



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

DATE: May 14, 2010

TO: Regional Directors

THROUGH: Pete Digre, Assistant Secretary for Operations
David L. Fairbanks, Assistant Secretary for Programs

FROM: Alan Abramowitz, State Director, Office of Family Safety

SUBJECT: Child Maltreatment Index (Formerly the Allegation Matrix)
Children and Families Operating Procedure 175-28, Update
ACTION REQUIRED: Disseminate to Child Protection Staff
DUE DATE: Effective June 1, 2010

PURPOSE: The purpose of this memorandum is to notice staff of the revisions to Children and Families Operating Procedure (CFOP) 175-28, Child Maltreatment Index.

BACKGROUND: The CFOP 175-28 guides critical decision making by both Hotline counselors and child protective investigators. Hotline counselors use the maltreatment index in determining whether the reported information meets the criteria for acceptance of a report. Child protective investigators use the maltreatment index to assist in determining if the necessary documentation and evidence are present to support a finding of abuse, abandonment, or neglect.

Feedback from all six regions, community-based care staff, law enforcement, the child protection team, children's legal services, the domestic violence and substance abuse and mental health program offices, and other partners from around the state were incorporated. The Child Maltreatment Index aligns with Florida Statutes, Florida Administrative Code, and recognized best practice.

Some of the major revisions to the index are as follows:

- Updated maltreatment finding "Some Indicators" to "Not Substantiated".
- Aligned the index with the twenty maltreatments currently being utilized in Florida.
- Created a separate section for Special Condition Referrals and provided additional guidance for the acceptance and assessment of these referrals.
- Modified the index to include sections for "Definition", "Assessing as Maltreatment", "Assessing for Other Maltreatment", "Excluding Factors", and "Documentation to Support a Finding" for each separate maltreatment.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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

- Modified the definition of "Asphyxiation" to only include those that are willful acts. All other situations (such as omissions) will be assessed for other maltreatment.
- Added the language, "When a child under the age of five is found deceased and there is no information that the child had been treated for a medical problem that could have caused the death and no clear reason for trauma (such as being the victim of a car accident), the Hotline will accept an intake of "Death", with a secondary maltreatment of "Inadequate Supervision" for the Death Maltreatment.
- Added language to the "Failure to Protect" maltreatment that prohibits Hotline counselors from adding "Failure to Protect" involving allegations of domestic violence. Instead the Hotline counselor is to assess for the "Family Violence Threatens Child" maltreatment.
- Added language to the "Family Violence Threatens Child" maltreatment that stipulates only one caregiver should be identified as the domestic violence perpetrator. This perpetrator is considered as the "primary aggressor".
- Incorporated Human Trafficking guidance into the index.
- Incorporated "Poisoning" as a subcategory of the "Substance Misuse" maltreatment.
- Stipulated the two unique circumstances in which the Hotline counselor shall use the "Threatened Harm" maltreatment; (1) the preventable death of one child provides reason to suspect that another child is at risk; (2) the caregiver's children are currently in out-of-home care or parental rights have been terminated.
- Added language to allow child protective investigators to add "Threatened Harm" maltreatment to an open investigation if there are no injuries involving maltreatment, but the circumstances indicate the child is at risk of injury.

Please note there are many other updates to the index not listed here. As such, it is recommended everyone carefully review the index in its entirety for additional detail.

ACTION REQUIRED: Please disseminate the revised CFOP 175-28, Child Maltreatment Index, to all child welfare staff in your Region prior to the June 1 implementation date.

CONTACT INFORMATION: For additional information please contact Chris Compton at (850) 443 6646 or via email at chris_compton@dcf.state.fl.us.

cc CBC CEOs
Sheriff's Offices
Walt Cook, Director, Florida Abuse Hotline
Mary Cagle, Director, Children's Legal Services

Attachments

CF OPERATING PROCEDURE
NO. 175-28

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, June 1, 2010

Family Safety

CHILD MALTREATMENT INDEX

1. Purpose. The purpose of the child maltreatment index is to guide Florida Abuse Hotline (Hotline) counselors and field investigation staff in determining the Department's (DCF) or designated Sheriff's Office response to Hotline calls and the assessments by investigators. The standards include a description of the evidence needed to reach a finding for each of the specific maltreatments.
2. Scope. The index applies to all calls received at the Hotline and all child protective investigations conducted under Chapter 39, Florida Statutes.
3. Definitions. For the purposes of this operating procedure, the following definitions shall apply:
 - a. Allegation. A statement by a reporter to the Hotline that a specific harm or threatened harm to a child has occurred or is suspected.
 - b. Maltreatment. A specific type of harm. The index contains 20 defined maltreatments that are inclusive of all forms of child abuse, abandonment or neglect.
 - c. Finding. The determination, after a thorough investigation, as to whether there is credible evidence supporting the reported harm or threat of harm for each alleged maltreatment.
4. Objective. The child maltreatment index incorporates the mandates of state law, administrative rules, operating procedures and recognized best practices with respect to reports of child abuse, abandonment, or neglect. The allegation-based system allows each specific type of abuse and neglect to be clearly defined and treated consistently throughout the state. The objective is to improve the consistency and accuracy of judgments made by both Hotline counselors and investigators when dealing with similar allegations of harm or threatened harm. Improved consistency and accuracy helps to ensure individuals are treated with fairness throughout the reporting and investigative process. Clear definitions also reduce confusion and allow for greater confidence when making determination decisions.
5. Utilization. The index is a tool to be used by both Hotline counselors and child protective investigators to guide consistent and accurate decision making.
 - a. The index supports standard descriptions of specific types of injury or harm to use in determining whether the reported information meets the criteria for acceptance of a report.
 - b. The utilization of the index enables staff to make knowledgeable decisions about the most crucial steps in the investigation process, which are:
 - (1) Assessing the nature and severity of reported harm;
 - (2) Assessing whether immediate injury or harm exists;

This operating procedure supersedes CFOP 175-28 dated May 1, 1998.

OPR: PDFS

DISTRIBUTION: X: OSES; OSLS; ASGO; OSFAH; PDFS; Region Family Safety abuse investigation staff; Sheriff's Offices/CBCs conducting abuse investigations

(3) Assessing the probability of further harm; and,

(4) Determining if the necessary documentation and evidence are present to support a finding of abuse, abandonment, or neglect.

6. Findings.

a. The findings based upon the index relate to the evidence found during the investigation. The types of documentation that support making an accurate finding are noted in each of the specific maltreatments. The findings are only one set of considerations in determining the safety of the child and the family's capacity to provide care.

b. Upon completion of the investigation, investigators will reach a determination regarding each of the alleged maltreatments. This determination will be based upon whether information gathered from interviews, records reviews, and observations during the investigation constitute credible evidence that indicators of child abuse, abandonment, or neglect are present. The findings for each maltreatment are entered into the Florida Safe Families Network (FSFN) as follows:

(1) VERIFIED. This finding is used when a preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect.

(2) NOT SUBSTANTIATED. This finding 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. This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

c. "Preponderance" means the greater weight of the evidence, or more likely than not to have occurred.

d. Investigators must also add additional maltreatments that they become aware of during the course of an investigation. No call to the Hotline is necessary to add maltreatments in the field, except for "Death."

e. Although the Hotline uses the maltreatment "Threatened Harm" only for narrowly defined situations, investigators may add this maltreatment to any investigation where they are unable to document existing harm, but the documentation gathered yields a preponderance of evidence that the child is at risk of harm.

7. Maltreatments. There are 20 separate maltreatments that can be assigned to an abuse report; each report of abuse, abandonment, or neglect must contain at least one of the following maltreatments. There is no limit to the number of maltreatments that may be included on a report, as long as each maltreatment is justified in the allegation narrative.

Abandonment	Human Trafficking
Asphyxiation	Inadequate Supervision
Bizarre Punishment	Internal Injuries
Bone Fracture	Malnutrition/Dehydration
Burns	Medical Neglect
Death	Mental Injury
Environmental Hazards	Physical Injury

Failure to Protect	Sexual Abuse
Failure to Thrive	Substance Misuse
Family Violence Threatens Child	Threatened Harm

**If there are no injuries for a report involving maltreatment, but the circumstances indicate the child is at risk of injury, the child protective investigator may add "Threatened Harm" to the open investigation.

8. Special Conditions Referrals. There are certain special conditions that are called into the Hotline that do not constitute allegations of abuse, abandonment, or neglect, but require a response by DCF to assess the need for services. The four categories of these calls are defined below. Directions on the processing of these call types are included at the end of the index.

a. Caregiver(s) Unavailable. Situations in which the parent(s) or caregiver(s) has been incarcerated, hospitalized, or died and immediate plans must be made for the children's care. This referral type also includes situations where children are unable or unwilling to provide information about their caregiver(s) or custodian.

b. Child on Child Sexual Abuse. Calls alleging sexual behavior between children, when the aggressor child is 12 years or younger, which occurs without consent, without equality, or as a result of coercion, as defined in section 39.01, Florida Statutes.

c. Foster Care Referral. Calls to the Hotline regarding concerns about the care provided in a licensed foster home, group home or emergency shelter that do not meet the criteria for acceptance of a report of abuse, abandonment, or neglect.

d. Parent Needs Assistance. Situations that do not statutorily meet the criteria for an abuse, abandonment, or neglect report but the family may need services. The intent is to prevent future maltreatment by helping families or individuals through a family and/or community-centered approach before maltreatment occurs.

BY DIRECTION OF THE SECRETARY:

DAVID L. FAIRBANKS
Assistant Secretary for Programs

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ABANDONMENT

DEFINITION

Abandonment is a situation in which the parent(s) or legal custodian(s) of a child or, in the absence of a parent or legal custodian, the caregiver(s), while being able, makes no provision for the child's support and has failed to establish or maintain a substantial and positive relationship with the child. "Establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and through the exercise of parental rights and responsibilities.

****This definition does not automatically apply to a non-custodial parent that does not have knowledge of or was unaware of the abandonment situation.**

ASSESSING "ABANDONMENT" AS MALTREATMENT

- When was the parent's most recent contact with the child?
- What are the circumstances surrounding the parent's broken contact with the child?
- How frequently have the parent(s) contacted the child and the nature of these contacts?
- Did parent(s) make appropriate arrangements for the care and needs of the child?
- Is there any reason to believe that the parent(s) think the arrangements made were temporary and appropriate?
- Can the other parent be located and is this other parent aware of the current situation being reported?
- Are the child's needs currently being met, and to what extent?
- What is the parent's age, mental and emotional development as it impacts their ability to comprehend parental responsibilities?

ASSESSING FOR OTHER MALTREATMENT

- Consider for "Inadequate Supervision" when one parent leaves the child with another parent and there is a court order that limits or prohibits that second parent from unsupervised contact with the child.
- All situations of "surrendered newborn infants" (see the excluding factors section below) must be assessed for other maltreatments. If the criteria for other maltreatments are present, accept a report and do not refer to a child placement agency. For example, the infant has physical injuries that appear to be inflicted, or the infant tested positive for drugs or alcohol.

EXCLUDING FACTORS

- One parent leaving their child with another parent does not constitute "Abandonment".
- Parent(s) late to pick up their children at day care or school does not constitute "Abandonment". Short-term lateness is an issue that should be resolved between the parent(s) and the providers. Consider a referral to law enforcement.

- A foster parent dropping off a disruptive child at a DCF or a Community Based Care office does not constitute "Abandonment".
- Surrendered newborn infants as outlined under section 383.50, Florida Statutes does not constitute "Abandonment". Surrendered newborn infants are children who are believed to be seven (7) days old or younger at the time they are left at a hospital, emergency medical services station or fire station.

**If the mother gives birth in the hospital and expresses the intent to leave the newborn and not return, the Hotline counselor should refer the caller to the nearest child placement agency in that county.

- A "child in need of services" or a "family in need of services" as outlined in Chapter 984, F.S. does not constitute "Abandonment". These are children for whom there is no pending child protective investigation or referral alleging the child is delinquent; or no current supervision by DCF or Department of Juvenile Justice (DJJ) for adjudication of dependency or delinquency. The child must also be found by the court to have persistently run away, be habitually truant from school, or have persistently disobeyed the reasonable and lawful demands of the parent(s) or legal custodian(s), and to be beyond their control.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Reports obtained from law enforcement related to the incident.
- Interview with the person(s) caring for the child in the parent's absence. This includes information on the arrangements agreed upon between the caregiver(s) and parent(s).
- Documentation of the last contact the parent(s) has had with their child and the number and frequency of previous contacts.
- Documentation on attempts to locate the absent parent(s) both by the investigator and others in the community.
- Interview with the parent(s) (if able to locate) to obtain their explanation of the reported incident.
- Documentation from collateral contacts which may include teachers, neighbors, and/or relatives.
- Prior history and documentation on the parent(s) related to abandonment or inappropriate supervision.

ASPHYXIATION

DEFINITION

Asphyxiation is the alteration in consciousness by a willful act of the caregiver(s) that may include suffocation and strangulation.

Suffocation: To impede breathing by smothering, immersing in water or other liquid, or other willful means.

Strangulation: Impairment of blood/oxygen flow to the brain by compression of the neck.

******This maltreatment includes the drowning of a child by a willful act.

ASSESSING “ASPHYXIATION” AS MALTREATMENT

- Was a child choked regardless of impairment or injury?
- Was the child's breathing impaired due to the actions of a caregiver(s)?
- What was the caregiver(s)'s physical condition and mental state at the time of the incident?
- Were there physical injuries to the child?

ASSESSING FOR OTHER MALTREATMENT

- Assess for “Inadequate Supervision” and/or “Environmental Hazards” if a child asphyxiated, suffocated, or drowned due to neglect.

EXCLUDING FACTORS

- Do not add “Internal Injuries” as maltreatment in situations where a child has brain damage from asphyxiation, suffocation, or strangulation. The “Asphyxiation” maltreatment covers any injuries resulting from these acts.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team (CPT).

******A mandatory referral to CPT is required if the allegations include injuries to the head or neck on a child of any age.

- Obtain and consider any reports and interviews from law enforcement.
- Obtain photographic evidence (if any) of the injuries that appear to be related to the incident.
- Determine what the circumstances were that led to the caregiver(s)'s actions.
- Documentation of the caregiver(s)'s demeanor following the incident. What were their actions or reactions to the incident?
- Documentation from the Medical Examiner if the child died.

BIZARRE PUNISHMENT

DEFINITION

Bizarre punishment is caused by a willful act of a caregiver(s) that includes inflicting or subjecting a child to intense physical or mental pain, suffering, or agony that is repetitive, increased, prolonged, or severe. Bizarre punishment also includes confinement, torture, and inappropriate/excessive use of restraints or isolation.

Confinement: Unreasonable restriction of the child's mobility, actions, or physical functioning; forcing a child to remain in a closely confined area that restricts movement, and/or doesn't allow a child free access to a restroom, food, or water for a longer time than is reasonable, based on the age and developmental abilities of the child.

****Care should be taken to distinguish between brief, supervised confinements such as "time-outs" and more long-term and damaging confinements.**

Inappropriate/Excessive Use of Restraints (Facility Only): Unreasonable restraint by an employee of a public or private facility (including volunteers and interns) which severely impact the child's mobility or physical functioning.

Inappropriate/Excessive Use of Isolation (Facility Only): Use of isolation by an employee of a public or private facility (including volunteers and interns) which causes or threatens physical or mental harm to a child.

ASSESSING "BIZARRE PUNISHMENT" AS MALTREATMENT

- Was the punishment inflicted cruel, sadistic, or meant to torture the child?
- What is child's age, medical condition, behavioral, mental, or emotional problems, developmental disabilities, and/or physical handicaps?
- What are the adverse effects to the child, both physically and/or emotionally?
- What was the behavior of the parent(s), caregiver(s), or facility employee(s) at the time of the incident?
- For confinement, consider the environment; what was the size of the space; did the child have access to assistance if needed; was there sufficient heat or ventilation, was there presence or absence of lighting?
- For restraints, consider any injuries; were the injuries self-inflicted; were the restraints properly used?
- Did the employee's actions violate facility policy?
- Was the facility "takedown" considered excessive and/or caused physical injury?
- What were the circumstances of the facility "takedown"?

ASSESSING FOR OTHER MALTREATMENT

If mental or physical injury is also suspected to have occurred, select those other maltreatments too.

EXCLUDING FACTORS

A child at a facility that sustains injury due to the actions of the child and there is no reason to believe that staff could have prevented the injury does not constitute "Bizarre Punishment".

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Professional opinion from a physician, psychiatrist, or other mental health professional if the caregiver(s) or facility employee contends that confinement or physical restraint was recommended by a medical professional. This opinion must take into account whether the extent of the action was within the limits of the recommendation.
- Obtain and consider any document from the Child Protection Team.
- Documentation obtained from a multi-disciplinary staffing if there are complex needs of the child or it is determined a multi-disciplinary staffing is necessary based upon the facts of the situation.
- Photographic evidence (if any) of the injuries or environment that appear to be related to the incident.
- Statements from witnesses that may have been present at the time of the incident.
- Documentation from any reports and interviews from law enforcement.
- Documentation from any facility incident reports.
- Information as to whether the staff's action was consistent with facility policy (consider state standards and licensing requirements).
- Obtain facility policy and determine how the action (restraints or isolation) is addressed. (Note: Facility policy SHOULD be consistent with state and federal standards, but, should not be the only source to determine what the state/federal/licensing rules are regarding use.)
- Consultation information, if applicable, with local Agency for Healthcare Administration (AHCA) and/or the Department's Substance Abuse and Mental Health (SAMH) program office regarding the seclusion and restraint licensing standards to determine if the use was within the scope of what is required and allowed.

BONE FRACTURES

DEFINITION

A bone fracture is any broken bone in a child that is caused by the willful action of a caregiver(s). Types of fractures include:

Simple: The bone is broken, no other complications.

Compound: The bone is broken, and there is an external wound leading down to the sight of the fracture and fragments of the bone protrude through the skin.

Complicated: More than a simple fracture (e.g. has multiple branching fractures).

Spiral: Twisting causes the line of the fracture to encircle the long bone in the form of a spiral.

Transverse: The break is straight across a long bone.

Greenstick: An incomplete fracture from bending.

Compression: The bone is jammed onto itself.

Skull Fracture: A broken bone in the skull.

****Any fracture on a child that is suspected of being inflicted by a caregiver(s) shall be accepted as a report by the Hotline.**

ASSESSING “BONE FRACTURES” AS MALTREATMENT

- What was the explanation given as to the injury?
- Is the explanation for the fracture consistent with the injury?
- Are there conflicting explanations for the fracture or does the child refuse to say how the fracture occurred?
- Is there a pattern of similar incidents involving the child, siblings, or other children associated with the caregiver(s)?
- What was the reaction and demeanor of the caregiver(s) after the incident?

ASSESSING FOR OTHER MALTREATMENT

- If the bone fracture is sustained as a result of neglect, the maltreatment will be “Inadequate Supervision”.
- For injuries involving broken teeth, assess for “Physical Injury”.

EXCLUDING FACTORS

Accidental bone fractures that are not alleged to be inflicted and there are no supervision issues suspected do not constitute “Bone Fractures” as maltreatment.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

****A mandatory referral to CPT is required for all fractures on a child of any age.**

- Documentation of the child's medical conditions and any statements that a child has brittle bones or is prone to fractures verified by a qualified physician.
- Radiologic imaging (CT scans, bone/skeletal survey, MRI, and/or other studies).
- Obtain and consider any reports and interviews from law enforcement.
- Interviews from witnesses who may have observed the incident or have first hand information.
- Consider the location of the fracture when assessing whether the injury was non-accidental.
- Documentation of the environment in which the injury occurred, to include photographic evidence.

BURNS

DEFINITION

A burn is injury resulting in damage to the skin through the willful action of the caregiver(s). The types of burns include:

Superficial (First Degree): Burns or damage limited to the outer layers of the skin (e.g. sunburn without blisters).

Partial Thickness (Second Degree): Burns or damage that extends through the outer layer of the skin into the inner layer. Blistering will generally be present within 24 hours.

Full Thickness (Third Degree): Burns in which the skin is destroyed, with damage extending into underlying tissues, which may be charred or coagulated.

****Any burn on a child that is suspected of being inflicted by the caregiver(s) shall be accepted as a report by the Hotline.**

ASSESSING “BURNS” AS MALTREATMENT

- What is the location and description of the burn?
- What was the explanation given as to how the injury occurred?
- Is the explanation for the burn consistent with the injury?
- Is the burn of an unknown origin and appears to have been inflicted?
- Are there conflicting explanations for the burn
- Does the child refuse to say how the burn occurred?
- Is there a pattern of similar incidents involving the child, siblings, or other children associated with the caregiver(s)?
- What was reaction and demeanor of the caregiver(s) after the incident?

ASSESSING FOR OTHER MALTREATMENT

- If the burn is sustained as a result of neglect, the maltreatment will be “Inadequate Supervision”.
- Assess for “Inadequate Supervision” for sunburns that require professional medical treatment.
- Assess for “Physical Injury” for rug, rope or abrasion burns.

EXCLUDING FACTORS

Accidental burns that were not alleged to be inflicted and no supervision issues are suspected does not constitute “Burns” as maltreatment.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

**A mandatory referral to CPT is required for all burns on a child of any age.

- Obtain and consider any reports and interviews from law enforcement.
- Obtain photographic evidence of the injuries and/or environment that appear to be related to the incident.
- Documentation of physical objects that fit the burn pattern (to include photographs).
- Interviews from witnesses who may have observed the incident or have first hand information.

DEATH

DEFINITION

Death is the permanent cessation of all vital functions, including the respiratory system, the cerebral function, and the circulatory system, accompanied by the cessation of heartbeat and respiration.

****** Use this maltreatment when a child has allegedly died as a result of a direct willful act of the caregiver(s) or when the caregiver(s) failed to provide or make reasonable efforts to provide essential care or supervision for the child.

The investigation report alleging “Death” must also include the underlying maltreatment(s) which caused or contributed to the death; “Death” cannot be a stand-alone maltreatment. For reports of death by neglect the Hotline will also use the “Inadequate Supervision” maltreatment.

The child’s death must have occurred in Florida for the maltreatment of “Death” to be added to a report.

ASSESSING “DEATH” AS MALTREATMENT

- Has the child been declared dead?
- Is the death suspected to have been a direct result of abuse or neglect by a caregiver(s)?
- What is the most appropriate secondary maltreatment?
- Has another child in the family died prior to this child’s death?
- What was the caregiver(s)’s demeanor at the time of the child’s death?
- Was there a delay in seeking medical treatment for the child?

ASSESSING FOR OTHER MALTREATMENT

- When a child under the age of five is found deceased and there is no information that the child had been treated for a medical problem that could have caused the death and no clear reason for trauma (such as being the victim of a car accident), the Hotline will accept an intake of “Death”, with a secondary maltreatment of “Inadequate Supervision”.
- Assess if there are any surviving children that are at risk; if so, use “Threatened Harm”.
- If the only allegation is that the caregiver(s) had another child die due to abuse/neglect in another state, assess for “Threatened Harm” to the surviving children.
- Assess for a special conditions Parent Needs Assistance referral if it is determined the family may benefit from services to help with their grieving and no other report has been accepted for response and assessment.

EXCLUDING FACTORS

- Situations where a reporter is providing a documented cause of death that is not related to abuse or neglect (for example, a hospital calling in a child who died of leukemia just because their policy is to call in all child deaths) does not constitute “Death” as maltreatment.

- A situation where a reporter indicates that the child death has been previously reported and investigated and a Hotline record search locates the prior report in FSFN does not constitute a new "Death" maltreatment.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

****A mandatory referral to CPT is required on 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.**

- Documentation from the Medical Examiner that includes physical findings and the cause and manner of the death.
- Information obtained from medical records for the child prior to the incident that led to the death.
- Obtain and consider any reports and interviews from law enforcement that may include 911 dispatch tapes.
- Documentation or photographic evidence of injuries that appear to be related to the death.
- Photographic evidence of the physical environment that appears to be related to the death.
- Information obtained from Emergency Medical Services or other first responders.
- Drug screen results if there is a possible correlation between substance use and the incident surrounding the death.
- Interviews from all persons who had access to or custody of the child during the time in which injury or injuries allegedly occurred that led to the death.
- Interviews from witnesses who may have observed the incident or have first hand information.
- A detailed timeline of events tied to the caregiver(s)'s activities preceding the death, at the time of the death, and after the child's death.

ENVIRONMENTAL HAZARDS

DEFINITION

Environmental hazards are situations where a child is permitted to live in an environment that causes or creates a significant risk of impairment of the child's physical, mental, or emotional health due to the actions or non-actions of the caregiver. The environmental hazards maltreatment includes hazardous conditions and inadequate shelter, clothing or food.

Hazardous Conditions: The child's person, clothing, or living conditions are unsanitary or dangerous to the point that his/her well-being is or may be impaired as the result of the caregiver(s)'s failure to take action to correct the conditions.

Inadequate Shelter: Failure to seek or provide a physical or structural shelter which is safe, healthy, and sanitary and which protects the child from the elements (weather conditions) or other risk situations.

Inadequate Clothing: The periodic or continuing failure to provide adequate clothing for the health and well-being of the child, although reasonably financially able to do so. Inadequate clothing means that the person(s) responsible for the child is, or has been depriving the child of necessary clothing. The caregiver(s) have the means or are provided with the means to provide adequate clothing, but fail to do so. This maltreatment is not a measure of style, fashion, or quantity, but is meant to ensure that a child has sufficient clothing for his/her health and well-being.

Inadequate Food: The caregiver(s) have failed to provide or have available adequate amounts of food. If extended over time, inadequate food can lead to malnutrition or failure to thrive.

****Environmental hazards generally are a symptom of deeper underlying problems with caregiver(s) neglect and lack of stimulation. Further evaluation of the caregiver(s) is warranted to determine underlying causes.**

ASSESSING "ENVIRONMENTAL HAZARDS" AS MALTREATMENT

- What is the child's age, medical condition, behavioral, mental, or emotional problems, developmental disabilities, and/or physical handicaps?
- Has there been recent weight loss or a deterioration in appearance observed?
- Has prolonged poor personal hygiene led to health problems?
- What is the caregiver(s)'s age, mental and emotional development level?
- When did the reporter last see the child or environment?
- What is the severity, frequency, and/or duration of the conditions?
- Is there a pattern of similar incidents involving the child, siblings, or other children associated with the caregiver(s)?
- Are there weather conditions that may exacerbate the situation such as extreme heat or cold?
- Is it suspected a child is living in a home where drugs are being manufactured or distributed?
- What other safety issues exist in the home?

ASSESSING FOR OTHER MALTREATMENT

- Assess for acceptance as a special conditions Parent Needs Assistance referral if the reporter has not recently observed the child or environment and there are no current risks identified.
- Accept a Parent Needs Assistance referral for situations where it has been reported that a family is homeless.

EXCLUDING FACTORS

An allegation of homelessness by itself is not a sufficient reason to accept a report of “Environmental Hazards”. The information obtained from the reporter must be thoroughly assessed by the Hotline counselor to make this determination.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Investigator’s observations of child and environment.
- Documentation of the environment to include photographic evidence.
- Obtain and consider any reports and interviews from law enforcement.
- Determine how much control the parent(s) have over the conditions (for example, is the landlord trying to control infestations or get repairs made?).
- Information obtained from relevant collateral contacts that may include school teachers, neighbors, and the landlord.
- Documentation of a pattern of similar reports involving environmental hazards related to the caregiver(s).

FAILURE TO PROTECT

DEFINITION

Failure to protect is the failure of the caregiver(s) or other person(s) responsible for a child's welfare to intervene to protect a child from inflicted physical, mental, or sexual injuries caused by the acts of another, or from neglect by a caregiver(s).

ASSESSING “FAILURE TO PROTECT” AS MALTREATMENT

- Did the caregiver(s) have the ability to intervene and prevent the harm but did not do so?
- If the caregiver(s) was unable to prevent the injury or neglect, did they fail to report the injury once it was discovered and was safe to do so?
- Is the caregiver(s) continually allowing a paramour or other person access to the child and/or household and the person's presence is creating risk to the child?
- Has the child been sexually abused in the past and the caregiver(s) is allowing the abuser to have contact with the child?
- What knowledge did the caregiver(s) have of prior incidents of abuse or neglect of their child or of other children by the alleged perpetrator?
- Where was the caregiver(s) during the maltreatment events?
- Is there a pattern of similar incidents involving this child, siblings, or caregiver(s)?

ASSESSING FOR OTHER MALTREATMENT

If there are other types of abuse or neglect that were allegedly inflicted by a caregiver(s), select those maltreatments in addition to “Failure to Protect”.

EXCLUDING FACTORS

Hotline counselors should not add the “Failure to Protect” maltreatment to intakes involving allegations of domestic violence. When domestic violence is alleged, assess for the “Family Violence Threatens Child” maltreatment.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Obtain and consider any reports and interviews from law enforcement and/or the State Attorney's Office.
- Documentation of past arrests or law enforcement involvement with the family including call-outs to residence.
- Psychological reports on the caregiver(s) or other professional reports or specialized interviews, preferably from the Child Protection Team.
- Documentation from interviewing the alleged victim to include statements about whether the caregiver(s) were informed of the child's fear of the alleged perpetrator.
- Documentation from interviewing the caregiver(s) and other children in the home focusing on whether the caregiver(s) have reasonable cause to suspect the child might be at risk.

- Documentation from interviewing witnesses to the incident or persons who know of past abuse with focus on discussion about risks associated with the alleged perpetrator.
- The child protective investigator may add the "Failure to Protect" maltreatment on reports also verified for "Family Violence Threatens Child" that has resulted in harm to the child only after collaborating with Children's Legal Services for appropriateness.

FAILURE TO THRIVE

DEFINITION

Failure to thrive is a serious diagnosed medical condition that is most often seen in young children. The child's weight for height, corrected for gestational age, falls significantly short of the average weight of normal children of that age. Height, head circumference, and motor development may also be affected by Failure to Thrive, but weight for height is the primary measure.

******For a report to be accepted as "Failure to Thrive" the allegation must come from medical personnel or from a reporter with medical documentation.

ASSESSING "FAILURE TO THRIVE" AS MALTREATMENT

Is the reporter a medical person or from a reporter with medical documentation with suspicion of "Failure to Thrive"?

ASSESSING FOR OTHER MALTREATMENT

Assess for "Environmental Hazards" or "Malnutrition" if the reporter is not a medical person or does not have the proper medical documentation.

EXCLUDING FACTORS

Do not accept a report for "Failure to Thrive" when the reporter is not a medical person or is a reporter without medical documentation. Assess for "Environmental Hazards" or "Malnutrition".

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

******A mandatory referral to CPT is required on all "Failure to Thrive" allegations.

- Review and documentation of the child's medical records to assess for prior medical issues involving this child.
- Review and documentation of any psychological examinations of the caregiver(s) if available.

FAMILY VIOLENCE THREATENS CHILD

DEFINITION

Family violence threatens child means an adult who is a family or household member commits any violent criminal behavior, such as assault or battery, on another adult who is a family or household member, that demonstrates a wanton disregard for a child and could reasonably result in injury to the child.

- “Family or household member” means spouses, former spouses, intimate partners, persons related by blood or marriage, persons who are presently residing together as if a family or who resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.
- When the alleged perpetrator of the violent criminal behavior is a minor who is a parent, s/he can only be an alleged perpetrator of this maltreatment for his/her own child, not for other children in the home.

The criminal definition for “domestic violence” is contained in Chapter 741, Florida Statutes, which states that domestic violence is any assault, aggravated assault, battery, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another who was residing in the same single dwelling unit. (section 741.28, F.S.). This definition is provided for information only. It includes behaviors which do not meet the criteria for this maltreatment (such as stalking).

****For a report of “Family Violence Threatens Child” to be accepted, the incident must have occurred between two adults who meet the above definition for “family” or “household members”, or between a minor who is a parent and the other parent or an adult who is a family or household member.**

****If the "primary aggressor" is not clearly identified by the reporter at the Hotline, the intake should be conceded as, caregiver responsible, perpetrator unknown and the CPI will determine the identity of the perpetrator during the investigation on "family violence threatens child" maltreatments. Only one caregiver should be identified as the domestic violence perpetrator. This person can best be determined by the protective investigator during the investigation.**

ASSESSING “FAMILY VIOLENCE THREATENS CHILD” AS MALTREATMENT

- Was law enforcement called related to the incident and/or was an arrest made?
- Are there current or past protective orders or injunctions?
- Were there elements of control present such as financial or isolation?
- Where were the children during the incident?
- Were the children injured as a result of the incident?
- Were weapons used or present during the incident?
- Is there a history or pattern of domestic violence?

ASSESSING FOR OTHER MALTREATMENT

- If a weapon was used during the violent episode and the child was injured with the weapon, also assess for “Physical Injury”.
- If the allegation is verbal abuse without threats of physical violence assess for “Mental Injury” to the child.
- The only time the alleged perpetrator for this maltreatment can be under 18 is when that minor child is the parent. If the child is attacking an adult in the home, assess for a special conditions “Parent Needs Assistance” referral.

EXCLUDING FACTORS

Caregiver(s) who are a participant in violent behavior with someone other than an adult who is a family or household member or intimate partner does not constitute “Family Violence Threatens Child”. If the child was injured use the appropriate maltreatment and assess for other maltreatments such as “Mental Injury”.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Obtain and consider any reports and interviews from law enforcement that include 911 call history to the residence.
- Documentation and communication from the State Attorney’s Office.
- Review and documentation of psychological examinations.
- Documentation from interviewing the children in the home about current and past incidents.
- Documentation of the effects on the children’s daily routines, functioning, development, education and medical.
- Documentation from interviewing and observing the caregiver(s) and other participants in the incident (if any). Focus should be on their interaction and reasons for the incident and the extent of the violence.
- Documentation of coercive control behaviors as disclosed by the adult victim and/or child whether current and/or past behaviors.
- Documentation from interviewing witnesses to the incident or person who know the family well.
- Documentation for collateral contacts that may include neighbors or the family’s landlord.
- Documentation of a pattern of domestic violence related incidents.
- Documentation of the lethality of the situation (choking, escalating incidents, threats to kill, etc.).

HUMAN TRAFFICKING

DEFINITION

Human trafficking of a child is the recruitment, harboring, transportation, provision or obtaining of a child for labor or services through the use of force, fraud, or coercion. Sex trafficking is a commercial sex act which includes prostitution, pornography, and exotic dancing.

****A report for this maltreatment may be accepted even if the alleged perpetrator is not a caregiver.**

ASSESSING “HUMAN TRAFFICKING” AS MALTREATMENT

- Is the caller a professional reporter who works with human trafficking cases and suspects human trafficking?
- What is the alleged perpetrator’s legal relationship to the child?
- Is food being withheld from the child?
- Is the child being physically confined?
- Are there threats being made to the child or the child’s parents or siblings?
- Is the child being threatened with deportation?
- Was the child given false promises of reunification with family, citizenship, education, or eventual independence?
- Is the child isolated – not attending school, no access to telephones or friends, etc.?
- Is drug and/or alcohol dependency being used by the perpetrator to control the child?
- Is a child being induced to commit commercial sex acts (including prostitution)?
- Can the adults responsible for the child produce documentation legitimizing their role as caregiver(s) (such as birth certificate, visa, divorce papers, school records, etc.)?
- If the adult caregiver(s) alleges that the child was placed in their custody through a “family arrangement”, does the victim have ongoing contact with their biological parents?
- Can the child identify or describe specific familial connections (such as names of relatives, how family members are related, etc.)?
- Can the child describe traditional familial interactions with the caregiver(s) in the past (such as birthday parties, holiday celebrations, etc.)?
- Did the caregiver(s) flee when the child was reported or taken into custody?

ASSESSING FOR OTHER MALTREATMENT

This maltreatment will almost always be accompanied by other allegations of abuse, neglect, or abandonment and should be assessed as such.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Documentation from any reports and interviews from law enforcement.
- Information obtained from the Department’s Refugee Services.

- Information obtained from the Department of Health and Human Services.
- Legal documentation such as birth certificates, visas, divorce papers, school records, etc.
- Documentation that the child has engaged in prostitution or commercial sex acts.
- Documentation from interview and/or observing the caregivers and other children in the home with the caregiver(s).
- Documentation from interviewing and observing the child.
- Documentation from interviewing witnesses to the incident or persons who know the child or caregiver(s) well.

INADEQUATE SUPERVISION

DEFINITION

Inadequate supervision is leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for his/her own needs or another's basic needs or is unable to exercise sufficient judgment in responding to any physical or emotional crisis. This includes situations where a child has been placed in a situation or circumstances which are likely to require judgment or actions greater than the child's level of maturity, physical condition, or mental abilities reasonably dictate, and a potential threat of harm to the child is present.

******There is no age stated in Florida Statute after which a child can be left unattended or alone. There are also no established time frames for how long a child of any given age can be left alone. Each situation must be assessed focusing on the specific child, caregiver(s), and incident factors.

ASSESSING "INADEQUATE SUPERVISION" AS MALTREATMENT

- What is the age, maturity and developmental stage of the child particularly related to the ability to make sound judgments?
- What is the frequency and duration of the occurrence?
- What is the time of day or night when the incident occurred?
- Are the caregiver(s) accessible by telephone and the child mature enough to know when and how to use the telephone to contact the caregiver(s)?
- How accessible are the caregiver(s) to the child? Can the caregiver(s) see and/or hear the child?
- What is the proximity to the child of other responsible persons?
- Has sufficient food and provisions been left for the child?
- Are the caregiver(s) out of direct supervision of the child and there are factors that create risk based on the age, developmental level, or disabilities of the child (for example, riding a bicycle in the street after dark)?
- Has a child been left alone when s/he has a condition that requires close supervision, such as a medical condition, behavioral, mental or emotional problems, developmental disabilities, or physical disabilities?
- Has a child been left at home alone or unattended in a place which is unsafe?
- Is the child on medication that cannot or should not be self administered by a child?
- Have the caregiver(s) arranged for secondary caregiver(s) deemed inappropriate or inadequate due to a known history of violence, substance abuse, emotional instability, immaturity, age, or other limitation which affect the ability to care for the child?
- Is there substance misuse issues related to the incident?

ASSESSING FOR OTHER MALTREATMENT

When there is an allegation of inadequate supervision due to alcohol or substance abuse assess for the "Substance Misuse" maltreatment.

EXCLUDING FACTORS

A situation where the only allegation is that the caregiver(s) are late picking up the child does not constitute "Inadequate Supervision". Refer these calls to law enforcement.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Investigator's observations of the child and environment.
- Documentation from any reports and interviews from law enforcement that includes 911 call out history.
- Documentation of harm that occurred or was likely to occur based upon the circumstances.
- Information from drug screen results if applicable.
- Documentation from interviewing the child and assessment of developmental, physical, and mental abilities relevant to incident.
- Documentation from interviewing the caregivers related to the incident.
- Documentation from interviewing witnesses to the incident or persons who know the family or situation well (for example, neighbors, family members, or landlord).
- Documentation of the environment to include photographic evidence.
- Consider patterns of similar reports involving inadequate supervision involving the caregiver(s).

INTERNAL INJURIES

DEFINITION

An internal injury is an injury to the organs occupying the thoracic (chest) or abdominal cavities that is not visible from the outside. Internal injuries may be accompanied by other external injuries. A person so injured may be pale, cold, perspiring freely, have an anxious expression, seem semi-comatose, or exhibit other symptoms such as lethargy, disorientation, blood in bowel movements or urine, and/or loss of consciousness.

ASSESSING “INTERNAL INJURIES” AS MALTREATMENT

- Is the allegation of internal injury being reported by a physician or someone reporting on behalf of a physician? If not, see the “assessing for other maltreatment” section.
- Is the caller alleging that the internal injury occurred accidentally or by an intentional act?

ASSESSING FOR OTHER MALTREATMENT

- Use the “Internal Injuries” maltreatment only when the allegation is made by a physician or someone reporting on behalf of a physician. When other reporters are making this allegation without medical documentation, assess for “Physical Injury” as the maltreatment.
- If the child had symptoms that should have caused a reasonable person to seek medical care and treatment was not sought, assess for “Medical Neglect”.

EXCLUDING FACTORS

The “Internal Injuries” maltreatment will not be coded on the report if the reporter is someone other than a physician or reporting on behalf of the physician. See the “assessing for other maltreatment” section.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.
- Information obtained from Emergency Medical Services or other first responders.
- Documentation obtained from radiologic imaging that identify other injuries either healed or in some stage of healing.
- Documentation of the child’s medical conditions and any statements that a child is prone to internal injuries verified by a qualified physician, preferably the Child Protection Team.
- Obtain and consider any reports and interviews from law enforcement.
- Documentation related to when the symptoms first appeared and what action was taken by the caregivers.
- Interviews from witnesses who may have observed the incident or have first hand information.

MALNUTRITION/DEHYDRATION

DEFINITION

Malnutrition is a lack of necessary or proper nutrition or liquids in the body caused by lack of access to food, inadequate food, lack of food or liquids, or insufficient amounts of protein, minerals, or vitamins.

******If a medical professional is making an allegation of malnourishment it shall be accepted by the Hotline as a report.

ASSESSING “MALNUTRITION/DEHYDRATION” AS MALTREATMENT

- Is the child not growing or has lost weight, and the reporter believes this is due to the child being fed insufficient amounts of food?
- Has there been a decrease in the child's lean body mass or fat?
- Has there been a change in the child's general appearance such as thinning hair, paleness, aged skin and/or bulging abdomen?
- Has there been a change in the child's behavior (e.g. decreased school performance, alteration in consciousness, lack of interest to external stimuli)?
- Is the child frequently and repeatedly deprived of meals or is frequently and repeatedly fed insufficient amounts of food to sustain health?
- Does the child frequently and repeatedly asks neighbors for food or steals food, and other information indicates that the child does not receive enough food at home to sustain health?

EXCLUDING FACTORS

Frequently feeding a child fast food does not constitute “Malnutrition” unless the child has a medical condition requiring a special diet and the fast food is dangerous to his/her health.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team and the child's Primary Care Physician.

******A mandatory referral to CPT is required for all reports alleging “Malnutrition”.

- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on the nutrition that was provided to the alleged victim.
- Reviews and documentation from prior history of similar maltreatment or child medical problems in the family or by the perpetrator.

MEDICAL NEGLECT

DEFINITION

Medical neglect is when caregiver(s) have failed to provide dental, medical or psychiatric treatment for a health problem or condition which, if left untreated, could become severe enough to constitute serious or long-term harm to the child. This includes lack of follow through on a prescribed treatment plan for a condition which could constitute serious or long-term harm to the child.

******Inadequate financial ability alone is not medical neglect.

****** Caregiver(s) who by reason of legitimate practice of religious beliefs do not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone. However, this exception does not eliminate the requirement that such a report be made to the Hotline nor does it prevent the Department from conducting an investigation to determine harm.

****** In situations where caregiver(s) refuse to allow a newborn to be tested for HIV and the mother has been diagnosed HIV positive, a report shall be accepted by the Hotline only when called in by medical professionals.

ASSESSING “MEDICAL NEGLECT” AS MALTREATMENT

- What are the child's physical conditions and the seriousness of the current health problem?
- What is the probable outcome if the current health problem is not treated?
- What are the reasons offered for not getting treatment for the child?
- Has appropriate nutrition, hydration, medication, or other medically indicated treatment been withheld from newborn infants?
- Is a diaper rash being reported that has open or bleeding lesions that require professional medical attention and no such attention has been provided?
- Caregiver(s) failed to use a medical device that is prescribed by a physician when this results in reasonable cause to suspect the child is threatened with harm?

EXCLUDING FACTORS

- A lack of immunizations under current law or many minor conditions which under usual conditions have no potential for serious or long-term harm (such as head lice) does not constitute “Medical Neglect”.
- Not providing medication for a child diagnosed with ADHD or ADD does not constitute “Medical Neglect”.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team and the child's Primary Care Physician.

******A mandatory referral to CPT is required for all reports alleging “Medical Neglect”.

- Review and documentation of the child's prior medical history and how/if follow-up was completed by the caregiver.
- Documentation of the proper administration of prescribed medications to include what the medication is prescribed for, what happens if the child does not take the medication, what is the potential harm, and pill count.
- Documentation of the family's financial ability to obtain treatment.
- Documentation on the long-term potential harm due to the non-treatment.
- Documentation from interviewing the caregivers, focusing on their ability to understand the child's health needs and to respond to those needs.

MENTAL INJURY

DEFINITION

Mental injury is an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior. The impairment may be in the emotional, affective, cognitive, physical, or behavioral functioning of the child. Damage can be present and observable, or can be forecast as highly probable for the near future.

ASSESSING “MENTAL INJURY” AS MALTREATMENT

- Is there observable or probable impairment of the child's ability to function as s/he normally functions?
- Has there been a noticeable change to the child's behavior based upon action of the caregiver(s)?
- Does the caregiver(s)'s actions inappropriately restrict the child's autonomy or independent learning?
- Have there been statements heard by the child that reflect unrealistic expectations of the child and which are inappropriate to the child's developmental level?
- Is there a pattern of acts or verbal mistreatment directed at the child by the caregiver(s)?
- Are there willful violent acts directed toward a child's pet, possessions, or environment?
- Is the child exposed to repeated violent, brutal, or intimidating acts or statements among household members?
- Is the child demonstrating self-mutilating behaviors or suicidal ideations that appear to be caused by the caregiver(s)'s statements or actions?

ASSESSING FOR OTHER MALTREATMENT

If there are other types of abuse or neglect that were allegedly inflicted by the caregiver(s), select those maltreatments in addition to “Mental Injury”.

EXCLUDING FACTORS

Temporary unhappiness or a distress reaction alone due to the caregiver(s)'s statements or actions does not constitute “Mental Injury”.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

****A mandatory referral to CPT is required for all symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.**

- Supportive documentation from other licensed professionals that may include physicians, psychiatrists, psychologists, or other licensed mental health professionals.

- Review and documentation of the child's prior mental health history and how/if they were treated.
- Obtain and consider any reports and interviews from law enforcement that include call outs.
- Documentation on whether the child's ability to function has been adversely affected, comparing prior functioning level to the child's current level.
- Documentation from interviewing the child, siblings, caregiver(s), and other relevant sources familiar with the family's situation.

PHYSICAL INJURY

DEFINITION

Physical injury includes any physical maltreatment of a child which is not covered by other abuse maltreatments that result in permanent or temporary disfigurement, permanent or temporary loss or impairment of a bodily part or function, or is a willful act or threatened act which causes or is likely to cause the child's physical health to be impaired.

Definitions of maltreatments associated with "Physical Injury" are as follows:

Bite: A wound, bruise, cut, or indentation in the skin caused by seizing, piercing, or cutting skin with teeth.

Brain or Spinal Cord Damage: Injury to the nerve tissue contained within the cranium/skull or spinal cord.

Bruise: An injury resulting from bleeding within the skin where the skin is discolored but not broken.

Cut: An opening, incision, or break in the skin made by some external agent.

Dislocation: Displacement of any body part, especially the temporary displacement of a bone from its normal position in a joint.

Intra-Cranial Hemorrhage: An abnormal collection of blood within the skull including subdural, subarachnoid, or epidural hematoma and intra-cerebral hemorrhage.

Munchausen's Syndrome by Proxy: a form of child abuse in which a parent induces real or apparent symptoms of a disease in a child

Oral Injury: Injuries to the mouth to include broken teeth.

Puncture: An opening in the skin which is relatively small as compared to the depth as produced by a narrow pointed object.

Shaken Baby Syndrome (Abusive Head Trauma): Injuries, particularly to the head, caused by violently shaking an infant.

Welt: An elevation on the skin that can be produced by a lash or blow. The skin is not broken and the mark is reversible.

ASSESSING "PHYSICAL INJURY" AS MALTREATMENT

- Is the injury on a high risk body area such as the head, neck, stomach, genitals, or chest?
- Are there multiple injuries that appear to have been inflicted at various time intervals?
- Does the injury appear to be non-accidental?
- Is the explanation of the injury consistent with the injury?
- Does the child have a medical condition, disability, behavioral, emotional problem, or other issue that increases the child's vulnerability?
- Were the actions by the caregiver(s) severe that may have resulted in significant impairment regardless of injuries?
- Does the child have a significant injury suspected to be caused by abuse regardless of the child's willingness to say how the injury occurred?

- Did the injury require medical treatment?
- Was an instrument used during the incident?
- Are there patterns of similar incidents with this child or other children that the caregiver(s) have been responsible for?

ASSESSING FOR OTHER MALTREATMENT

- Use “Inadequate Supervision” for physical injury due to neglect.
- If a child is bitten by another child or animal assess for “Inadequate Supervision”.
- For situations where a deadly weapon was left in a place accessible to a child assess for “Inadequate Supervision”.
- If a caregiver(s) threatens to use a deadly weapon against a child but does not have the weapon at the time of the threat assess for “Mental Injury”.

EXCLUDING FACTORS

Do not use this maltreatment for allegations other than abuse; this maltreatment is only used for injuries or threatened injuries due to abuse. Assess for other maltreatment or service needs.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.

****A mandatory referral to CPT is required for bruises anywhere on a child 5 years of age or under and/or injuries to the head on a child of any age.**

- Obtain and consider any reports and interviews from law enforcement that include call outs.
- Documentation of current or past injuries.
- Documentation of the typology of the injury to include location and description.
- Photographic evidence of the injuries.
- Identification and possible etiology (hand, belt, electrical cord, etc.) based upon observation, interviews and medical input.
- Documentation from interviewing witnesses to the incident or persons who know the family well.

SEXUAL ABUSE

DEFINITION

Sexual abuse is sexual conduct with a child for arousal or gratification of the sexual needs or desires of the caregiver(s). This maltreatment includes both allegations of sexual abuse and the threat of harm by sexual abuse. Three types of sexual conduct are included in this maltreatment:

Sexual Molestation: Sexual conduct with a child when contact, touching, or interaction is used for arousal or gratification of the sexual needs or desires of the caregiver(s), including, but not limited to:

- The intentional touching of the genitals or intimate body parts, including the breasts, genital area, groin, inner thighs, penis, and buttocks, or the clothing covering them.
- Encouraging, forcing, or permitting the child to inappropriately touch the same parts of the caregiver's body.

Sexual Battery: Sexual conduct involving the oral, anal, or vaginal penetration by, or union with, the sexual organ of a child; the forcing or allowing a child to perform oral, anal, or vaginal penetration on another person; or the anal or vaginal penetration of another person by any object. This includes digital penetration, oral sex (cunnilingus, fellatio), coitus, and copulation.

Sexual Exploitation: Sexual use of a child for sexual arousal, gratification, advantage, or profit. This includes, but is not limited to:

- Indecent solicitation of a child or explicit verbal enticement.
- Allowing a child to participate in pornography.
- Exposing sexual organs to a child for the purpose of sexual arousal or gratification, aggression, degradation, or similar purposes.
- Intentionally perpetrating a sexual act in the presence of a child for the purpose of sexual arousal, gratification, aggression, degradation, or similar purposes.
- Intentional masturbation of the caregiver's genitals in the child's presence.

******Use this maltreatment when a child has been sexually abused or is at threatened harm of sexual abuse due to the actions or non-actions of the caregiver(s). The caregiver(s) is alleged to have sexually exploited the child not only if s/he engages in the behaviors or activities listed under "Sexual Exploitation", but also if s/he condones or does not stop another non-caregiver(s) from exposing the child to these behaviors or activities.

******If the alleged perpetrator has current access to the child, this must be an immediate response.

******When an allegation of "Sexual Abuse" is made due to threatened harm from sexual abuse, at times a CPI is able to determine that a child has not been sexually abused but is at serious risk of sexual abuse because of the evidence obtained. In such situations, the CPI should add the allegation of "Threatened Harm" to their investigation and determine findings accordingly.

ASSESSING “SEXUAL ABUSE” AS MALTREATMENT

- Is the child being used for sexual arousal, advantage, or profit?
- How did the reporter obtain their information (eye witness, child statement, third party, etc.)?
- Does the child have a sexually transmitted disease?
- Did the caregiver(s) expose their sexual organs to a child that is inappropriate or appears to be for sexual gratification?
- Has one child in the home been sexually abused by the caregiver(s) and are there siblings in the home who may also be victims as well?
- Did the caregiver(s) sexually abuse a child and also have other children living in their household who are the same sex and similar age to the child victim?
- What is the extent of the primary caregiver’s knowledge of the situation to include if they were present?
- Is there prior sexual abuse history involving the child or the caregiver(s)?
- Does the child have a disability or medical condition that increases their vulnerability?
- Is there a threat that the child is being sexually abused, for example a child is exhibiting sexual acting-out behaviors beyond their developmental level that is so severe it is expected that someone may have sexually abused them?

ASSESSING FOR OTHER MALTREATMENT

- Allegations of child prostitution should also be assessed for “Human Trafficking”.
- When a child has been sexually abused in the past and the caregiver(s) allow the abuser to have contact, the child may be at risk. Also assess for “Failure to Protect”.

EXCLUDING FACTORS

- A situation involving touching that can be reasonably construed to be normal caregiver(s) responsibility such as wiping a child who is not able to do so without assistance does not constitute “Sexual Abuse”.
- Normal caregiver(s) interaction with affection does not constitute “Sexual Abuse”.
- Touching that is intended for valid medical purposes does not constitute “Sexual Abuse”.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team and the child’s Primary Care Physician.

******A mandatory referral to CPT is required for any report alleging sexual abuse of a child or any sexually transmitted disease in a prepubescent child.

- Documentation from any reports and interviews from law enforcement.
- Documentation of an arrest being made related to the sexual abuse incident.
- Documentation of physical evidence observed by the CPI, law enforcement, medical professionals, or the Child Protection Team.
- Results of any psychological exams of the child and/or the caregiver(s).

- Documentation of the statement given by the child (preferably through a forensic interview by a CPT professional), caregiver(s) and siblings to include an assessment of credibility.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Documentation from prior history of sexual abuse in this family or by the caregiver(s) with different child victims including prior allegations of sexual abuse made by the child.

SUBSTANCE MISUSE

DEFINITION

Substance misuse covers three areas: the caregiver(s) inappropriately using drugs or alcohol, a child inappropriately consuming or being given drugs or alcohol and poisoning due to caregiver(s) actions or neglect.

****Drugs or substances include:** cannabis (marijuana); hallucinogens (LSD, mushrooms); stimulants (including cocaine), sedatives (including alcohol and valium), narcotics (pain relievers), inhalants, or any over-the-counter or prescribed drugs.

Caregiver(s) using drugs or alcohol: Exposure of a child to drugs or alcohol is established by –

- A test administered at birth which indicates that the child's blood, urine, or meconium contained any amount of drugs, alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant.
- Evidence of extensive, abusive, and chronic use of drugs or alcohol by the caregiver(s) when the child is demonstrably affected by such usage.
- Breastfeeding a child while frequently consuming drugs or alcohol, or by using an excessive amount of drugs or alcohol.

Child has consumed drugs or alcohol due to the caregiver(s) actions or neglect: A child has consumed drugs or alcohol that substantially affects the child's behavior, motor coordination or judgment, or that results in sickness or internal injury.

When a child is consuming drugs or alcohol to the point of being affected, it must be determined that they are doing so with the consent, encouragement, insistence, or neglect of the parent.

Substance misuse also occurs when the caregiver(s) exceed the proper dosage for drugs when the drug substantially affects the child's behavior, motor coordination, or judgment, or when the child sustains an internal injury from the drug.

Poisoning: Any substance, other than controlled substances or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that substantially affects the child's behavior, motor coordination, or judgment that results in sickness or internal injury. Virtually any substance can be poisonous if consumed in sufficient quantity; therefore, the term "poison" often implies an excessive degree of dosage rather than a specific group of substances. This includes noxious substances that, when taken into the body, would be harmful or injurious.

ASSESSING “SUBSTANCE MISUSE” AS MALTREATMENTCaregiver(s) using drugs or alcohol:

- Has an infant tested “positive” for alcohol or drugs at birth?
- Does a newborn have withdrawal symptoms, is physically affected, or is diagnosed with fetal alcohol syndrome?
- Did the mother test positive for alcohol or drugs when the child was born?
- What is the frequency and extent of the caregivers drug or alcohol use?
- What is the harm that has resulted or is threatened by the caregiver’s substance misuse?
- Where is the child when the caregiver(s) uses drugs or alcohol?
- What is the degree of behavioral dysfunction or physical impairment linked to the caregiver(s)’s drug or alcohol use?
- Is the caregiver(s) using crack cocaine, methamphetamines, or heroin regardless of specific affects on the child?
- Has the caregiver(s)’s drug or alcohol use resulted in inadequate food, clothing, shelter, medical care, or supervision for a child?
- Did the caregiver(s) admitted or observed history of drug and/or alcohol use cause concern about the caregiver(s)’s current ability to provide safe care for children under their supervision?
- Is the reporter providing specific adverse affects to the child as a result of the drug or alcohol use?
- Is law enforcement reporting that the caregiver(s) were intoxicated while driving with a child in their vehicle?

Child has consumed drugs or alcohol due to the caregiver(s) actions or neglect:

- What substances were consumed by the child and in what quantity?
- Did the caregiver(s) make any attempt to stop the child from using the drugs or alcohol including whether the caregiver(s) had the ability to stop the child?
- What actions did the caregiver(s) take upon discovering the child had consumed drugs or alcohol?
- If the consumed substances were hidden, were there any reasons to believe that the caregiver(s) should have taken additional precautions?
- Where were the caregiver(s) when the usage occurred?
- Did the caregiver(s) encourage the child’s drug or alcohol use?
- Why were the drugs or alcohol provided to the child? Were they for a religious ceremony or holiday tradition?

Poisoning:

- Did the caregiver(s) give or cause a harmful substance to be given to the child?
- Were the actions of the caregiver(s) intentional?

ASSESSING FOR OTHER MALTREATMENT

- “Substance Misuse” impacts other areas of maltreatment. Consider issues resulting from a caregiver(s) or child’s “Substance Misuse” to assess for other maltreatment.
- Assess for “Inadequate Supervision” if the lack of supervision or omission caused a child to be *poisoned*. Do not use “Substance Misuse” in these situations.

EXCLUDING FACTORS

Do not use “Substance Misuse” if the lack of supervision or omission caused a child to be *poisoned*, assess for “Inadequate Supervision”.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Information obtained from all medical records and professionals to include the Child Protection Team.
- Documentation from the child’s counselor or therapist that identifies the effects of the caregivers’ drug or alcohol use on the child.
- Documentation of toxicology results and drug screens results for the child, caregiver(s), or both.
- Documentation, if any, of meconium drug testing results of newborns potentially exposed to drugs utero.
- Documentation of the affects on the child related to a caregivers’ substance misuse such as excessive school tardiness or absence, unsanitary living conditions, missing meals, etc.
- Documentation of inappropriate use/dose of prescribed medications to include a pill count, date of prescription, and directions for dosage.
- Documentation that the caregiver(s) were responsible for the child at the time of the drug or alcohol usage.
- Documentation from interviewing and/or observing the caregiver(s), children and household members related to the extent of the caregivers’ drug or alcohol use focusing on the frequency and level of the usage and the effects on the child.
- Documentation of prior history of maltreatment linked to substance misuse in the family.
- Documentation of drug related criminal history.
- Documentation that the child has consumed damaging substances from witnesses and interviews or from medical results.

THREATENED HARM

DEFINITION

Threatened harm is a behavior that is not accidental and which is likely to result in harm to the child. The Hotline is limited to only two situations for selecting this maltreatment:

- The preventable death of one child provides reason to suspect that another child is at risk, or
- The caregiver's children are currently in out-of-home care or parental rights have been terminated.

****If the caregiver(s) have children currently in out-of-home care or parental rights have been terminated and they currently have a child under age five in their home and there are no other allegations of maltreatment except a report for "Threatened Harm". Out-of-home care means the placement of a child in licensed and non-licensed settings arranged and supervised by the Department or a contracted service provider.**

****Child Protective Investigators may add "Threatened Harm" to an open investigation if there are no injuries involving maltreatment, but the circumstances indicate the child is at risk of injury.**

ASSESSING "THREATENED HARM" AS MALTREATMENT

- What is the severity of the harm that is likely to occur?
- What is the connection of the actual incident to the likelihood of injury or future injury to each specific child?
- Is the child death being referenced documented in FSN?
- Is there prior documented child welfare history in FSN?
- Where did the reporter get their information?

ASSESSING FOR OTHER MALTREATMENT

In most situations involving risk of abuse or neglect to a child, the maltreatment used will be the abuse or neglect maltreatment code that describes the type of harm that is threatened. For instance, when the child is threatened with physical abuse the maltreatment code selected should be the appropriate abuse code such as "Physical Injury" or "Burns".

EXCLUDING FACTORS

- A situation where there is no risk to surviving children of a child that died as a result of a preventable death and there are no other allegations related to these children, does not constitute "Threatened Harm".
- If the reporter is the **Case Manager** of a child where the mother has other children in out-of-home care and there are no allegations of abuse, abandonment, or neglect, do not accept a report of "Threatened Harm". Refer the caller to Florida Administrative Code 65C-30.016 for instructions on staffing with Children's Legal Services.

DOCUMENTATION TO SUPPORT A FINDING OF MALTREATMENT

- Documentation from prior risk and safety assessments in addition to any prior child death reviews or reports.
- Obtain and consider any reports and interviews from law enforcement.
- Documentation from interviewing prior or current case managers or staff within the Department or a Community Based Care agency who has knowledge of the family's circumstance and prior child welfare history.
- Results of any psychological exams related to the caregiver(s).
- Information obtained from all medical records and professionals to include the Child Protection Team.
- Documentation obtained from interviews with the child, household members, and collateral contacts with knowledge of the family (teachers, neighbors, extended family members, etc.).

SPECIAL CONDITION REFERRALS

The following pages contain information regarding the four special condition referrals. They are structured differently, since no investigation is required.

Special condition referrals are requests brought to the attention of the Department that require a response by the Department or the investigating Sheriff. These requests do not constitute willful abuse, abandonment, or neglect, but they may result in additional allegations of maltreatment and/or the need to shelter a child upon response.

If a child protective responder conducting the assessment of a special conditions referral discovers information that constitutes reasonable cause to suspect that a child has been abused, abandoned, or neglected, a call must be made to the Hotline.

Special condition referrals are considered intakes and applicable background checks should be completed on all participants listed and added onto the intake as outlined in Children and Families Operating Procedure 175-94.

The four special condition referral types are listed on the following pages.

CAREGIVER(S) UNAVAILABLE

DEFINITION

Caregiver(s) unavailable is a situation, in which a child is in need of supervision and care, but there is no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, and there are no allegations that meet the criteria for a report of abuse, abandonment, or neglect.

ASSESSING “CAREGIVER(S) UNAVAILABLE” FOR REFERRAL

- Are the caregiver(s) available to make acceptable temporary living arrangements for the child?
- Is law enforcement refusing to release the child to anyone until a Department person makes contact?
- How long is the parent/caregiver(s) expected to be unavailable to care for the child?
- Are the caregiver(s) about to be incarcerated and plans must be made for the child's immediate care?
- Are the caregiver(s) about to be hospitalized and plans must be made for the child's immediate care?
- Have the caregiver(s) died and plans must be made for the child's immediate care?

ASSESSING FOR OTHER MALTREATMENT

Assess for the “Human Trafficking” maltreatment if the adults responsible for the child cannot produce documentation legitimizing their role as caregiver(s) (such as birth certificate, visa, divorce papers, school records, etc.)?

EXCLUDING FACTORS

- Situations where the counselor identifies allegations of abuse, abandonment or neglect during the call that may or may not be related to the reason that the caregiver(s) are unavailable. Instead, an abuse report will be accepted for response and assessment.
- A situation where a relative has been caring for a child for some time and is seeking custody. If the current needs of the child are being met, the counselor should not accept a “Caregiver(s) Unavailable”, but refer the caller to the clerk of court and Chapter 751, F.S., “Temporary Custody of Minor Children by Extended Family”.

FIELD GUIDANCE

Individuals identified to care for the child in the absence of their parent or primary caregiver(s) should be added to the caregiver(s) unavailable referral and subject to the same background checks as outlined in CFOP 175-94. While an official home study is not required, a home visit and assessment of suitability shall be completed on the identified caregiver.

CHILD-ON-CHILD SEXUAL ABUSE

DEFINITION

Child-on-child sexual abuse refers to any sexual behavior between children twelve years or younger, which occurs without consent, without equality, or as a result of coercion. The statutory definitions for consent, equality and coercion are provided below:

Consent: An agreement, including all of the following

- Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
- Knowledge of societal standards for what is being proposed.
- Awareness of potential consequences and alternatives.
- Assumption that agreement or disagreement will be accepted equally.
- Voluntary competence.
- Mental competence.

Equality: Two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

Coercion: The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

ASSESSING “CHILD-ON-CHILD SEXUAL ABUSE” FOR REFERRAL

- Is the alleged offender 12 years of age or younger at the time of the call?
- Assess the specific behaviors of the alleged offender and the victim.
- Did the alleged event occur without consent, without equality, or as a result of coercion?
- Consider the difference in age between the alleged offender and the victim.

ASSESSING FOR OTHER MALTREATMENT

- Fully assess for other maltreatment such as “Inadequate Supervision”. A child-on-child sexual abuse referral may be accepted for response and assessment even when other maltreatments are accepted for investigation too.
- Assess for a parent needs assistance referral if the information is not accepted as a child on child sexual abuse referral and there are no other maltreatments identified.

EXCLUDING FACTORS

Regardless of the decision to accept a child-on-child referral for Department response, the counselor shall refer the caller to the local sheriff's agency to report the allegations.

FIELD GUIDANCE

For additional information on response and assessment related to child-on-child special condition referrals, refer to section 39.307, F.S., and 65C-29.007, F.A.C..

FOSTER CARE

DEFINITION

A foster care referral is a situation involving concerns about the care being provided in a licensed foster home, group home, or emergency shelter that does not meet the criteria for acceptance as a report of abuse, neglect, or abandonment.

An example would be the use of corporal punishment on a foster child that does not result in harm.

ASSESSING “FOSTER CARE” FOR REFERRAL

- Is the home licensed?
- Does the information being reported appear to be a licensing violation?
- Is there information that corporal punishment was used on a foster child?

ASSESSING FOR OTHER MALTREATMENT

Foster parents allegedly using corporal punishment on a biological child does not constitute acceptance as a foster care referral. However, the counselor should assess for the physical injury maltreatment.

EXCLUDING FACTORS

This referral should only be used if there are no allegations that meet the criteria for any maltreatment; it is not necessary to use both a maltreatment code and a foster care referral.

FIELD GUIDANCE

Refer to 65C-29.006 and 65C-13.034, F.A.C. for guidance related to the response and assessment of foster care referrals.

PARENT NEEDS ASSISTANCE

DEFINITION

Parent needs assistance referrals are calls to the Hotline that do not meet the statutory criteria for an abuse, abandonment, or neglect investigation but the Hotline counselor identifies the family may be in need of services.

ASSESSING “PARENT NEEDS ASSISTANCE” FOR REFERRAL

- Does it sound like a situation that could get worse if they do not get assistance?
- Does the situation sound like there is a potential for abuse, abandonment or neglect if the situation goes unresolved?
- Would the family benefit from services offered in the local community?

ASSESSING FOR OTHER MALTREATMENT

Fully assess each call to determine whether there are any allegations that meet the criteria for a report of abuse, abandonment or neglect.

EXCLUDING FACTORS

If a report is being accepted for any of the twenty maltreatments, it is not necessary to also use parent needs assistance.

FIELD GUIDANCE

Field staff should utilize the parent needs assistance job aid developed by the Family Safety Program Office for minimal guidance on the response and handling of these referrals.