliance with Firearms Safety Requirements" (form CF-FSP 5343, available in DCF Forms) as part of approving the home study.

f. When present danger is identified, **the investigator must implement a present danger plan to ensure the child(ren) safety prior to leaving the child(ren) in the home.** The safety plan will include conditions requiring either an additional adult to come into the home to assist with managing the danger threat or certain individuals leaving the home to control the threat of danger to the child.

13-3. Present Danger Assessment. While the assessment and identification of present danger is a process that occurs in real time in the field during on-site visits with the family, and to the extent possible after telephonic consultation with a supervisor, the information providing justification for safety interventions taken must be clearly and concisely documented using the following standards.

a. The present danger assessment shall be documented using the Present Danger Assessment functionality in FSFN within 48 hours of the assessment of present danger.

b. When a new report or additional report is received, the Child Protective Investigator will complete a Present Danger Assessment in FSFN. Supplemental reports must be reviewed to determine whether the new information represents a significant change in family circumstances to warrant additional investigative or assessment activities.

c. During the course of a case, a present danger assessment should be completed by the child welfare professional whenever present danger is encountered using the Present Danger Assessment in FSFN.

d. In investigations involving intimate partner violence where present danger has been identified, two separate safety plans will be initiated – a Confidential Child Safety Plan and a Perpetrator Focused Child Safety Plan – to control for the present danger that was identified due to the family condition involving intimate partner violence. Additional guidance on determining the appropriate safety actions to take, structuring of the plan, implementation of plan elements, and monitoring of the plan refer to:

(1) "Develop Present Danger Safety Plan," CFOP 170-7, Chapter 2.

(2) "Safety Plan Involving Release of Child with Non-Maltreating Parent," CFOP 170-7, Chapter 5.

(3) "Safety Plans in Domestic Violence Cases," CFOP 170-7, Chapter 4.

(4) "Approval of Informal Providers in Safety Plans," CFOP 170-7, Chapter 7.

13-4. "Initial" Supervisor Consultation.

a. An 'Initial' supervisor consultation to review the investigator's assessment of present danger is required within 5 calendar days from the point when the intake was received by the Hotline. During the consultation, the supervisor should evaluate whether or not the investigator has clearly articulated and documented the following considerations:

(1) Can the investigator clearly describe the home, child, caregiver(s), and condition(s) that he/she believes currently protect or endanger the child?

(2) If a danger threat is identified, does the danger seem active, reasonable, and vivid? Does the investigator describe family conditions that rise to the level of present danger but the present danger is not identified?

(3) Does the investigator feel compelled to take action immediately to ensure the protection of the child and, if so, what is the basis?

b. If during the initial consultation the investigator discusses relevant information not documented in the Present Danger Assessment, and this information does not change the assessment determination, the supervisor shall:

(1) Document concise elements of this information in the consultation note.

(2) Reopen the Present Danger Assessment and direct the investigator to add all relevant information used to initially determine present danger. The supervisor will review the amended Present Danger Assessment to ensure all required information is clearly articulated and documented.

c. If during the initial consultation the investigator fails to recognize the documented information meets the criteria for a danger threat or presents additional information that supports the presence of a danger threat not previously identified by the investigator, the supervisor shall:

(1) Direct the investigator to return to the home to complete a new Present Danger Assessment.

(2) Direct the investigator to implement a Present Danger Safety Plan, as appropriate.

d. When present danger is identified during a second or subsequent visit to the home by the investigator after the 'Initial' supervisor consultation has been conducted, a 'Follow-up' supervisor consultation shall be conducted to review the investigator's assessment of present danger (considerations in ~~(~~paragraphs 13-4a(1)-(3) above).

e. Supervisors are required to review Present Danger Safety Plan within 24 hours of the investigator developing the plan. In investigations involving intimate partner violence in which present danger is identified, supervisors shall ensure that two separate safety plans have been initiated – a Confidential Child Safety Plan and a Perpetrator Child Safety Plan.

f. Supervisors are required to request a 2nd Tier Consultation to review the appropriateness of all In-Home Present Danger Safety Plans.

13-5. Documentation. Initial assessment of present danger occurs at the onset of the investigation. Present danger is re-assessed when an Additional Report is received or when a Supplemental Report

contains information suggests significant changes in family circumstances. Present Danger Assessments are not completed for Duplicate reports.

a. The investigator will complete and document the Present Danger Assessment using FSFN functionality before the initial consultation with his or her supervisor within the following timeframes and parameters:

(1) As soon as possible after present danger is identified and the Present Danger Safety Plan is developed.

(2) Within two business days when present danger is not identified.

b. The supervisor will document the consultation around present danger in FSFN using the supervisor consultation page hyperlink in the investigation module within two business days. The supervisor will concisely summarize the following.

(1) The participant(s) in the consultation.

(2) Feedback provided.

(3) Guidance to the investigator.

(4) Follow-up expectations.

(5) If the investigator has clearly described and documented the considerations in paragraph 13-4a(1-3), then the supervisor does not need to provide further documentation that each item was discussed.

c. If the Present Danger Assessment and Present Danger Safety Plan (if applicable) are not entered prior to the initial supervisor consultation, a follow-up consultation will be scheduled by the supervisor to discuss documentation of the Present Danger Assessment and Present Danger Safety Plan.

Chapter 14

INITIAL CONTACTS AND INTERVIEWS

14-1. Purpose. Information collection and analysis, including information validation and reconciliation, occurs best by implementing a systematic and structured approach to interviews. During pre-commencement planning, the investigator shall plan the sequencing of interviews and consider the following factors to facilitate the collection of information.

14-2. Procedures.

a. Establishing a working relationship with the family to facilitate information gathering requires the investigator spend sufficient time establishing and building rapport with the child's parents/caregivers. This is accomplished by:

(1) Notifying parents of their rights relative to the investigative process at the very beginning of the investigation.

(2) Explaining, as part of the introductory process, the role of the investigator, role of the agency, and the essence of the report (without getting into the details of the maltreatment until the interview process has begun in full).

(3) Addressing parental concerns, deflecting strong reactions, and demonstrating empathy in response to significant emotions resulting from the parent's response to being a subject of an investigation.

(4) Empowering parents by asking for assistance in arranging for a private place to conduct interviews, scheduling follow-up interviews, and asking for additional contact information on family members, friends, and individuals in their support network who they want the investigator to talk to about their family's circumstances.

(5) Guiding the interview process by redirecting the conversation back to the collection of relevant information related to the information domains when parents repeatedly move off-topic. It is critical for the investigator to recognize the difference between this intentional avoidance or misdirection from parents, and the need for the investigator to make the effort and take the time to address a parent's legitimate concern before refocusing the interview.

b. With few exceptions, household members should be interviewed separately in the home when possible, in the following order, using information gathered from one interview to assist in the development of questions for the next interview:

(1) Identified child victim.

(2) Siblings or other children in the household.

(3) Non-maltreating parents and caregivers, including all adult household members.

(4) Other parent (as a collateral contact when parent no longer lives in the same household).

(5) Maltreating parent/caregiver.

c. Based on the information gathered during pre-commencement planning, each contact should be planned with consideration given to:

(1) When and where the interviews will take place.

(2) Development of an appropriate line of questioning (i.e., broad or general, not necessarily specific questions).

(3) Whether other agencies should be notified to participate in the interviews.

(4) Section 39.301(13), F.S., specifically requires that face-to-face interviews with the child or family be unannounced. Pre-commencement planning should include an understanding that interviews can create outright safety issues. For example, if an intake contains information that the maltreating caregiver threatened to harm a child if anyone in the family, but especially the child, speaks with child protection staff, etc.

d. Whenever safely possible, the child should be interviewed in the home so that the investigator can observe family interactions and obtain firsthand information on family dynamics.

e. When a child is interviewed outside the home, the investigator will make every effort to interview the non-maltreating parent and, to the extent practical, the maltreating parent before the child returns home. It is very important to the engagement process for the parent to be informed directly by the investigator and not secondhand by the child, siblings, school, or childcare staff regarding the child having been interviewed earlier by the investigator.

f. If the child's parents cannot be interviewed prior to the child returning home, the investigator will attempt to inform the parents that the child has been interviewed as part of an investigation unless notification could compromise the child's safety or law enforcement personnel have specifically requested a delay in parental notification due to a concurrent criminal investigation.

g. The following circumstances should be considered when determining how and when to inform parents about the investigation:

(1) The intake specifically mentions the child victim is not likely to feel comfortable talking about the incident in the home or in the near presence of the maltreating or non-maltreating parent.

(2) The intake specifically mentions or the child victim discloses fear of reprisal from the maltreating or non-maltreating parent for talking with a child protection professional.

(3) A joint investigation is being conducted with law enforcement which has the lead in determining the order and settings for the interviews.

(4) The investigator has credible information the family is likely to flee to avoid the investigation.

(5) The maltreatment allegations, if true, likely involve criminal charges and serious ramifications for the family (e.g., child placed with relatives, non-relatives or in licensed care) typically including, but not limited to the following:

(a) Sexual abuse.

(b) Bizarre punishment.

(c) Any maltreatment that is alleged to have resulted in serious or severe injuries.

h. When a child and a maltreating or non-maltreating parent are interviewed in separate locations and at different times, the investigator, to the extent practical, will arrange a follow-up interview in order to directly observe the child-parent interactions.

i. The non-maltreating parent should be the first adult interviewed in the investigative process followed by any other adults living in the household.

j. To the extent possible, the alleged maltreating caregiver should be the last household member interviewed. If law enforcement requests the alleged maltreating caregiver not be interviewed at initial contact because of an ongoing criminal investigation, the investigator should document this request and the Supervisor's approval to delay the interview. If law enforcement allows the investigator to interview the individual during a criminal investigation but requests that the investigator avoid discussing the actual incident, the following information can still be collected:

(1) Child functioning;

(2) Adult functioning;

(3) General parenting; and,

(4) Discipline and behavior management. NOTE: If the criminal investigation involves excessive corporal punishment resulting in physical injury, the investigator should check with law enforcement before exploring this last domain.

k. Postponing the interview does not negate the investigator's responsibility for taking immediate safety actions to protect an unsafe child.

l. Postponing the interview does not negate the investigator's responsibility to interview the alleged maltreating caregiver as soon as clearance from law enforcement has been obtained.

Chapter 15

INTERVIEWING CHILDREN

15-1. Purpose. The purpose of the face-to-face contact and interview with the alleged victim, siblings, and other children living in the household is to gather firsthand information regarding the alleged maltreatment incident, collect additional information for all information domains to the extent possible, and determine whether the children are vulnerable to an identified danger threat(s).

a. Investigators use both direct observation (what they see) and interviewing (what they hear) to assess the children's immediate safety and collect information related to child and adult functioning on a day to day basis, general parenting practices, and disciplinary and behavior management practices likely to reveal the presence of present or impending danger in the household.

b. Additionally, since children are typically one of the more reliable information sources, the investigator can corroborate information learned from other sources related to any domain (e.g., reconcile disciplinary practices, etc.).

c. The decisions that result from information collection and the initiation of appropriate safety interventions are discussed separately in '***Determination of Findings'*** (Chapter 22 of this operating procedure) and '***Develop and Manage Safety Plans*** (CFOP 170-7) respectively.

15-2. Procedures.

a. The investigator must attempt an initial face to face contact with the alleged child victim(s) and other known children in the home within the assigned investigation response timeframe.

b. The investigator must complete the following introductory activities during the initial contact with the child's parent(s) or legal guardian(s) when the initial contact with the child occurs in the child's home:

(1) Present identification to the family at the beginning of the interview, and provide a business card or other document containing the investigator and supervisor's names and telephone numbers to the parent(s) and caregiver(s). Provide the "Child Protection: Your Rights and Responsibilities" pamphlet (CF/PI 175-32, available in DCF Forms) to the parent or legal guardian, and explain the child protective investigation process.

(2) Inform the parent(s) or legal guardian(s) of the purpose of the investigation and the ways the information may be used by the investigator, including the possible outcomes and identifying possible services as a result of the investigation.

(3) Encourage the parent(s) or legal guardian(s) to work in partnership with the investigator.

(4) Inform the parent(s) or legal guardian(s) of their rights pursuant to s. 39.301(5)(b), F.S., and as outlined in the Rights and Responsibilities pamphlet. [NOTE: If the parent(s)/legal guardian(s) chooses not to allow an interview with themselves or their children, the investigator still needs to complete other collateral contacts and, to the extent practical, assess for present and impending danger, and take any necessary safety actions until such time that the parent(s)/legal guardian(s) makes such arrangements.]

(5) Inform the parent(s) or legal guardian(s) of the duty to report a change in address or the location of the child until the investigation is closed.

(6) Obtain from the parent(s) or legal guardian(s) the names of persons who can provide relevant information about the family.

(7) Ask the parent(s) or legal guardian(s) to sign a release authorizing the Department to obtain confidential information from physicians, mental health providers, school employees, or other service or treatment providers.

(8) Ask for and review the identification presented by caregivers and household members involved with a child protective investigation. This identification verification should be completed with each adult, and age-appropriate child (15 years or older) and must be accurately documented in the case record. If the household member involved in the investigation does not have a valid form of identification or refuses to produce a valid form of identification, the CPI must consult with his/her supervisor immediately and document the refusal/inability to produce the identification in the Comprehensive Child Welfare Information System, along with the supervisor consult decision. This supervisor consultation should consider the impact the inability to verify household members' identities has on child safety (present and impending danger) and if law enforcement assistance is needed. If the child remains in the home without verifying household members' identification, the CPI must make diligent efforts to verify household members and document those efforts in the Comprehensive Child Welfare Information System.

c. If it is not possible during the initial attempt for the investigator to make face-to-face contact, the investigator must continue to make daily diligent attempts at a minimum, at varying hours and locations, including weekends, until contact has been made. If daily diligent attempts were not completed, the investigator must document why attempts were not made. Daily diligent attempts shall continue until all victims and children in the home are seen. If all efforts to locate and interview the children, parents/caregivers and other household members have been exhausted, refer to Chapter 25 (paragraph 25-4) of this operating procedure when determining how to proceed.

d. The investigator will make diligent efforts to notify the parent(s) or legal guardian(s) of the investigation and the child having been interviewed outside the home immediately, but no later than 24 hours following initial contact, unless notification could compromise the child's safety, or law enforcement personnel specifically request a delay in parental notification due to a criminal investigation. Ideally, this notification will occur in conjunction with the non-maltreating and maltreating parent being interviewed by the investigator as timely as possible after the child interview was conducted.

e. When the investigator contacts the child at home and the parent(s) or legal guardian(s) is present, the child should be interviewed outside of the parent's/legal guardian's immediate presence.

(1) The investigator will conduct interviews in a manner that ensures the child's privacy. The interview setting should ensure the child can speak without being heard or seen by others during the interview.

(2) When the alleged maltreatment involves sexual abuse or severe physical abuse, the interview with the child should not be conducted in the room where the abuse is alleged to have or likely occurred. To the extent possible, the investigator should interview the child out of the home altogether, in a less threatening, safer setting.

f. If the parent(s) or legal guardian(s) insists on observing the interview with the child in order to allow it to occur, the investigator should try to address the parent's or legal guardian's immediate concerns by reiterating how the information may be used and how the parent(s) or legal guardian(s) will be appropriately informed regarding what is discussed during the session upon conclusion of the interview. If the parent(s)/legal guardian(s) refuses to allow the child to be interviewed outside of his or her immediate presence, the investigator has several options:

(1) Determine if the non-maltreating parent or legal guardian would likely maintain the integrity of the interview by agreeing to remain silent while listening to the interview from another room or sitting behind the child unobserved.

(2) Seek an appropriate court order to interview the child outside the immediate presence of the parent(s) or legal guardian(s).

g. Once the parent(s) or legal guardian(s) explicitly expresses the child is not to be interviewed by the investigator outside the parent's or legal guardian's presence, the investigator is not to contact that child at a secondary setting (e.g., school, daycare, etc.) to circumvent the parent's or legal guardian's instructions.

h. When the parent(s) or legal guardian(s) refuses to speak with the investigator and access to the child is denied outright, the investigator should immediately discuss the situation with his or her supervisor and determine the most appropriate response, which typically includes one or more of the following:

(1) Persist in attempts to gain cooperation from the family or caregivers by addressing, to the degree possible, the parent's issues and specific concerns.

(2) If the intake indicates there is immediate danger to a child's health or safety, seek local law enforcement assistance in intervening with the parents or legal guardians as part of a criminal investigation.

(3) If the family is already under the supervision of the court, seek a protective custody order from the dependency court.

(4) If the intake does not indicate immediate danger to a child's health or safety, discuss with supervisor whether to pursue a staffing with Children's Legal Services as to possible legal options, such as filing a Motion to Compel/Order for Access and/or seeking possible dependency action.

i. When the investigator contacts the child at home and a parent, legal guardian or adult household member is not present:

(1) The investigator should immediately discuss with his or her supervisor regarding the need to contact law enforcement to enter the home to assess the child's safety in the following circumstances:

(a) The child is inadequately supervised based upon the child's stated or reported age, observed maturity or developmental condition.

(b) There is reasonable cause to believe the child's health or safety is endangered by the conditions of the dwelling.

(c) The maltreatment allegations, if true, involve severe harm or life threatening conditions or circumstances.

(2) If the intake does not indicate any immediate danger to the child's health or safety and the child is mature enough to be home without adult supervision, the investigator should conduct the interview with the child while standing outside the home. Under no circumstances should the investigator enter the home because a child issues an invitation to do so.

(3) If there are no signs of present danger and the child is unwilling to talk with the investigator, and the investigator has no grounds to believe the child's immediate safety is compromised, the investigator should wait until the parent or legal guardian is contacted prior to interviewing the child.

(4) If the child appears mature enough to be home without adult supervision but the investigator determines parental notification will likely compromise child safety, the investigator should attempt to re-interview the child in a school or other location setting where the presence of another adult may make the child feel comfortable enough to talk with the investigator.

j. For any school-aged child, if the interview takes place at school, ask the child if he or she would be more comfortable having an adult who has an established relationship with the child (i.e., teacher, guidance counselor, etc.) sit in on the interview.

(1) Per statutory direction (s. 39.301(18), F.S.) the child must request or consent to the presence of the adult and the investigator must determine the adult's presence would contribute to the success of the interview. The investigator makes this decision, not school personnel.

(2) When an adult does participate in the interview at the request of the investigator or child:

(a) The investigator should have the individual sign a written acknowledgment stating that: "I understand that anything the child discloses throughout the interview is confidential information and may not be shared with any other individual pursuant to s. 39.202, Florida Statutes."

(b) Inform the individual that by participating in the interview he or she may have to testify in court in regard to what the child discloses during the interview.

k. Observe the child for injuries or signs of neglect. The investigator may need to remove a child's clothing to make adequate observations and, in the event this is necessary, the investigator should:

(1) Attempt to acquire parental consent and assistance, if it does not compromise child safety.

(2) If the parent or legal guardian is not present, the investigator shall request the presence of another investigator or other support person, who is the same gender as the child, when assessing injuries to any part of a child's body covered by clothing.

(3) Prior to observing alleged injuries to school-aged children involving the buttocks of either sex, or breast area of females, the investigator needs to assess each individual child's sensitivity to disrobing in front of the investigator. If the child appears hesitant, displays obvious discomfort, or verbally expresses reluctance to having an article of clothing removed, the investigator may utilize the assistance of a school nurse or take the child to a medical professional for the required observation.

(4) The investigator must facilitate an examination by a medical professional if the alleged abuse or neglect involves injury to the genitalia of any child. Please see CFOP 170-5, Chapter 9, "Coordination with Child Protection Team (CPT)," for more specific details.

l. Reassure the child he or she is not in any trouble and answer any questions the child may have about the interview/observation process.

m. Assess the child's physical and verbal responses to the interview process, specifically looking for signs the child is upset or worried about talking about what happened and/or expresses fear of reprisal for talking with the investigator.

n. If the investigator takes a picture of any injuries to the child, a ruler or measuring tape should be placed next to the observed injury to provide a contextual framework for the size and shape of injuries photographed.

o. The investigator must gather information from the child as developmentally appropriate through interview(s) and observation in the information domains. Please see CFOP 170-1, Chapter 2, paragraph 2-4, "Information Domains (Family Assessment Areas)," for more specific details.

p. To the extent practical, the investigator shall also attempt to interview the child's siblings, other children in the home, parents/legal guardians, other household members, and alleged maltreating caregiver during the same visit.

q. If the initial contact with the child occurs outside the home, the follow-up interviews with the rest of the family and other household members shall, to the extent practical, take place the same day or within 24 hours after initial contact with the child(ren).

r. Upon identification of a present danger threat, the investigator shall determine if the child's safety can be managed through an in-home safety plan, release of the child to the other parent, placement of the child with a relative/non-relative, or in licensed out-of-home care as determined to be necessary by the investigator as outlined in CFOP 170-7, Chapter 2: Develop Present Danger Safety Plan.

15-3. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. The investigator asked appropriate questions or shared information with the child based on the child's age and developmental status.

b. To the extent possible, the investigator's interview of the child should contribute to providing information on all information domains.

c. The investigator has accurately assessed and sufficiently addressed issues likely to cause anxiety for the child as a result of the investigative/interview process:

(1) How the child feels talking about the maltreatment (i.e., sharing "family business").

(2) Fear of retaliation or further abuse in the home.

(3) Informed the child on likely "next steps" (relative to child's level of understanding and comprehension).

(4) Spent sufficient time with the child to reduce the trauma associated with a removal episode.

d. Daily diligent attempts were completed when the victim(s) and/or other children in the home were not seen at initial contact.

15-4. Documentation. The following actions must be completed by the investigator using the Comprehensive Child Welfare Information System functionality within two business days:

a. Document the initial face-to-face contact with the alleged victim (commonly referred to as the "victim seen" date) and other children in the home. To record a "victim seen" time for a deceased child, the child protective investigator may enter the date and time a medical professional (e.g., coroner, ER physician, EMT personnel, etc.) or law enforcement office was contacted and verified the child's death.

b. Document each attempted face-to-face contact made to see the alleged child victim and other children in the home, and:

(1) Provide an explanation as to why contact was not made; and,

(2) Indicate if local law enforcement services are or were required in locating and/or gaining access to the child victim.

c. Document same-day notification to parent(s)/legal guardian(s) if the child was interviewed prior to their knowledge.

d. Document if same-day notification to the parent(s)/legal guardian(s) was delayed an additional 24 hours because it was determined child safety might be compromised by such notification.

Chapter 16

INTERVIEWING THE NON-MALTREATING CAREGIVER AND HOUSEHOLD MEMBERS

16-1. Purpose. The initial purpose of the face-to-face contact and interview with the non-maltreating caregiver and other household members is to determine what information, if any, these individuals have regarding the specific alleged maltreatment incident(s). Additional information is also solicited on out-of-control individual or family conditions to assist in the identification of other danger threats in the home. Close adherence to the information collection protocol ensures, to the extent possible, sufficient information is obtained for all six information domains to present a complete picture of both the maltreatment incident and the family's overall functioning.

16-2. Procedures.

a. If it is not possible during the initial contact for the investigator to make face-to-face contact with and interview the non-maltreating parent or legal guardian, siblings of the alleged victim, or other children living in the home, the investigator must document the diligent efforts made to contact these individuals and continue to make daily attempts to complete the interviews. Daily attempts to interview other adult household members are not required when:

(1) Sufficient information has been obtained to determine that no present danger threat exists in the home.

(2) Sufficient demographic information has been obtained on all adult household members to complete child welfare and criminal history checks and the checks do not result in any child safety concerns.

b. Whenever possible, the investigator should interview both parents or legal guardians in person, as follows:

(1) Interview each person separately.

(2) Briefly explain the investigator's role in the child protection process outlining the interviewing and information collection requirements, and confidentiality protections for the family and reporter.

(3) Provide the parent(s) or legal guardian(s) with the "Child Protection: Your Rights and Responsibilities" pamphlet (CF/PI 175-32, available in DCF Forms), which includes written information regarding the child protective investigation assessment process including the court process and the rights of the parent(s) or legal guardian(s).

c. Ask questions related to concerns about domestic violence (e.g., the maltreating caregiver's pattern of coercive control, out-of-control individual behavior, or family conditions, etc.) in separate interviews only.

d. Off-site contacts should be conducted with the consideration for confidentiality, privacy, and the safety needs of all parties involved. An off-site contact (i.e., at an individual's place of employment, etc.) should be considered in the following circumstances:

(1) The maltreating caregiver's presence in the home during the interview is likely to keep the non-maltreating parent from disclosing essential information.

(2) Information contained in the intake describes the maltreating caregiver's behaviors as so 'out-of-control' as to create an unsafe environment for the non-maltreating parent, investigator, or both.

e. When a child's parents have separate households (i.e., partial or shared custody of the child), only the parent responsible for the alleged maltreatment is the focus of the FFA-Investigation. The non-maltreating parent must be interviewed as a collateral contact. If contact is not made with the non-maltreating parent, the investigator shall document all efforts to locate and/or notify the parent. Prior to notifying the other parent his or her child is involved in an investigation, the investigator shall determine, based upon the information available:

(1) The parent retains shared or partial custody and is thereby entitled to notification regarding the on-going investigation.

(2) No domestic violence injunctions are in place in accordance with sections 39.504 or 741.30, F.S. If an injunction is in place, the alleged offender shall not be notified of the investigation.

(3) When the other parent lives in a separate household, the investigator shall notify and interview that parent as a collateral source. No Family Functioning Assessment, child welfare or criminal background check is required on the non-maltreating parent unless the investigator is considering releasing or placing the child with the parent. If release or placement of the child is involved, then background checks and the Other Parent Home Assessment are required for the non-maltreating parent. Please see CFOP 170-7, Chapter 5, paragraph 5-2, for more specific details.

f. If during the course of an investigation there is reasonable cause to suspect maltreatment by a parent residing in a household other than the household under investigation, the investigator must contact the Hotline to initiate a new report requiring a second, separate FFA-Investigation on the other parent's household.

16-3. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. To the degree possible, the investigator's interview of the non-maltreating caregiver or adult household member should provide sufficient information on all information domains.

b. The investigator has accurately assessed and sufficiently addressed issues likely to arise from domestic violence dynamics between the parents or caregivers creating a safe environment for disclosure by the non-maltreating caregiver.

16-4. Documentation.

a. The investigator will document all contacts and information obtained through interviews in case notes within two business days.

b. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 17

INTERVIEWING THE ALLEGED MALTREATING CAREGIVER

17-1. Purpose. While not always possible, the identified maltreating caregiver should be the last household member interviewed. This means the investigator will have the most information available when questioning the identified maltreating caregiver about the specific maltreatment incident, circumstances accompanying it, and any out-of-control individual or family conditions that the investigator needs to assess relative to making a safety determination.

17-2. Procedures.

a. At the point the investigator determines, through direct observation or victim/witness disclosure, that the alleged maltreatment occurred and is serious or severe enough to warrant consideration as “criminal conduct”, the investigator shall immediately notify law enforcement prior to conducting the interview with the identified alleged maltreating caregiver.

b. The investigator will inform law enforcement personnel about the necessity for, and timing of, any protective actions the investigator will need to take to ensure child safety. If it is not possible to interview the identified alleged maltreating caregiver at the initial contact due to a criminal investigation, the investigator will request to be notified by law enforcement personnel at the earliest possible date when the individual is cleared to be interviewed. To facilitate notification, the investigator will check with law enforcement on at least a weekly basis to confirm there is still a “hold” on the interview. After law enforcement has interviewed and obtained statements from the alleged maltreating caregiver the investigator should gather information on:

(1) Extent of Maltreatment.*

(2) Surrounding Circumstances of Maltreatment.*

(3) Child functioning.

(4) Adult functioning.

(5) General parenting.

(6) Discipline and behavior management.*

*NOTE: At times, law enforcement and/or the alleged maltreating caregiver’s attorney will consent to an interview if the maltreatment “incident” is not discussed. In those instances the investigator should refrain from asking questions related to Information Domains One and Two. Questions on the use of disciplinary practice should be avoided as well when the maltreatment incident reportedly involved the use of excessive corporal punishment.

c. Prior to meeting with the identified alleged maltreating caregiver, the investigator may request discussion with a supervisor if the individual has a history of assaultive behavior or violence and consideration should be given to having law enforcement accompany the investigator or conducting the interview in a safer setting (i.e., office or other public site).

d. When meeting with the identified alleged maltreating caregiver, the investigator must:

(1) Coordinate the interview with local law enforcement when law enforcement is conducting an investigation.

(2) Present agency credentials and contact information for both the investigator and his or her supervisor.

(3) Inform the individual of their specific rights as outlined in section 39.301(5), F.S.:

(a) Purpose of the investigation.

(b) Right to obtain counsel and how the investigator may use the information provided.

(c) Possible outcomes and interventions resulting from the investigation.

(d) Right to be fully informed and engaged throughout the investigative process if a parent or legal guardian.

(e) Right to use audio or video recordings during interviews.

(f) Requirement to report any change in address to the investigator up until the investigation is completed.

e. The investigator must make diligent efforts to contact all parents residing in the focus household, legal guardians, caregivers, and identified alleged maltreating caregivers. If the investigator is unable to locate on the first attempt, multiple on-site attempts are required. Attempting contact at places of employment may be necessary. The investigator is required to contact parents incarcerated in a local jail setting and attempt an interview.

f. A parent's refusal to be interviewed, whether based on the legal advice of counsel (regardless of the setting) or their individual discretion, should be documented accordingly.

17-3. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. To the degree possible, the investigator's interview of the alleged maltreating caregiver should provide sufficient information on all information domains, but particularly related to the extent of, and circumstances surrounding, the maltreatment (see exceptions noted above for reports involving law enforcement).

b. The investigator has made reasonable effort to locate and interview the alleged maltreating caregiver, when the individual is not responding to the investigator's request to be interviewed or is avoiding contact altogether.

17-4. Documentation.

a. The investigator will document all contacts and information obtained through interviews in case notes within two business days.

b. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 18

INTERVIEWING COLLATERAL CONTACTS

18-1. Purpose. Based upon the information in the intake, the review of the family's history and initial interviews with all family members, the investigator must determine which collateral sources are likely to have relevant information related to the current investigation. Collateral contacts will also provide the investigator with essential information to validate, corroborate and reconcile what has been learned from the family. Identifying the relevant collateral contacts and conducting purposeful interviews based on information already gathered is key to the investigator's ability to complete the FFA-Investigation and make final safety determinations.

18-2. Procedures.

a. In most instances, the reporter should be the first individual contacted prior to commencing the investigation. This contact is required and is necessary to corroborate information obtained by the Hotline counselor and to explore what other information the reporter might have on the extent of the maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting, and disciplinary and behavior management practices. The reporter may also be an excellent source for obtaining the names and contact information for other reliable collateral contacts that know the family well.

b. The investigator must:

(1) Identify collateral contacts likely to have relevant and reliable information on the family.

(2) Provide his or her name and contact information to "professionally mandated" reporters within 24 hours of being assigned to the investigation.

(3) Advise "professionally mandated" reporters he or she may submit a written summary of the information made to the Hotline to become part of the child's file.

(4) Protect the identity of the collateral contacts to the extent possible when discussing information shared about the family with the family.

c. A consideration in identifying collateral contacts is the degree the source is likely to provide reliable and unbiased information about the family.

(1) Professional sources are typically less biased than neighbors, friends and family members, but correspondingly, are also less likely to have as much detailed information on the family.

(2) Informal sources, on the other hand, typically are aware of family conditions and dynamics to a much greater extent than professional sources, but are more often biased regarding the information shared and may intentionally skew information provided to present the family in either a more favorable or negative light.

(3) Information from one source that can be corroborated by additional sources helps the investigator determine the reliability of the information.

(4) Unless compromised by adult instruction, children are typically the most unbiased source for information within a family and are also the least guarded in disclosing sensitive information.

(5) Similarly, extended family members who have emotionally or physically distanced themselves from the parents/caregivers or children in the recent past are often good collateral sources for information. Asking a child if there is a favorite aunt, uncle or family member he or she misses is a good way to identify these individuals because the adults in the home will rarely disclose this information because of concerns about the information the individual might share about the family's situation.

d. In addition to individuals who have direct knowledge about circumstances surrounding the maltreatment, collateral contacts or sources may include:

(1) Individuals who have regular contact with the child and are likely to be able to describe the child's day-to-day functioning.

(2) Doctors or other professionals who have evaluated or maintain records on the child.

(3) Individuals with established personal or professional relationships with the parent who can likely describe the parent's day-to-day functioning.

(4) Individuals likely to have witnessed the child-parent interactions and can describe general parenting and disciplinary and behavior management practices.

e. The investigator should also determine the order in which collateral sources are interviewed to facilitate information collection. In determining the order of interviews related to collateral sources, a critical aspect to consider in scheduling or aligning the interviews is to start with the individuals most likely to openly provide relevant and valid information, and then proceed to the individuals most likely to be resistant or guarded. This will allow the investigator to develop a line of questioning for future interviews that builds on the information collected and indicates to "closed" or uncooperative individuals that the investigator has obtained substantial information to analyze their responses to the investigator's questions.

18-3. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. To the degree possible, the investigator's interview of collateral contacts provided information within the context and extent of how the individual knows or typically interacts with the family (e.g., teachers can provide information on the child's educational status but are unaware of how the child is disciplined at home, or an eyewitness can provide information related to the maltreatment incident but does not know the family personally, etc.).

b. The investigator has made reasonable effort to locate and interview any collateral contact that is a likely source of relevant information on the family or the alleged maltreatment incident.

18-4. Documentation.

a. The investigator will document all contacts and information obtained through interviews in case notes within two business days.

b. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 19

OBSERVING FAMILY INTERACTIONS

19-1. Purpose. Conducting interviews in the home where the maltreatment is alleged to have occurred provides the investigator the opportunity to personally observe family interactions and the family conditions to which the children are routinely exposed. While it is possible for the investigator to occasionally observe family interaction patterns in other settings (e.g., at school, daycare, etc.), family members are usually more comfortable or relaxed at home and more likely to display the most authentic behaviors, actions, and attitudes toward each other in the investigator's presence. Direct observation of family interactions reveals essential information related to a host of relationship dynamics including the protective vigilance of family members, style of communication, power and control dynamics, and observation of parenting skills as actually applied, not just described by parents and caregivers.

19-2. Parent-Child Interactions.

a. The most important interaction pattern the investigator should focus on is the nature of the parent-child relationship. Careful observation of attachment and interaction dynamics helps the investigator understand child and adult functioning, as well as provide insights into general parenting and parental disciplinary practices and behavior management. Observation of the parent-child dynamic provides the best platform for the investigator to make a determination about the parent's overall protective capacity. While collateral sources can and do provide credible information on families, nothing can substitute for an investigator personally observing firsthand the caregiver's demonstration of actions and behaviors to manage identified threats of danger in relation to a child's vulnerability.

b. Observing the following critical parent-child interactions will assist the investigator in evaluating protective capacities:

(1) Child displays behaviors that seem to provoke strong reactions from parent.

(2) Parent ignores inconsequential behavior or appropriately responds to child's "acting out."

(3) Child has difficulty verbalizing or communicating needs to parent.

(4) Parent easily recognizes child's needs and responds accordingly.

(5) Child demonstrates little self-control and repeatedly has to be re-directed by parent.

(6) Child plays by himself or with siblings/friends age appropriately.

(7) Child responds much more favorably to one family member.

(8) Family members appropriately express affection for each other.

(9) Parent demonstrates good / poor communication or social skills.

(10) Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs.

(11) Parent consistently / inconsistently applies discipline or guidance to the child.

(12) Parent reacts impulsively to situations or circumstances in the home.

(13) Parent demonstrates adequate coping skills in handling unexpected challenges.

19-3. Adult Interactions.

a. The second category of interactions the investigator should closely observe while in the home related to protective vigilance is how the identified alleged maltreating caregiver and non-maltreating parent (and other adult caregivers) relate to each other. Unfortunately, parents and caregivers can acknowledge and verbalize threats to children without being able to sufficiently carry out their protective role in keeping children safe from acknowledged threats. This incongruity between the verbal acknowledgment and the parent actually taking action to protect makes the investigator's direct observation of parental protective vigilance extremely important.

b. The following interpersonal and relationship dynamics can help the investigator determine whether an adult caregiver has sufficient protective capacity to manage out-of-control behaviors, actions or conditions identified in the home:

(1) One individual appears much more dominant or controlling in the relationship (i.e., interrupts conversations, challenges partner's statements, exhibits dismissive "non-verbals" in response to other person's comments – rolling of eyes, smirks, etc.).

(2) The non-maltreating caregiver appears very self-confident and self-assured.

(3) The adult relationship appears volatile and "all consuming" leaving inadequate time or energy for non-maltreating parent to address child's needs.

(4) The non-maltreating parent attempts to demonstrate effective parenting efforts, but is undermined by the alleged maltreating caregiver.

(5) Only one individual appears to be effective in disciplining and managing child behavior.

(6) A co-dependent, high/low functioning dynamic appears to exist between the individuals with significant caregiver responsibility, with the identified alleged maltreating caregiver not being held accountable for inappropriate or irresponsible behavior(s) by the higher functioning, more capable adult.

19-4. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. To the extent possible, the investigator has corroborated information collected from collateral contacts and family interviews with direct observation of the family in the home setting.

b. The investigator accurately identifies patterns and interaction dynamics directly observed in the family (e.g., "the children only respond to or obey one parent when their behavior is being addressed" or, "the parents repeatedly criticize and disparage each other during arguments in front of the children", etc.).

19-5. Documentation.

a. The investigator will document all information obtained through direct observation in case notes within two business days.

b. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 20

SAFETY DETERMINATION

20-1. Purpose. The culmination of investigative practice is to ensure the safety of children and prevent further maltreatment. The accuracy of the safety determination of safe or unsafe is based upon the reliability and relevance of the information collected in the Family Functioning Assessment – Investigation and the proficiency of the child protective investigator in thoroughly assessing caregiver protective capacity and identifying impending danger. While sufficient information is essential to good decision making, the child protective investigator must use critical thinking skills to analyze – assimilate, integrate, and synthesize all the available information – to make the appropriate safety determination.

20-2. Caregiver Protective Capacity.

a. The investigator's assessment of protective capacity should represent the caregiver's overall functioning and not be based solely on an isolated incident or singular event. While a parent may fail to demonstrate impulse control during a maltreatment incident, a more global, in-depth assessment of functioning evaluates if the parent demonstrates impulse control in other ways (e.g., no impulse buying, or delays purchases until he or she can pay cash, etc.).

b. Only an in-depth assessment of caregiver protective capacity will enable the investigator to determine when a negative family condition is being managed successfully over the long-term by a caregiver and never, or rarely, reaches the threshold of an impending danger threat. Many parents will argue that a short-term, temporary incapacitation or lapse on their part is not representative of the parent's normal capacity to control the negative family condition in the home. This is a critical distinction for the investigator to recognize because if the maltreatment incident was not a result of any lack of protective vigilance on the part of a parent, but due solely to a one-time, highly unusual incident or unique set of circumstances, the determination that a negative family condition met the threshold of out-of-control (i.e., not subject to the family's control) would be inaccurate. It is dependent upon the investigator to clearly show how the parent or legal guardian routinely and regularly demonstrates protective vigilance despite the current maltreatment incident or negative family conditions in the home by:

(1) Validation of past actions and behaviors by the parent to successfully manage the negative family conditions.

(2) Validation of the parent or legal guardian's current protective actions on the child's behalf.

c. All 19 protective capacities contained in the FFA-Investigation need to be assessed by the investigator in light of overall functioning, independent of the maltreatment incident itself and actual maltreatment findings.

20-3. Safety Determination – Safe or Unsafe.

a. The investigator must make a decision about a caregiver's ability to protect his or her child from negative family conditions in the home. The parent either does or does not have sufficient protective capacity to protect the child. Vulnerability and protectiveness are not measured by degree, but by determining the variable being considered is either present or absent. The determination of the caregiver's ability to protect a vulnerable child from a negative family condition determines whether or

not impending danger exists in the home with the resultant need for a safety plan to control for the danger threat via the provision of safety management services:

(1) If a negative family condition(s) is identified in the home but it is determined the parent or legal guardian is effectively controlling the family behavior, condition or situation effectively keeping the safety threshold from being breached, the child is safe.

(2) If a negative family condition(s) is identified in the home but it is determined the condition is unrestrained, unpredictable, and chaotic and cannot be controlled by a parent or legal guardian, the resultant impending danger threat is identified and the child is unsafe.

b. The determination of unsafe will automatically require the investigator to proceed to "Safety Analysis and Planning" to determine if an in-home safety plan can effectively control the danger threat to allow the child to remain in the home.

c. The determination of unsafe will require the investigator to transfer the case for ongoing case management services.

20-4. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. Through case consultation, the supervisor is responsible for ensuring that the child welfare professional is able to describe how family conditions are consistent with the safety threshold criteria. Supervisors should seek to understand the following:

(1) How long has the family condition been concerning or problematic?

(2) How often is the negative condition actively a problem or affecting caregiver performance?

(3) What is the extent or intensity of the problem and how directly does it impact caregiver functioning and overall family functioning?

(4) What contributes to or causes the threat to child safety to become active?

(5) How is the child vulnerable to the threat?

b. The documentation in the FFA is sufficient:

(1) Information domain areas are sufficiently described in order to identify family conditions and danger threats.

(2) Safety analysis summary presents why the child is determined to be safe or unsafe.

c. The child welfare professional is able to describe the impending danger threats and specify how the safety plan (if applicable) manages those threats.

20-5. Documentation.

a. The investigator will complete the FFA – Investigation within 14 business days of identifying present danger.

b. The investigator will document critical information associated with impending danger threats in case notes within 48 hours of obtaining the information.

c. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 21

ASSESSING AND RESPONDING TO RISK

21-1. Purpose. Risk assessment determines a child's risk of future maltreatment. The identification of high and very high-risk families during a child protective investigation is critical to the state's effort to target resources to those families most likely to benefit from family support services. The child protective investigator (CPI) must be able to explain to the parent(s) the difference between unsafe and at-risk. Motivating the parent to be proactive and participate voluntarily in services designed to develop protective factors that promote safe and supportive families and resilience in children results in reduced maltreatment and promotes safe Florida families. While low and moderate risk families should also be provided information on programs designed to reduce the risk of maltreatment, it is essential that investigators become proficient in helping parents in higher-risk households acknowledge the concerns the caregiver already likely recognizes, and to leverage the parent's protective instincts to willingly participate in family support or prevention services.

21-2. Scope of Use.

a. A risk assessment must be completed for all Investigation Subtype – In Home intakes.

b. Risk assessments are not completed in Investigation Subtype – Other or Investigation Subtype – Institutional intakes.

c. There can only be one risk assessment per investigation; however, risk should be continuously assessed throughout the investigation, and the risk assessment tool should be completed and updated as information becomes known or changes.

d. The risk assessment tool must be reviewed prior to closure to ensure it accurately reflects any additional information obtained during the investigation.

21-3. Identification of Primary and Secondary Caregivers. Risk factors are primarily scored assessing characteristics of the primary caregiver identified in the home. To distinguish primary from secondary caregivers, the following guidelines should be used:

a. When two legal parents reside together, the one providing 51% of the care is the primary caregiver.

b. If the parents provide equal care, then select the parent alleged to have maltreated the child as the primary caregiver.

(1) If both parents are alleged to have maltreated the child, select the caregiver who is alleged or is responsible for the most serious type of maltreatment.

(2) If both parents contribute equally to the maltreatment, the investigator may select either parent as the primary caregiver.

c. When a single parent has other adults living in the household contributing to the care of the child, the adult who contributes most to the child's care is listed as the secondary caregiver.

21-4. Risk Assessment Scoring.

a. The risk assessment should be initiated during the pre-commencement activities by a CPI through review of all available information (i.e., prior history review, criminal history review, etc.).

b. The final risk score should never be assessed based solely on written historical case information; rather, it should instead be continuously updated and assessed throughout the information collection process.

c. Both indices (i.e., abuse and neglect) are scored regardless of the type of allegation reported or investigated.

d. If no Policy or Discretionary Overrides are used by the investigator, the household's scored risk level is based solely on the higher of the neglect or abuse index score: Low, Moderate, High, and Very High.

e. If the CPI determines that any of the following 'Policy Overrides' criteria are applicable to the household, the final risk level is automatically elevated to Very High:

(1) Sexual abuse case AND the perpetrator is likely to have access to the child.

(2) Non-accidental injury to a child younger than 2 years old.

(3) Severe non-accidental injury (any age child).

(4) Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current intake).

f. If there are no child or caregiver criteria requiring a Policy Override, the investigator may increase the established risk score by one level by use of his or her professional judgement with a 'Discretionary Override'. The investigator should provide the rationale for the increase in risk score which may include, but not be limited to:

(1) The investigator believes a risk factor score does not accurately reflect the family's circumstances (e.g., the youngest child in the home is 2 years 1 day old, but behaviorally is more in line with a 1½ year old, etc.). If the change in scoring from 0 to 1 for this one risk factor would change the overall risk classification, then it would be an appropriate Discretionary Override.

(2) The family is undergoing a significant amount of stress (e.g., loss of income, extended illness in family, death of loved one, etc.) that is likely to impair a caregiver's coping skills at least in the short run.

(3) The investigator has noted a parent or child has suffered a significant amount of trauma, either recently or in the past, with little or no supportive or therapeutic interventions provided for the individual.

21-5. Investigative Response to High and Very High-Risk Scores.

a. During the Initial Consultation, if the risk is identified as High or Very High based on known information at time of the initial consultation, the CPI and CPI Supervisor should consider the option of consulting a Subject Matter Expert or other support resources available.

b. When the Investigation Child Safety Determination is Safe, but the overall risk assessment score is Very High, a 2nd Tier Consultation shall be conducted to review the sufficiency of the information within the Family Functioning Assessment to ensure that the assessment of the family was thorough and accurate resulting in the correct safety determination as well as review the engagement efforts regarding prevention services of the CPI and providers.

c. The investigator shall meet with the parent or legal guardian in person to explain the high degree of correlation between High and Very High-risk scores and future maltreatment whenever the High or Very High-risk score is determined whether that be upon initial review at pre-commencement or later with information gathered during the investigation. If the investigator has made several attempts to contact the parent in person to explain the risk score without success, the investigator's supervisor has the discretion to approve the use of telephonic communication from that point forward.

d. The investigator shall engage the parent or legal guardian in a discussion on the importance of participating in a family support services program or other community prevention program designed to reduce the risk of future maltreatment. The investigator should consider family support services as the primary prevention provider unless the program has a waitlist or there is another service available in the community that the investigator, through documented consultation with the supervisor, feels would be more beneficial to the family.

e. Based upon the course and outcome of the discussion, the investigator shall complete one of the following three actions:

(1) With the parent or legal guardian's approval, the investigator shall complete a referral to a family support program or other community prevention program requesting a home visit by program personnel to initiate prevention services for the family.

(2) With the parent or legal guardian's consent, the investigator shall arrange a follow-up joint connection to introduce family support program personnel or other community prevention program to the family for prevention services. This joint connection may occur by phone, virtual visit, or in person depending on the circumstances and the family's level of engagement.

(3) When the parent(s) or legal guardian(s) does not agree to participate in prevention services, the investigator shall provide the family with prevention material including, but not limited to, prevention fact sheets, informational pamphlets, or other resource material on the availability and program content of local family support programs and other community prevention programs.

f. Prior to closing the investigation, the investigator must confirm with family support staff that the parent or legal guardian has been contacted and has either agreed to meet with program personnel or has already started participating in program activities.

g. If the family declines family support services or other community prevention programs after being referred, the provider must email the CPI and CPI Supervisor and document the contact in FSFN within two business days.

(1) A Close the Loop staffing can be requested by the CPI, family support services provider, or prevention service provider when a family declines services or chooses to end services prior to successful completion.

(2) The purpose of the staffing will be to determine if there are any additional engagement strategies to attempt with the family.

21-6. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. The investigator gathered appropriate information to accurately score the risk assessment.

b. The investigator identified the correct primary and secondary caregivers in the home.

c. The investigator is adequately prepared to discuss the overall safety determination and risk score prior to participation in a 2nd Tier Consultation (i.e., for Safe but Very High-risk determinations).

d. The investigator is proficient in using engagement strategies to help the parents understand the meaning and importance of a high-risk score to motivate the parent to participate in a family support program to mitigate the risk of future maltreatment.

NOTE: The Supervisor should assess whether the CPI has demonstrated proficient engagement skills. If not, the supervisor should assist the CPI with engagement efforts.

e. If the investigator recommends a service other than family support services, the supervisor consultation should document the reason and the supervisor's approval of the alternate referral.

f. The supervisor must review the risk assessment prior to closure to ensure the document is updated to accurately include information obtained during the investigation.

21-7. Documentation.

a. When the risk assessment score is high or very high, the investigator will document the caregiver's decision to accept or reject family support services and the exchange of referral information with family support staff or other identified provider in case notes within two business days of the event's occurrence.

b. In high and very high-risk assessments, the investigator will document that the referral information was received by the family support services program or other community prevention program and the exchange of information with the provider within two business days of acceptance of the referral.

c. FSFN will require that the risk assessment tool be launched and completed for all investigations with the subtype of in-home. However, the investigator will not be required to discuss the risk assessment and the correlation between high/very high-risk and child maltreatment for investigations in which the child(ren) have been deemed unsafe and the case is transferring to ongoing case management services (in-home, out-of-home, judicial, and non-judicial).

d. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 22

DETERMINATION OF FINDINGS

22-1. Purpose. To determine the appropriate finding(s) upon the completion of the investigation, an investigator must be able to clearly present credible evidence in support or refutation of child maltreatment (as defined in CFOP 170-4, Child Maltreatment Index) for each alleged victim. This determination by the investigator is based upon information gathered during the investigation from interviews, personal observations, and the review of records and forensic assessments (e.g., medical exams, CPT findings, police reports, drug tests, etc.).

22-2. Procedures.

a. If during the course of an investigation the investigator becomes aware of additional maltreatments within the focus household, the investigator must add these maltreatments to the existing investigation. With the exception of the "Death" maltreatment, a call to the Hotline is not required to add a maltreatment during an active investigation.

b. The following three findings are available to document the determination for each maltreatment:

(1) "**Verified**" is used when a preponderance of the credible evidence results in a determination the specific harm or threat of harm was the result of abuse, abandonment or neglect.

(2) "**Not Substantiated**" is used when there is credible evidence which does not meet the standard of being a preponderance to support that the specific harm was the result of abuse, abandonment, or neglect.

(3) "**No Indicators**" is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

c. The maltreatment findings should be based upon the definitions of harm contained in the Child Maltreatment Index (Index) and related to the evidence obtained during the investigation. The Index documents the types of evidence (observations, interviews, and professional consultations) to support making an accurate finding for each type of maltreatment. The findings are only one set of considerations in determining the safety of the child and the family's capacity to provide care.

d. Each intake must contain at least one maltreatment. There is no limit to the number of maltreatments included in a report as long as each maltreatment is justified by information contained in the allegation narrative or FFA-Investigation.

22-3. Supervisor. When initiated, Supervisor Consultation should be provided to affirm:

a. The investigator correctly identified all maltreatments contained in the intake allegation narrative or from additional information discovered through investigative activities.

b. Sufficient information was collected by the investigator on the extent of maltreatment to accurately describe:

(1) Type of maltreatment.

(2) Severity of maltreatment.

(3) Description of specific events.

(4) Description of child's emotional and physical symptoms.

(5) Identification of victim child and maltreating caregiver.

(6) Condition of the child.

c. Sufficient information was collected by the investigator on the circumstances surrounding the maltreatment to accurately describe:

(1) Duration of maltreatment.

(2) History of maltreatment.

(3) Pattern of caregiver functioning leading to or explaining the maltreatment.

(4) Caregiver explanation for the maltreatment and family conditions.

(5) Unique aspects of the maltreatment (e.g., use of weapons, etc.).

(6) Caregiver intent, acknowledgement and attitude about the maltreatment.

d. The totality of the information is complete enough to support the finding(s) determined by the investigator.

e. The necessary documentation and evidence to support a "Verified" finding clearly indicate how the maltreatment has significantly impaired or is likely to significantly impair the child's physical, mental, or emotional health.

22-4. Documentation.

a. The investigator will document all information collected and the rationale to support the determination of findings in the FFA-Investigation and case notes.

b. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.

Chapter 23

"PATENTLY UNFOUNDED" REPORTS

23-1. Purpose. Patently Unfounded reports are incidents reported in good faith to the Hotline that are subsequently determined to have no basis in fact as demonstrated by compelling evidence which directly refutes the allegation. Patently unfounded closures are distinct and separate from False Reports made for harassment purposes as defined in section 39.01(29), F.S., because with patently unfounded reports the investigator is able to determine or at least understand why the allegation was made in good faith, however, erroneously.

23-2. Criteria for Compelling Evidence.

a. Patently unfounded reports require a higher standard of evidence (i.e., "compelling") than reports closed with "No Indicator" findings (i.e., "no credible evidence").

b. The investigator must be able to document that the evidence obtained is "compelling" as demonstrated by all three of the following conditions being met:

(1) The evidence is **readily observable** (e.g., a report alleges a child has a fractured arm but the investigator views or obtains a copy of an X-ray from a physician indicating the arm is not broken and the investigator observes the child using the arm in play with no observable restriction of movement, swelling or discomfort, etc.). This means the allegation must describe conditions or circumstances that are observable by the investigator at the time of the report. Allegations of physical injury in the recent past which are no longer visually observable (i.e., have healed) are not appropriate for patently unfounded closures.

(2) The evidence must be **mutually and collectively corroborated.** All statements or information obtained must be in agreement (e.g., child victim, sibling, parents and family members all report child has never broken a bone or suffered any type of arm injury and the child's pediatrician provides a similar medical history, etc.).

(3) The evidence must support that the allegation can be fully refuted through direct observation and **findings of fact** (such as through medical or other records, law enforcement reports, CPT findings, relevant professional consultations, etc.). The following are some scenario examples to assist with decision making:

(a) Substance Misuse. Report alleges parent was seen injecting a child with drugs (type unknown). Child was seen acting "loopy and out of it . . . drugged." The investigator subsequently determined the child's mother was actually seen administering insulin to her 12-year-old son who had lost his medication while on an all-day school field trip and had missed two injections. His "loopy" behavior was caused by a very high blood sugar level and the administration of his insulin by his mother was critical in preventing more harmful medical complications to her son. Upon reviewing the child's medical condition and the mother's actions with CPT medical personnel, the investigator appropriately closed the investigation as patently unfounded.

NOTE: A negative drug screen or history of negative drug screens should never be the sole determinant in assessing allegations of substance misuse.

(b) Environmental Hazards – Inadequate Food. Report alleges two underweight children were seen "begging food from neighbors." The investigator observed two children in the home with average age-weight status which was subsequently confirmed by CPT (or the children's pediatrician). The home was also observed with ample food supplies in both the refrigerator and a fully stocked pantry. Upon confirming with the children's school that students had recently participated in a

food drive canvassing their neighborhoods asking neighbors for donations, the investigator appropriately closed the investigation as patently unfounded.

(c) Burns. Report alleges that a 5-year-old child appears to have cigarette burns on the backs of both hands. The mother does not smoke but her live-in boyfriend does. Investigator observed child with three and four pencil eraser sized lesions healing on the child's right and left hand, respectively. The child's mother stated that she had recently taken her son to his pediatrician to have several common warts removed. Upon confirming the recent medical treatment with the child's pediatrician (e.g., physician viewed photographs of child's hands taken by investigator), the investigation was appropriately closed as patently unfounded.

c. An absence of evidence is not to be considered compelling evidence. Compelling evidence is a much higher standard which includes all three aspects described in paragraphs 23-2b(1) through (3) of this operating procedure. If any of the three prerequisites is missing, then closure as patently unfounded is not appropriate.

23-3. Procedures.

a. The investigator must complete a Present Danger Assessment and document that no present danger threats are identified in the home. The identification of any present danger requires the completion of a Family Functioning Assessment and precludes the use of the patently unfounded closure.

b. The investigator must document that no additional maltreatments were disclosed by any subjects of the report or collateral contacts during the course of the investigation.

c. The investigator must document the compelling evidence that is in direct contrast to the allegation by explaining how the evidence is readily observable, mutually and collectively corroborated, supported through fact finding, and how the report was likely made in good faith.

d. Cessation of investigative activities and closure of the investigation as a patently unfounded report shall only occur with supervisor or Program Administrator approval.

23-4. Exclusions on the Use of Patently Unfounded Closure. The patently unfounded closure may not be used in any report containing:

a. Child fatalities;

b. Sexual abuse allegations unless evidence provided by a medical professional is found to refute the allegation of sexual abuse, and after referral to Child Protection Team for service; or,

c. Physical injury allegations when the investigator observes any form of disfigurement or injury, regardless of how slight, which may potentially be related to the alleged maltreatment. For example: patently unfounded may be used in cases in which a CPT medical exam determines the observed marks are Mongolian Spots.

23-5. Supervisor. Supervisor Consultation will be provided to affirm:

a. That the investigator sufficiently established the standard for compelling evidence to support the use of the Patently Unfounded closure.

b. That the report does not contain any maltreatments that are exempt from being in a report using the patently unfounded closure.

23-6. Documentation.

a. The investigator will document the Present Danger Assessment using FSFN functionality and the compelling evidence and corroborated information in case notes within two business days when justifying the use of the “Patently Unfounded” closure. An FFA-Investigation is not required for investigations closed as “Patently Unfounded.”

b. The supervisor will document the consultation using the “Closure” supervisor consultation module within two business days.

Chapter 24

FALSE REPORTS

24-1. Purpose. “False Reports” are reports made to the Abuse Hotline for the expressed purpose of harassment of an individual/family (e.g., embarrass, make anxious or harm another party, etc.) or for the personal benefit on the part of the reporter or another person (financial gain, obtain child custody, etc.). In contrast to patently unfounded reports which are reported to the Hotline in “good faith” (i.e., a logical explanation can be ascertained as to why the reporter had reasonable cause to suspect maltreatment), a false report has no initial basis in fact (i.e., facts or information supporting suspicion) and, therefore, is not made in good faith.

24-2. Criteria for Determining a False Report. To determine whether or not a report has been made maliciously, the child protective investigator will consider the following factors in the decision:

a. There is a pattern of previous reports in which false reporting was suspected but not determined.

b. There is a pattern of reports with no credible evidence to support any of the alleged maltreatments.

c. The facts obtained during the current investigation do not provide any credible evidence to support the most recent allegations.

d. The reporter, if known, has made contradictory statements regarding the circumstances surrounding the alleged maltreatments.

e. The alleged perpetrator provides a plausible reason why the report was made for personal gain or in retaliation, which is corroborated by other family or collateral sources.

24-3. Procedures.

a. At any time throughout the course of the investigation the child protective investigator suspects that the investigation resulted from a false report, the investigator should staff the case with his or her supervisor to evaluate whether or not there is sufficient information or evidence to support consulting with legal counsel to initiate further actions (e.g., “warning” letter to reporter listing potential sanctions for filing a false report, administrative fine, criminal prosecution, etc.).

b. The child protective investigator shall seek the consent of the alleged perpetrator prior to legal counsel referring the report to law enforcement for consideration of a criminal investigation.

c. The investigator may discontinue all investigative activities at the point the alleged perpetrator gives his or her consent AND the investigator has forwarded the report on to law enforcement for review of a criminal investigation.

d. If it is determined that there are not sufficient grounds to refer the report to law enforcement for criminal investigation, but the department or its authorized agent strongly suspects the report was made maliciously, in retaliation, or for personal gain, the agency should send a letter to the reporter informing the individual of the penalties associated with the filing of a false report.

e. If a child is suspected of making a false report, the department or its authorized agent shall first consider a referral for counseling or other therapeutic interventions prior to referring the report to law enforcement for criminal investigation.

24-4. Supervisor. Supervisor Consultation will be provided to affirm:

a. That the investigator has completed sufficient investigative activities to determine that no child maltreatment occurred.

b. That the investigator has sufficiently established facts to support that a false report was made to the Hotline.

24-5. Documentation.

a. The investigator will document the staffing with his or her supervisor and/or legal counsel to consider referring the report to law enforcement as a false report in case notes within two business days.

b. The investigator will document the time, date, and law enforcement personnel contacted when the report was referred for consideration of criminal investigation.

c. The supervisor will document the consultation using the “Closure” supervisor consultation module within two business days.

Chapter 25

CLOSURE OF THE INVESTIGATION

25-1. Purpose. Closure of the investigation is dependent upon the investigator documenting that a complete and comprehensive investigation was conducted. Sufficient information must be detailed to provide the rationale for all critical decisions made, particularly the determination of findings and the overall determination of a safe or unsafe child. A supervisor must make a professional judgment that all necessary child and family interviews, collateral contacts, supervisory, and/or professional consultations were adequately conducted, described, and documented.

25-2. Procedures.

a. The decision point for determining if an investigation is appropriate for closure should not be compliance-based (i.e., based primarily on the procedures completed per se) but on whether the investigative activities provide sufficient information to fully assess the quality and thoroughness of the investigation.

b. There will be times when a final interview with the alleged maltreating caregiver and/or the child's parent is necessary to share results of the investigator's information gathering and analysis, clarify discrepancies or gaps in information, to re-assess the initial safety determination, or share the risk assessment score with the family in order to motivate the parents to become involved in intervention programs.

c. The investigator's completed FFA-Investigation should describe the collaborative efforts that helped inform the overall investigative process. The input and results from consultations with subject matter experts, multi-disciplinary staffing, safety planning conferences, legal staffing, and case transfer conferences should be clearly articulated to highlight the extent and scope of planning, teaming, and critical thinking that supported the decisions made.

d. Reviewing the information in the FFA-Investigation in its totality should provide an individual with a clear but concise roadmap for how critical decisions throughout the investigation were made – from the point of the initial safety determination to matching appropriate interventions to meet the family's specific needs.

e. The investigator is responsible for ensuring the family knows the outcome of the investigation, including the family's risk assessment score.

25-3. "Duplicate" Case Closures.

a. The investigator will use the "**Duplicate Case**" closure only after a detailed comparison between reports and the clear-cut determination that an intake was previously investigated. In approving closure of the investigation as a duplicate, the supervisor must confirm that all five of the exclusionary criteria identified below were carefully considered by the investigator. The fact the same incident was previously investigated is not sufficient to qualify the investigation as a duplicate report in the absence of exploring all five considerations. In addition to the allegations referencing the same incident, the supervisor must determine the new report does not contain:

(1) New information or evidence related to the incident previously investigated.

(2) New alleged child victims.

(3) New alleged maltreating caregivers responsible for the maltreatment.

(4) Additional subjects to be interviewed as collateral contacts.

(5) New allegations or additional incidents of the previously investigated maltreatment.

b. In order to determine with certainty the intake was previously investigated and is appropriate to be closed as a duplicate, the supervisor must ensure the investigator:

(1) Provides sufficient information to explain the basis for the determination.

(2) References the specific investigation number(s) when providing the rationale for the duplicate closure.

(3) Specifies whether the more recently opened investigation is a duplicate of a previously completed investigation or a duplicate of an active investigation commenced prior to the duplicate.

25-4. "Unable to Locate" Closures. Due to the advanced search technology available, the use of 'Unable to Locate' closures by child protective investigators should be very infrequent. The use of commercial locator services (e.g., Accurint, etc.), shared databases between agencies (e.g., Medicaid, Access, DOR, DHSMV, etc.), and partnering with law enforcement and other professionals by child protective investigators should almost always result in the family being located regardless of inaccurate or incomplete initial information on the home address or family demographics.

a. A critical aspect of 'Unable to Locate' is when an intake alleges serious harm to the child victim and the investigator has reason to believe the family is avoiding, if not outright fleeing, agency intervention. In these instances, per Rule 65C-29.013, F.A.C., the investigator will conduct the following activities.

(1) Request a CLS staffing to consider judicial intervention (e.g., shelter petition, "pickup" or "take into custody" orders, etc.) and the mandating of ongoing search efforts beyond the closure of the investigation (i.e., Unsafe child – open to case management).

(2) Issue a "Statewide Alert" in FSFN.

(3) If a child has been ordered to be taken into protective custody, the investigator will:

(a) Refer the child to the Florida Department of Law Enforcement (FDLE), Missing Child Tracking System (MCTS).

(b) Transfer the case to the Regional Criminal Justice Coordinator for the purpose of ensuring continuing efforts to locate the child.

b. While rare, there will be instances when the child protective investigator has sufficient information to support probable cause and ongoing search efforts based upon reliable eyewitness testimony (e.g., reporter, other collateral sources, etc.) or other corroborative evidence (e.g., medical records, law enforcement report, video recordings, threatening telephone messages, etc.).

c. The following three conditions and procedures must be met prior to use of the "Unable to Locate" closure designation:

(1) The investigator has made numerous contacts to locate the family including visits to both the home address and/or other non-residential sites the family is known to frequent at various times of the day and night, including weekends.

(2) The investigator has personally conducted or used a commercial locator service to complete a diligent search for the family including, but not limited to:

(a) School records;

(b) Search and contact of known friends and relatives;

(c) Financial institutions;

(d) Credit checks;

(e) Insurance information;

(f) Employment;

(g) Postal Services;

(h) Public transportation;

(i) Utilities and telephone companies;

(j) College records;

(k) Professional licenses and unions;

(l) Medical records;

(m) Military World Wide Locator Service; and,

(n) Social media.

(3) Neither the intake alleges nor more current investigative activities support serious harm to a child, or indicate that the child may be in present or impending danger, and:

(a) A Statewide Alert has been issued on the family.

(b) Legal counsel concurs there is no probable cause for judicial intervention.

(c) The investigation and efforts to locate the child and family continue throughout the full 60-day timeframe allowed by statute.

25-5. "No Jurisdiction" Closures. There are five specific circumstances or conditions which warrant the use of a "No Jurisdiction" closure. "No Jurisdiction" closures are used when, during the course of the investigation, additional information comes to light that the department does not have statutory authority to conduct/complete the child protective investigation. While the Abuse Hotline initially had sufficient information to generate a report, and the investigator to subsequently commence the investigation, the following unique circumstances or conditions dictate the use of the respective "No Jurisdiction."

a. **Federal Property – used when the family resides AND the maltreatment incident occurred on federal property.** These situations are typically restricted to military personnel and their families living in base housing, Federal Department of Corrections staff living in domiciles on prison grounds, and Native American Indian families residing on tribal lands.

(1) In most instances, there will be a *Memorandum of Understanding* or other written agreement in place between the Department and the federal agency or Native American tribe granting

the Department jurisdiction to conduct the investigation on the federal property or tribal land. If there is no *Memorandum of Understanding* currently in place, then the investigator should seek permission from the highest ranking officer on premises (military installations and federal prisons) to conduct the investigation.

(2) In the case of alleged maltreatment on tribal grounds, the investigator should contact his or her regional Indian Child Welfare Act (ICWA) Specialist to determine if there is a *Memorandum of Understanding* in place and how to proceed with the investigation if no formal agreement exists.

(3) If the maltreatment incident occurred off-site (i.e., not on the federal property or tribal lands), the Department retains jurisdiction to investigate the individual/family despite the fact the family resides on the federal property/tribal land. However, the investigator needs to follow local protocol for gaining access to the individual and family members for interviewing purposes. NOTE: In some areas, military housing may not be located on the military complex or base proper, but military oversight and protocol may be in effect creating what is essentially a concurrent jurisdictional status. The investigator should staff these situations with legal counsel to review and determine the extent of the department's jurisdictional status and required actions.

(4) Retaining jurisdiction for investigation of alleged abuse occurring on non-tribal lands for Native American children in no way precludes the investigator from having to follow all requirements of the Indian Child Welfare Act (ICWA) if the investigator determines an emergency shelter placement is necessary to ensure the child's safety. **The Department's jurisdiction to investigate does not negate a tribe's sovereign right to determine subsequent placement and dependency actions for the Native American child.**

(5) Refer to '*Reports and Services Involving American Indian Children'* (CFOP 170-1, Chapter 15) for more specific details and investigative procedures related to reports involving Native American children.

b. **Non-caregiver – used when the alleged maltreating caregiver does not meet the statutory definition of "Caregiver" or "Other person responsible for a child's welfare."** Since Florida Statute defines "caregiver" in great detail, the use of this type of closure should be minimal as the Abuse Hotline will likely refer the caller to the appropriate law enforcement agency for investigation. There are, however, a couple of jurisdictional aspects related to occupational/caregiver roles that the investigator may occasionally encounter:

(1) Adults involved in activities where children are short-term participants (i.e., sports coach not employed by a school such as a Little League coach/manager, karate instructor, dance instructor, etc.) are not considered "caregivers." The fact that an adult may provide some supervision and direction to a child in a parent's absence does not automatically qualify the individual as a caregiver. To be identified as a "caregiver" the adult's primary purpose or role must expressly be to provide supervision and care for the child; not to teach, coach or instruct the child.

(2) Bus drivers employed directly by a school or child care center are to be considered in a caregiver role.

c. **Official Capacity – used when the alleged maltreating caregiver is a law enforcement officer, employee of a municipal or county detention facility, or employee of the Department of Corrections** and the alleged maltreatment involves a child encountered in the individual's line of work. The appropriate determination of "official capacity" in the following circumstances is dependent upon the entity employing or contracting the law enforcement officer, detention or corrections staff:

(1) Unless a law enforcement officer is employed in a program operated or contracted by the Department of Juvenile Justice, the investigator has no jurisdiction to investigate alleged

maltreatment involving the officer. Examples of acting in an official capacity for law enforcement include, but are not limited to, alleged acts of maltreatment occurring while an on-duty officer is detaining, arresting or transporting a juvenile.

(2) County or municipal detention facility or Department of Correction's staff employed at these identified sites would similarly be excluded from being in a caregiver role because the individual is working in an official capacity.

(3) The only time official capacity is relinquished or non-operative for law enforcement officers is when the individual is employed at a facility, service or program operated or contracted by the Department of Juvenile Justice (DJJ). This distinction is critical because a supervisor could be reviewing two reports involving law enforcement personnel essentially alleging the same maltreatment and in one instance the Department would retain jurisdiction because the officer was employed at a DJJ program site, and in the other instance the Department has no jurisdiction because the office was employed by the local city, county or municipality.

(4) No Jurisdiction – Official Capacity closures are never appropriate when law enforcement personnel are the alleged maltreating caregiver or subject of the report involving their immediate family in an In-Home investigation. The department does have jurisdiction to investigate in these circumstances.

d. **Victim Out of State – used when the alleged child victim has continuously been out of the state of Florida 30 days beyond the date of the intake and is not expected to return to Florida.** When an investigator obtains information that the alleged child victim is not expected to return to Florida before day 60 of the investigation, the supervisor may approve the use of this closure after the following actions have been completed:

(1) The investigator has contacted Child Protective Services in the other state and requested interviews be conducted with the alleged child victim, alleged perpetrator, and any other available family or household members. Information obtained from out of state sources must be documented in FSFN within two business days.

(2) The investigator has requested a child well-being check from the appropriate law enforcement agency with jurisdiction if the other state's Child Protective Services did not agree to conduct courtesy interviews. Information or statements received from law enforcement as a result of the child well-being check or criminal investigation must be documented in FSFN within two business days.

(3) The investigator has requested a staffing with legal counsel for consideration of a 'Take Into Custody' order when there is sufficient information to determine that severe maltreatment has occurred (e.g., physical injury requiring medical treatment, sexual abuse, etc.) and there is an indication that the maltreating individual has ongoing access to the child victim (e.g., regularly visits child in other state, child spends school breaks or summer vacation with caregiver, etc.). In these instances, the severity of the alleged maltreatment and any information obtained from the other state's child protective services or law enforcement agency regarding further protective actions needed should guide the decision.

e. **Victim Over 18 – used when the alleged child victim turned 18 years of age prior to the Abuse Hotline Intake.** The Victim Over 18 closure may only be used when an investigator determines the alleged child victim was 18 *prior to the intake being screened in* by the Hotline. The department does have jurisdiction to investigate if a child turns 18 after the commencement but prior to completion

of the investigation. The critical distinction as addressed below is what actions the department may take as a result of the 17-year-old turning eighteen during the course of the investigation.

(1) If the child victim reaches the age of majority during the investigation, the Department does have jurisdiction to investigate but the investigator can only provide the individual with referral information for family support services since dependency proceedings and case management services are no longer an option (i.e., the family or 18-year-old voluntarily agree to seek counseling on their own, etc.). **NOTE: When maltreatment has occurred and a 17-year-old subsequently turns eighteen AND meets the criteria for a vulnerable adult, the child protective investigator must contact the Abuse Hotline to initiate a concurrent Adult Protective Services investigation.**

(2) When an 18-year-old has been the victim of maltreatment, the investigator must assess whether any other children or siblings in the household are vulnerable to present or impending danger.

(3) Once a child victim turns 18 and there are either no other children in the home or no other child victims identified in the household, the investigator may only provide the victim with appropriate referral information on community programs and services.

25-6. Patently Unfounded Closures.

a. Use of the **Patently Unfounded** closure is dependent upon a supervisor concurring with the investigator's determination that there is compelling, credible evidence which is in direct contrast to the alleged maltreatment AND enables the investigator to understand why the report was likely made in good faith by the reporter. Patently Unfounded closures are markedly different from both False Reports and reports closed with 'No Indicator' findings.

b. Compelling credible evidence means the investigator has obtained information or evidence contrary to the allegation, not just the absence of evidence to support maltreatment. The standard for credible evidence requires the investigator to fully explain why the allegation was made in good faith, but erroneously.

c. Patently Unfounded closures may not be used in child fatality investigations or in reports containing sexual abuse allegations or physical injury when the investigator observes marks, welts or bruising which could be indicative of maltreatment, regardless of the child's or parent's explanation for the accidental or non-inflicted cause of the injury.

d. Please refer to Chapter 29 of this operating procedure for more specific details and investigative procedures related to patently unfounded reports.

25-7. Closing with No Services. This closure designation represents investigations **closed with children determined to be safe** without services to the family or when the child protective investigator has only made **community referrals** on behalf of the family. For example:

a. All children in the household are safe and the risk of future maltreatment is low or moderate and the supervisor agrees with the investigator's determination that there are no ongoing issues in the family that warrant any community referrals.

b. All children in the household are safe and the risk of future maltreatment is low or moderate and the investigator has identified an unmet need in the family that can be addressed via a community referral by the investigator (e.g., employment, transportation services, etc.). Investigators may make referrals to assist the family in accessing community resources at any point throughout the investigation.

c. All children in the household are safe and the risk of future maltreatment is high or very high and:

(1) A 2nd Tier consultation has been held to affirm the safety determination of "Safe."

(2) During the investigator's explanation of the risk assessment score to the parent or legal guardian, the caregiver informs the investigator that he or she does not want to speak to or meet with a prevention or family support program staff person despite the investigator's recommendation.

d. The investigator has an essential role in helping inform parents about the resources available in their local community. The investigator should fully explain what community resources are available to meet unmet needs or improve family resources. Although all services pertaining to this closure type are strictly voluntary, supervisors should require investigators to clearly document what information was provided to the family, what community referrals were initiated on the family's behalf, and the family's response to the investigator's recommendations.

25-8. Closing with Services. This closure designation represents investigations **closed with children determined to be safe** and the risk of future maltreatment is high or very high and the parents have agreed to voluntarily participate in prevention of family support programs to enhance protective factors or increase individual caregiver protective capacity. For example:

a. The investigator has determined that all children in the household are safe and the risk of future maltreatment is high or very high and the parents have agreed to voluntarily participate in family support services. **Prior to closing the investigation, the investigator must confirm with the family support services staff that the parent or legal guardian has been successfully engaged or at least has agreed to meet with prevention staff.** If the family support staff does not successfully engage the family, the family fails to make satisfactory progress in reducing risk, or the family quits the program prior to being successfully discharged, the investigator and his or her supervisor shall participate in a "close the loop" staffing with service provider personnel to review any additional information the provider has obtained related to the initial safety determination (i.e., safe).

b. Referrals to prevention and family support programs are very appropriate for ameliorating or reducing risk of maltreatment but are not intended to substitute for case management services for unsafe children. Investigations in which a child is assessed to be unsafe will be closed out with the 'Closing Open to Ongoing Case Management' closure described in paragraph 25-9 below.

c. Initiation of intensive, comprehensive treatment services (e.g., drug treatment, mental health counseling, etc.) should be arranged for by the case manager after the case transfer staffing unless the family requests referral assistance from the investigator because of an immediate crisis. **If the FFA-Investigation subsequently determines that children are safe, the investigator should use this category to indicate when an individual participated in treatment services.** If children are subsequently determined to be unsafe, this category is not appropriate and the investigator must use the 'Closing Open to Ongoing Case Management' closure code instead, despite the family's involvement in treatment services.

25-9. Closing Open to Ongoing Case Management. This closure option is only appropriate for investigations in which **a child is assessed to be unsafe and case management services are required** (judicial or non-judicial) to provide ongoing safety management and the initiation of case planning efforts to help the parent or legal guardian achieve the conditions for return and develop sufficient protective capacity.

a. Approval of this closure type is dependent upon the supervisor agreeing with the overall safety determination of unsafe. If the supervisor believes there is sufficient information to support this decision, safety planning and transfer to case management is required on the part of the investigator.

b. As part of reviewing the overall safety determination, the supervisor should validate the investigator's rationale and decision regarding the intrusiveness of the intervention: judicial vs. non-judicial.

c. Please refer to CFOP 170-7 (Develop and Manage Safety Plans), Chapter 1, paragraph 1-7, "Judicial Actions Related to Child Safety" and to CFOP 170-1 (Florida's Child Welfare Practice Model), Chapter 7, "Case Transfer" for more specific guidance.

Chapter 26

SUPERVISOR CONSULTATIONS

26-1. Purpose. To ensure adequate feedback to staff around critical pieces of work including, but not limited to: pre-commencement activities, safety assessment, safety planning, risk assessment, and the overall safety determination. Quality supervisory consultations are integral to the investigator developing critical thinking skills through the supervisor's use of open-ended questions to guide assessment and decision-making. Supervisors should make every effort to facilitate the investigator's self-evaluation and self-critique during the consultation process to allow for professional growth. The four main information constructs that will almost always need to be considered by the supervisor regardless of the specific issue being explored are:

a. Has the investigator collected sufficient information to fully describe the context and/or specifics of the situation or condition being discussed?

b. Is there any need to reconcile discrepancies in information presented (verbal or written)?

c. What information needs to be further validated by the investigator's direct observation or corroborated by an additional source?

d. Has the investigator reviewed the intake narrative and all the alleged maltreatments, gathered sufficient information to support or negate the alleged maltreatments, and considered additional maltreatments based on the facts and evidence collected during the investigation?

26-2. Pre-Commencement Consultations. The investigator's professional credentialing (i.e., provisional vs. certified) and specific case dynamics (e.g., allegations involving medical neglect, child trafficking, etc.) determine which investigations require a pre-commencement consultation. Pre-commencement consultations are encouraged for all investigations with the recognition that supervisor workload volume plays a significant role in determining to what extent consultations can be completed. Please refer to Chapter 6 of this operating procedure, "Pre-Commencement Activities," for more details on when pre-commencement consultations are mandatory.

a. Pre-commencement consultations should involve a wide array of investigative considerations including, but not limited to, the following examples:

(1) What additional information might be obtained from the reporter prior to commencement to assist in the investigation?

(2) Which individuals mentioned in the intake are likely to have the most credible/reliable information?

(3) Which individuals not specifically referenced in the report (i.e., relevant collaterals) are likely to have firsthand knowledge of the maltreatment incident?

(4) Which individuals are likely to know the family well enough to provide information on child and adult functioning, general parenting, and disciplinary and behavior management practices?

(5) Is there a sequencing of the interviews that will likely enhance subsequent interviews (i.e., use information obtained to inform the next interview's line of questioning)?

(6) Are there any discernible patterns of 'out-of-control' behaviors in prior reports (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the investigator

should assess for in the present investigation (even though behavior is not mentioned in regard to the current maltreatment)?

(7) Is there information in the prior history that would speak to relevant collaterals who could provide information on the current family dynamics?

(8) Do safety concerns warrant the teaming of two investigators or contacting law enforcement for assistance?

(9) Does prior history or the intake contain information that would suggest the need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to commencement?

(10) Does prior history or intake information contain information regarding pertinent or relevant collateral contacts that may be able to inform the current investigation?

b. The preferred manner of interaction between supervisor and investigator during any consultation is in person, face-to-face, or secured video conferencing; but telephonic consultation may be used when the supervisor and investigator are not located at the same physical structure at the time the report is assigned.

26-3. "Initial" Consultations. Initial supervisory consultations are mandatory for all investigations and shall be completed within five calendar days from the Abuse Hotline 'Screening Decision Date/Time of the Intake.'

a. "Initial" supervisor consultations are primarily used to review the initial information gathered during the Present Danger Assessment and Present Danger Safety Plan, and guide the investigator in the collection of sufficient information in all six information domains to:

(1) Confirm the correct investigation sub-type designation was selected.

(2) Affirm that present danger was or was not appropriately identified.

(3) Assess child vulnerability.

(4) Approve the rationale provided for any safety plan implemented.

(5) Approve the use of Family-Made Arrangements if part of a Present Danger Safety Plan.

(6) Ensure required notifications and referrals have been completed and documented (Law Enforcement, State's Attorney's Office, CPT).

(7) Ensure Multidisciplinary Team Meetings (MDT) and Subject Matter Expert (SME) Consultations occur when necessary and are documented in accordance with CFOP 170-1, Chapter 12.

(8) Initial discussion and assessment of caregiver protective capacities.

(9) Begin to explore the identification of impending danger threats.

(10) Assess for additional maltreatments based on information collected thus far and discuss any gaps in information collection to fully address the maltreatments and support the safety assessment.

b. When information is deemed insufficient, the supervisor is responsible for facilitating discussion around the relevant information that would essentially "complete the picture."

c. The preferred method of consultation between supervisor and investigator is in person, face to face interaction, or secured video conferencing; but telephonic consultation is appropriate when the supervisor and investigator are discussing present danger and the investigator is calling in from the field.

26-4. "Follow-up" Consultations. Follow-up consultations are used to review investigative activities, assessment, and decision-making relevant to problematic or complex cases, and to facilitate the development of professional competencies in staff. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed. While follow-up consultations are generally conducted on an "as needed" basis to discuss critical junctures during the investigation (e.g., prior to court hearings, to consider the effect of new child or adult members joining the household, etc.), follow-up consultations are mandatory under the following circumstances:

a. A follow-up consultation is required when a new intake is received on a household already involved in an active investigation or when an additional report (e.g., XXXXXX-02, etc.) is added to an existing investigation.

b. When present danger has been identified by an investigator who is provisionally certified, a follow-up consultation is required every 14 days until the determination of child safety (safe or unsafe) in order to:

(1) To ensure the effectiveness of the Present Danger Safety Plan.

(2) To ensure the investigator is managing the Safety Plan adequately.

(3) To ensure the investigator is demonstrating due diligence in gathering sufficient information to inform the Family Functioning Assessment.

c. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed.

26-5. "Closure" Consultations.

a. Closure consultations are scheduled when investigative activities are completed or near completion. These type of consultations generally are scheduled on an "as needed" basis as determined by the supervisor or at the request of the investigator, except when the supervisor needs to review and approve the investigator's rationale for any one of the four closure categories listed below. In these instances, the closure consultation is required:

(1) "No Jurisdiction" Reports.

(2) "Patently Unfounded" Reports.

(3) "False Reports."

(4) FFA Streamline documentation.

b. Considering the dynamics of sexual abuse cases, a closure consultation must be completed on all cases alleging sexual abuse (regardless of findings) to ensure thoroughness and sufficiency of information collection to support the findings and safety determination.

c. The supervisor and 2nd Tier Consultation (see Chapter 27 of this operating procedure) should consider four key information elements to determine that the investigation is complete and appropriate for closure:

(1) THOROUGHNESS OF INFORMATION. Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

(2) VALIDATION OF INFORMATION. Does any of the information provided by the investigator need to be corroborated by direct observation or obtaining additional statements from collateral sources?

(3) RECONCILIATION OF INFORMATION. Does any of the information provided by the investigator need to be reconciled because of unaddressed discrepancies?

(4) DEMONSTRATION OF CRITICAL THINKING. Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?

d. It is the responsibility of the supervisor to ensure adherence to statute, code, and DCF operating procedure.

Chapter 27

2ND TIER CONSULTATIONS

27-1. Purpose. Second (2nd) Tier Consultations are required when critical safety decisions have been or are about to be made at critical points in the investigative process. These consultations are intended to broaden the scope of review activities to support a more comprehensive and collaborative decision-making process. Second Tier Consultations are initiated to guide or help determine actions to be taken or subsequently support, validate, or – when necessary – modify safety actions already completed. Second Tier Consultations include, but are not limited to, participation from the following individuals:

a. "Real time" interactive input/feedback from a manager or designee; or,

b. A consultative team (i.e., multidisciplinary staffing or case transfer staffing) to provide additional direction, guidance, and feedback during an open child protective investigation.

27-2. Procedures. The Supervisor shall arrange for a 2nd Tier Consultation to review the appropriate level of intervention for the following investigative outcomes:

a. "Family-Made Arrangements" are a component of an agency made Safety Plan.

b. An In-Home Present Danger Safety Plan is initiated with the family.

c. No danger threats have been identified in the home (i.e., safe child) but overall risk assessment score is very high.

d. A child death with surviving siblings in the home.

27-3. Required Actions and Timeframes.

a. Supervisors are required to request a 2nd Tier Consultation as soon as possible but no later than 24 hours from the time any of the conditions listed in paragraph 27-2 of this operating procedure are known to exist.

b. The 2nd Tier Consultation must be conducted as soon as possible but no later than 48 hours from the time any of the conditions listed in paragraph 27-2 of this operating procedure are known to exist.

Chapter 28

INVESTIGATIVE RESPONSE TO INSTITUTIONAL INTAKES

28-1. Purpose. This chapter provides requirements for the Child Protective Investigator's (CPI) response to institutional intakes.

a. Institutional investigations involve maltreatment in an institutional setting or facility that is perpetrated by an employee of the institution or facility who is responsible for the child's care. Institutional investigations may also include allegations of an employee or agent of the department, or any other entity or person covered by section 39.01(36) or (54), F.S., acting in an official capacity.

(1) Institutional settings include, but are not limited to, licensed foster homes, group homes, Department of Juvenile Justice (DJJ) facilities, public and private schools, and licensed daycare settings.

(2) Although the CPI has lead responsibility when an intake involves alleged abuse, neglect, or abandonment, full coordination with the licensing agency or governing entity responsible is required.

b. Any intake involving a child in licensed care must be handled with sensitivity to the impact on the child, foster parent, and other children placed in the home. In addition, any new intake involving a child under department supervision will be handled pursuant to CFOP 170-1, Chapter 11.

NOTE: CFOP 170-11 provides requirements for the responsibilities of licensing agencies when a report involves a child in licensed foster care.

28-2. Legal Authority.

a. Sections 39.01 and 39.302, F.S.

b. Section 409.175(3)(b), F.S.

c. Rules 65C-28.004 and 28.017, F.A.C.

d. Rules 65C-29.004 and 29.006, F.A.C.

e. Rules 65C-30.005, 30.007, 30.011, and 30.015, F.A.C.

f. Rule 65C-45.017, F.A.C.

28-3. Training. CPI and CPI Supervisors who are designated to investigate institutional abuse, abandonment, and neglect shall participate in specialized training in order to afford greater safeguards for the physical health, mental health, and welfare of children in care pursuant to section 39.302(6), F.S.

28-4. Notifications. Upon receipt of an institutional report, the CPI must notify the appropriate state attorney, law enforcement agency, and licensing agency of the alleged institutional child abuse, abandonment, or neglect in accordance with section 39.302(1), F.S.

28-5. Responding to Reports of Abuse, Neglect, or Abandonment by a Foster Parent – CPI Responsibilities.

a. Assignment. To the extent possible, specialized units shall be assigned all investigations involving a foster parent. In certain areas of the state, such as rural areas, where developing a

specialized unit is not feasible, consideration should be given to assigning reports involving a foster parent to an experienced, certified CPI.

b. Notifications and Pre-Commencement Activities. When there is a report of alleged abuse, neglect, or abandonment by a foster parent:

(1) The CPI will immediately notify the following that an intake has been received involving a licensed foster parent:

(a) Child Protection Director or his/her designee;

(b) The assigned Children's Legal Services (CLS) attorney for each child identified in the investigation;

(c) The regional licensing authority or designee; and,

(d) The case manager assigned for each child identified in the investigation.

(2) A Pre-Commencement consultation with the CPI Supervisor, at minimum, is required on foster home investigations alleging sexual abuse. All efforts will be made to include relevant parties in this pre-staffing, or at a minimum collect all immediately available information from relevant parties, such as licensing specialist; case managers; assigned CLS attorney; behavioral health professional(s) involved with child, in an effort to collect all available information up front to inform the investigative activities.

(3) The regional licensing authority will notify the Community-Based Care Lead Agency (Lead Agency) or supervising agency responsible for licensure when a new report is received on a licensed foster home within one business day.

(4) The CPI is the lead professional responsible for the determination of safety and maltreatment findings.

(a) The CPI is responsible to coordinate all investigative activities with other agencies involved in the collaboration of interviews with the foster parent(s).

(b) The CPI will complete an "Institutional" investigation per requirements within this chapter.

(c) The CPI must request and analyze background checks per CFOP 170-1, Chapter 6, paragraph 6-10.

(5) The CPI will request a joint response with law enforcement when the following conditions apply:

(a) There is a concern for the safety of an employee, household member, or other person; or,

(b) If any criminal activity is suspected or becomes known or the statutory requirement to have law enforcement presence is met, such as in cases of physical abuse, sexual abuse, or egregious neglect. In such cases, the state attorney must also be notified pursuant to section 39.302(1), F.S.

c. Licensing Records Review. The licensing agency will assign a licensing specialist to review the provider record. Whenever possible, the licensing specialist should complete the records review

and communicate the information learned to the CPI before the interviews occur, during the pre-commencement staffing. Information to review should include, but not be limited to:

(1) FSFN Chronological Notes;

(2) Licensing Packet;

(3) All previous abuse reports or foster care referrals; and,

(4) Any licensing reviews (including exit interviews, case manager reviews of the foster parents, and community input forms).

d. Commencement Activities. The CPI will commence the investigation in accordance with response times required in CFOP 170-5, Chapter 3. The Licensing Specialist, child's Case Manager, or other designee may be present for interviews, dependent on each specific case circumstance. This will be determined during the pre-commencement staffing.

(1) The initial visit with the alleged child victim will be unannounced in accordance with section 39.301(13), F.S. All members of the team must abide by this provision. If other staff are not available to participate in the first interviews, the CPI will proceed to conduct interviews.

(2) When the CPI makes initial contact with the foster parent, he/she will:

(a) Provide the "Child Protective Investigations Involving Foster Parents Information Sheet" (Attachment 1 to this chapter).

(b) Explain the investigative process to the foster parent(s).

(c) Inform the foster parent that he/she may contact the CPI or his/her supervisor at any time with questions or concerns.

(3) The CPI will complete information collection through interviews, a review of any prior information in FSFN, and relevant collateral contacts. The CPI will be responsible for interviewing all children residing in the home, the foster parent(s), any other household members, and each case manager assigned to a child in the home.

(4) The CPI will follow procedures in CFOP 170-5, Chapter 9, to obtain an evaluation or consultation from the Child Protection Team, when required.

(5) The CPI, in consultation with CLS, will notify the alleged child victim's parent(s)/legal guardian if their rights remain intact. The notification will include all pertinent information not subject to confidentiality exceptions.

(6) In all cases alleging sexual abuse in a foster home, the CPI will consult with the CPI Supervisor regarding any immediate safety actions necessary. The CPI, in consultation with the CPI Supervisor, Program Administrator, CLS, and case management will consider the need to place the children under department supervision in respite care, pending the outcome of the investigation, as well as address placement needs of the foster parents' own children.

(7) In all cases alleging sexual abuse in a foster home, at minimum, the Regional Family Safety Program Office will place a "hold" on the foster home license until a decision is made by the Multidisciplinary Team, in conjunction with the Regional Family Safety Program Office, to release this hold. In the case of other maltreatments, the decision to place a hold on the license will be determined on a case-by-case basis.

(8) When there is a concern for the safety of a child, if abuse is verified and/or if any criminal activity is suspected or becomes known, the CPI will work with law enforcement to identify any other potential victims, including children who have previously lived in the foster home.

(a) The CPI, in conjunction with the Lead Agency placement team and licensing specialist, will obtain placement history of the foster home through review of placement records and FSFN, and review the placement history with the CPI Supervisor, Program Administrator, and law enforcement, to determine the need to interview children who previously resided in the home. Follow-up with other children who previously resided in the home and their caregivers will be handled on a case-by-case basis, in consultation with CLS and the aforementioned parties, to determine the best, trauma informed approach.

(b) Subsequent interviews with children who previously resided in the home will be coordinated in a manner that is in the best interest of the child and will be conducted using trauma informed practices in order to ensure the safety of the child(ren), to further substantiate the findings and/or criminal activity, and to ensure the child(ren) are provided with the necessary services.

(c) If law enforcement determines no further interviews will be conducted by the local jurisdiction, DCF will be responsible for conducting the interviews and for following up with law enforcement if additional victims are identified.

(d) In cases of verified sexual abuse, caregivers of any other potential child victim(s) will be contacted in consultation with CLS and notified in order to assess for concerning behaviors indicative of sexual abuse victimization or the need for any additional services.

(9) If child safety is not an issue, but the CPI or foster parent is concerned about a child remaining in the foster home, the CPI must collaborate with the foster parent(s), Lead Agency, and the supervising case management agency to determine whether the child's stability in the home can be safety maintained. The re-location of a child in response to a report about a foster parent must be determined on a case-by-case basis.

(10) CLS must be consulted prior to any placement moves for children under department supervision.

(11) The CPI and the licensing specialist will collaborate in the sharing of information with the foster parent(s) throughout the course of the investigation. This does not prevent the supervising agency from providing supportive communications that are outside the scope of the investigation, so long as the information does not impact the investigation or criminal case.

(12) The CPI will complete the Institutional Assessment at critical junctures during the investigation:

(a) The CPI will initiate the Institutional Assessment within 48 hours of seeing the child victim(s).

(b) The CPI will update the Institutional Assessment upon preparation for investigative closure, no later than 60 days from the intake date.

e. Initial Seven-Day Staffing. An initial staffing must be convened within seven calendar days of commencement of the Institutional Investigation. The CPI and licensing specialist will collaborate to determine who shall attend the staffing based on the allegations and information obtained. The staffing

should include all relevant parties who have information that is pertinent to the investigation, foster home, or children placed in the foster home including, but not limited to:

(1) CPI;

(2) The case manager(s) assigned to the child(ren) residing the home;

(3) The licensing specialist;

(4) DCF regional licensing representative;

(5) A representative from the Lead Agency;

(6) A representative from the supervising agency responsible for licensing the foster home;

(7) The CLS attorney(s) assigned to the children residing in the home;

(8) The Child Protection Director or designee;

(9) A mental health specialist (i.e., provider working with the child is preferred; or a representative from the Substance Abuse and Mental Health program office within DCF);

(10) Law Enforcement;

(11) State Attorney's Office; and,

(12) Child Protection Team.

f. Closure Activities. Regardless of findings, prior to closure, the CPI will coordinate a team staffing with all relevant parties included in the initial seven-day staffing. This team will review, at a minimum, findings of the investigation, status of the criminal investigation, licensing status of the foster home, and identify further follow up action items required (i.e., if there are new reports called in to address additional victims identified, licensing action follow up, etc.).

(1) Following the team staffing, the CPI and licensing specialist will coordinate a meeting to discuss the findings with the foster parent(s) either in person or by conference call. If there have been verified findings of abuse, neglect, or abandonment, the CPI will notify the foster parents of their right to request a department review of the findings per requirements in CFOP 170-16, Chapter 1.

(2) At investigation closure, or no later than five calendar days from investigation closure, the CPI, in consultation with CLS, will notify the child's parents, if rights remain intact, of the investigation closure and findings.

g. FSFN Documentation. The CPI shall ensure all investigative activities are documented in FSFN as follows:

(1) Any child, caregiver, collateral interviews, and information obtained from professional sources such as the licensing specialist and case management will be recorded in the child's FSFN record in Case Notes-Investigation within two business days.

(2) The seven-day and the closure staffing(s) and any additional staffings will be documented in the FSFN Meetings Module-Multi Disciplinary Staffing within two business days.

(3) For an investigation involving a foster parent, the CPI will launch and document an Institutional Investigation on the FSFN Child Investigation page and ensure all relevant information is complete and documented within the Institutional Child Safety Assessment.

h. FSFN Resources. The following FSFN resources are located on the FSFN "How Do I Guide" page:

(1) FSFN User Guide for Child Investigations.

(2) FSFN "How Do I…Guide" for Child Investigations.

Child Protective Investigations Involving Foster Parents Information Sheet

What is the goal of Florida's Child Protection System? The goal of Florida's Child Protection system is to ensure that children are safe from abuse and neglect while doing everything we can to keep families together.

How do I know the person at my door is really a Child Protective Investigator? The Child Protective Investigator (CPI) should present proper identification before entering your home. You may verify that the person is employed as a CPI by calling the CPI's local office or the statewide Florida Abuse Hotline toll-free number at 1-800-96-ABUSE (1-800-962-2873). The CPI and CPI Supervisor's name and phone numbers are provided below. You are encouraged to contact the CPI or CPI Supervisor with any questions/concerns you may have during the investigation.

What is a Child Protective Investigation and how am I involved as a Foster Parent? An investigation results when someone has reported a concern to the Florida Abuse Hotline Command Center claiming a child under your supervision has been abused or neglected. The incident resulting in the allegations of abuse or neglect may have occurred while the child was in the care of a biological parent, other caregiver, or while in your care. When such an allegation is received, state law requires that it be investigated by a CPI who will explain what the allegations are and your involvement in the investigation.

When allegations are reported against you or an adult member of your home, the CPI will advise you of the allegations and address them with you as state law requires. The CPI will talk to you and other individuals who may be associated with the child. You can help the CPI by being truthful and by providing information that is necessary to determine whether a concern exists that affects the safety and well-being of the child in your care.

Note, state law specifically directs visits and interviews with the child, family, and caregivers to be unannounced whenever possible, which may result in your child being interviewed without you being present. The law also requires you to notify the CPI within two business days if you move or if your child's location or living arrangement changes. You may video or audio tape your interview with the CPI, using your own equipment, if it is immediately available. An attorney may represent you at any point during the investigation. Even if you choose to delay your interview with the CPI in order to be represented by an attorney, the investigation will continue.

What are the possible results of the investigation? When the allegations are not alleged against you or any adult member of your home, your involvement may be limited.

If allegations are alleged against you or an adult member of your home, it is possible that the investigation will reveal that there is no indication of child abuse or neglect and the investigation will be closed with no further action. The child protective investigation is required to be completed within 60 days, except for investigations involving a child death, missing child, and/or when law enforcement has an open criminal investigation. Investigations may be staffed by the CPI with licensing staff, case managers, law enforcement, Guardian ad Litem, Children's Legal Services, and any other parties with pertinent information relating to the investigation. The recommendations of the staffing will be forwarded to the supervising agency's licensing staff which may result in a corrective action plan, or suspension or revocation of your foster parent license. If the CPI determines that it is in the best interest of the child's safety and well-being, the child may be removed from your care.

If you have any questions, you may contact the CPI or CPI Supervisor as indicated below.

Child Protective Investigator: _____

Telephone Number: _____

CPI Supervisor: _____

Telephone Number: _____

Office Address: _____

Intake Number: _____

Florida State Foster/Adoptive Parent Association, Inc. Support Team (F.A.S.T.) is available to provide support to a foster parent when an allegation has been or might be brought against him or her. You may contact F.A.S.T. at 1-800-327-8119 or fast@floridafapa.org.