State of Florida
Department of Children and Families

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DATE: September 28, 2020

TO: Milton Perinon, Director of Child Welfare Operations

THROUGH: Patricia Babcock, Deputy Secretary

FROM: Patricia Medlock, Assistant Secretary for Child Welfare
Robert Anderson, Assistant Secretary for Operations

SUBJECT: CFOP 170-2, Completing Hotline Intake Assessment, Chapter 1, Conducting an Interview; and Chapter 7, Screening Decision and Response Time for Child Takes

PURPOSE: The purpose of this memorandum is to provide notification that CFOP 170-2, Completing Hotline Intake Assessment, Chapter 1, Conducting an Interview; and Chapter 2, Screening Decision and Response Time for Child Takes, have been revised.

BACKGROUND: In June 2019, the department initiated the CPI Efficiencies Project which was tasked with evaluating present policies and practices to identify efficiency improvements. Currently, CFOP states that information for all six domains must be assessed by Hotline counselors for all in-home intakes; however, not all domains are relevant to the situations presented, and not all reporters have this depth of knowledge on the family.

In a separate Hotline effort, another opportunity was identified. During hotline assessments the burden of proof for report acceptance is Reasonable Cause to Suspect. In years past, documented guidance for reasonable cause was located in rule 65C-29.002, Florida Administrative Code. This language was removed during subsequent revisions of Florida Administrative Code; however, the Reasonable Cause burden of proof standard remained. Not having a documented reference point has been challenging when the Hotline attempts to justify screening decisions.

The revisions made to Chapter 1 removes the requirement for Hotline counselors to assess all six domains; this change will allow Hotline counselors to efficiently focus their assessments on the concerns given by the reporter, supporting presented maltreatments, and making accurate screening decisions.

The revision to Chapter 7 adds the definition of Reasonable Cause which provides a direct point of reference to support screening determinations.

ACTION REQUIRED: Please share this memorandum and the new CFOP 170-2, Chapters 1 and 7 with all appropriate staff at the Hotline and investigative staff within the regions and sheriff offices that conduct child protective investigations.

CONTACT INFORMATION: If you have questions or need clarification regarding this CFOP, please contact Christopher Williamson, Deputy Director of Child Welfare Operations, at Christopher.Williamson@myflfamilies.com or 850-487-6173.

cc: Regional Family and Community Services Directors
Sheriff Offices Conducting Child Protective Investigations
Community-Based Care Lead Agency CEOs
Center for Child Welfare

Chapter 1

CONDUCTING AN INTERVIEW

1-1. Purpose. This chapter describes the protocol for information collection and assessment at the Florida Abuse Hotline for allegations of abuse, neglect, and abandonment of children. The goal when conducting an interview is to gather enough information to form the basis for screening and response priority determinations based on what is known to the reporter. Information sufficiency is critical to making accurate screening and response time decisions and to lay a foundation for further information collection when a report is accepted for investigation.

1-2. Authority.

a. Section 39.201, Florida Statutes (F.S.).

b. Rule 65C-29.002, Florida Administrative Code (F.A.C.).

1-3. Intake Protocol: The Three Stages of Intake Assessment for all Subtypes.

a. Introductory Phase. The Hotline counselor completes necessary introductions of the reporter, the agency, the counselor, and the purpose of the intake assessment in a professional and efficient manner. During this critical phase of the intake, the counselor begins a process of evaluating the reporter's knowledge of the family in order to determine the depth of information the counselor will be able to gather. Once the counselor has determined the reporter's familiarity with the family, the remainder of the interview should correspond to the extent of the reporter's knowledge of the family dynamics. The counselor should not be concerned with collecting complete demographic information at this stage of the call unless the reporter wishes to provide it.

b. Exploration Phase. The counselor advises the reporter that they will be asking a series of questions to better understand their reason for calling. The counselor uses probing and clarifying questions in order to seek detailed information and gain a thorough understanding of the situation, including any factors that could result in serious threats to child safety. The counselor is also expected to appropriately respond to any emotions expressed by the reporter during the information exchange. The counselor also asks for other sources of information who may be contacted by an investigator.

c. Closing Phase. The counselor ensures that all basic information has been collected from the reporter, including demographic information. The counselor assures the reporter of the importance of their call, informs the reporter that they are accepting or not accepting a report for investigation, explains the decision-making process, and provides referrals when required before closing the call.

1-4. Information Collection.

a. For all intakes, the counselor is required to attempt to obtain a full understanding of the concern(s) being reported by fully assessing the Maltreatment and Circumstances Surrounding the Maltreatment; as well as, assessing the vulnerability/needs of the children, and the protective capacity of the caregiver(s), while adhering to the Intake Protocol. The counselor's questions will be tailored to the reporter's familiarity with the family and the accompanying concerns. Information in other domains (e.g., Parenting Discipline) should be captured when available and relevant to the screening decision, victim/perpetrator identification, and/or response priority.

b. During the information collection process, if the reporter mentions information that speaks to the Domain Areas of Adult Functioning, General Parenting, or Discipline/Behavioral Management, the Hotline counselor must capture this information to be documented. Since the reporter mentioned this information, follow-up or clarifying assessment questions should be asked as warranted.

(1) Household/Family Composition and Demographic Data.

(a) Assessment of the household is critical in determining the focus of the intake assessment. For in-home intakes, the interview focuses on the household of the caregiver responsible for the maltreatment, including all adults and children residing in or frequenting the household.

(b) When more than one family unit resides in the same household, the counselor will assess, to the extent possible, whether the family units function independently, using the guidelines for Household Focus of Family Assessments outlined in CFOP 170-1, paragraphs 2-3c(1)-(4). If it is clear from the assessment that the family units function independently, the assessment will focus on the family unit that includes the alleged perpetrator. [NOTE: The counselor must still attempt to gather demographic information for any household members outside of the family unit of focus.] If the family units are interdependent, or the degree of interdependence cannot be determined, the family units will be assessed as one household/family entity.

(c) The counselor will capture demographics as they are presented and when opportunities arise throughout the call, ensuring that their manner of gathering this information does not impede the reporter from providing details about the maltreatment and other information domains. The counselor should search for the family in FSFN when enough demographic information has been provided to do so. The search results will inform the assessment (e.g., extent of history, open or closed prior intakes) and will be factored into the screening and response time decisions.

(d) Information on non-household members known by the reporter (e.g., names, contact information, awareness of the concerning situation), including parents not residing in the home, will be gathered for the purposes of understanding family dynamics as a whole (e.g., support systems, child visibility in the community, relevant family history) and obtaining sources of information for the investigator. Counselors must be conscious as to whether information obtained on non-household members indicates a need to assess for multiple reports.

(2) Extent of Maltreatment. This domain is concerned with the maltreating behavior of the caregiver and the effects to the child. Information from this domain may determine whether maltreatment has occurred, but is insufficient in itself for assessing child safety. Information that informs this domain may include:

(a) Type of maltreatment.

(b) Severity of maltreatment.

(c) Description of specific events.

(d) Description of emotional and physical symptoms.

(e) Identification of the child and maltreating caregiver.

(f) Condition of the child.

(3) Circumstances Surrounding Maltreatment. This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or

situation that precedes or leads up to the maltreatment or exists while the maltreatment is occurring. Information in this domain qualifies the seriousness or severity of the maltreatment. Information that informs this domain may include:

(a) Duration of the maltreatment.

(b) History of maltreatment.

(c) Patterns of functioning leading to or explaining the maltreatment.

(d) Parent/legal guardian or caregiver intent concerning the maltreatment.

(e) Parent/legal guardian or caregiver explanation for the maltreatment and family condition.

(f) Unique aspects of the maltreatment, such as whether weapons were involved.

(g) Caregiver acknowledgement and attitude about the maltreatment.

(h) Other problems occurring in association with the maltreatment.

(4) Child Functioning. This domain is concerned with the child's general behavior, emotions, temperament, vulnerability, and physical capacity. It addresses how the child is from day to day, rather than focusing on a point in time. This information element is qualified by the age and developmental level of the child. The focus of information collection is assessing the child's needs and degree of vulnerability to the family situation. Information that informs this domain may include:

(a) General mood and temperament.

(b) Intellectual functioning.

(c) Communication and social skills.

(d) Expressions of emotions/feelings.

(e) Behavior.

(f) Peer relations.

(g) School performance.

(h) Independence.

(i) Motor skills.

(j) Physical and mental health.

(k) Functioning within cultural norms.

(5) Adult Functioning. This domain is concerned with how the adults/caregivers in the household are functioning; how they typically feel, think, and act on a daily basis. It addresses adult functioning separate from parenting. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing,

stability, self-awareness, self-esteem, self-acceptance, and coherence. It is important that recent adult-related history is captured here. Information that informs this domain may include:

(a) Communication and social skills.

(b) Coping and stress management.

(c) Self-control.

(d) Problem-solving.

(e) Judgment and decision-making.

(f) Independence.

(g) Home and financial management.

(h) Employment.

(i) Citizenship and community involvement.

(j) Rationality.

(k) Self-care and self-preservation.

(l) Substance use.

(m) Mental health.

(n) Family and/or domestic violence.

(o) Physical health and capacity.

(p) Functioning within cultural norms.

(6) General Parenting. This domain is concerned with the parent/caregiver's general nature and approach to parenting. It forms the basis for understanding caregiver-child interaction in more substantive ways. An incident of maltreatment or discipline should not shade the assessment of this information domain. Information that informs this domain may include:

(a) Reasons for being a caregiver.

(b) Satisfaction with being a caregiver.

(c) Knowledge and skill in parenting and child development.

(d) Expectations and empathy for a child.

(e) Decision making in parenting practices.

(f) Parenting style.

(g) History of parenting behavior.

(h) Cultural practices.

(i) Protectiveness.

(7) Discipline or Behavior Management. This domain is concerned with discipline in a broader context than socialization; teaching and guiding the child. Discipline should be assessed beyond a punishment context, with emphasis on how the parent/caregiver provides direction, manages behavior, teaches, and directs a child. Information that informs this domain may include:

(a) Disciplinary methods.

(b) Perception of effectiveness of utilized approaches.

(c) Concepts and purposes of discipline.

(d) Context in which discipline occurs.

(e) Cultural practices.

c. In addition to assessing the allegations of maltreatment and any presenting family dynamics pertaining to child safety, there are specific questions that counselors are required ask for every call in which there are allegations of abuse or neglect or Special Conditions:

(1) The reporter's name, occupation, relationship to the child, contact information, and how they became aware of the concerning situation they are reporting. The reporter may volunteer some or all of this information unprompted in the introductory phase of the interview. When a reporter is reluctant to provide their name, the counselor should explain reporter confidentiality and make a second attempt to gather the reporter's information at a later stage in the call after building some trust with the reporter. Professionally mandated reporters [see s. 39.201(1)(d), F.S.] are required to provide their names when reporting abuse or neglect.

(2) The counselor must attempt to gather demographic information for every intake participant (names, dates of birth, etc.) based on the reporter's knowledge of the family and/or the reporter's or counselor's access to records containing demographics.

(3) For all accepted in-home and Special Conditions intakes, counselors must ask if there are any risks or dangers the investigator may encounter when making contact with the family. For institutional intakes, counselors must solicit this information from the reporter unless it is a hospital, detention center, or a facility that has locked doors.

(4) The counselor will solicit the name and contact information of any sources (other persons who have knowledge of the family and/or the alleged abuse or neglect) whom the investigator may contact for more information. If there are persons with direct knowledge of the family situation (e.g., a non-household parent who advised the reporter of the concerns) the counselor will solicit their name(s) and contact information.

(5) The counselor will obtain the current location of the intake participants and any other possible locations where they will be located over the next 24 hours. If a means to locate is obtained, a report will be accepted even if the current location of the victim is not known at the time of the call.

(6) Counselors must ask if any intake participant has a disability, hearing impairment, or limited English proficiency. If the reporter indicates that someone has a disability, hearing impairment, or limited English proficiency, the counselor must ask what device(s) or interpreters, if any, are needed for the participant to communicate.

Chapter 7

SCREENING DECISIONS AND RESPONSE TIME FOR CHILD INTAKES

7-1. Purpose. This chapter describes the protocol for screening decisions and response time assignment at the Florida Abuse Hotline for reports of abuse, neglect, or abandonment of children.

7-2. Authority.

a. Section 39.01, F.S.

b. Section 39.201, F.S.

c. Rule 65C-29.002, F.A.C.

7-3. Screening Criteria. In order for the Hotline to accept a report for investigation, the following criteria must be met:

a. The victim must be a child, as defined in statute: born alive, under the age of 18, and not emancipated or married.

b. The Hotline counselor must have reasonable cause to suspect that the alleged victim is a victim of abuse, neglect, or abandonment; or at risk of harm, as defined in s. 39.01, F.S.

(1) Reasonable Person. A person with an ordinary degree of reason, prudence, care, foresight, or intelligence whose conduct, conclusion, or expectation concerning a particular circumstance or fact is used as an objective standard by which to measure or determine something. The amount of care and caution that an ordinary person would use in a given situation.

(2) Reasonable Cause to Suspect. Facts or circumstances that would lead a reasonable person to believe that a child has, is, or will be a victim of abuse, neglect, or abandonment; or at risk of harm, as defined in s. 39.01, F.S. A reasonable cause is more than a hunch and a person must be able to point to specific facts or circumstances. It must be the suspicion of a reasonable person, warranted by facts from which inference can be drawn.

c. There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator's relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.

d. There must be an alleged maltreatment as defined in CFOP 170-4.

e. There must be an acceptable means to locate the child.

7-4. Sufficient Information for Screening Decisions. Hotline counselors must make accurate screening decisions based on statutory guidelines and sufficient information gathered in the six domains during intake assessment.

a. The counselor will assess the reporter's knowledge of the family, including known history, and the situation in order to determine in which domains the counselor will be able to gather sufficient information.

b. The screening decision must be made prior to the counselor closing the call.

c. When a maltreatment meeting statutory criteria is identified during the intake assessment, a report will be accepted even if there are no suspected danger threats (see CFOP 170-1, Chapter 2,

paragraph 2-2e). If the counselor suspects that the reported maltreatment has previously been investigated by the Department, the counselor will staff their screening decision with a supervisor or designee. The staffing should be attempted prior to closing the call.

d. When a family has documented history in FSFN, including prior intakes and investigations, the document(s) should inform the counselor's screening decision. The counselor is not required to review closed intakes or investigative documentation when there are allegations that clearly meet criteria for report acceptance and present danger.

(1) If there is an open intake on the family, the counselor should review it and determine if the new information should be added as an additional or supplemental intake.

(2) If the family has prior intakes that are now closed, the counselor should review the prior intakes and determine if the history is applicable to the new information being reported.

(3) For open and closed prior intakes, the counselor may also review the investigator's documentation in order to inform the screening decision.

7-5. Response Time Criteria. When a report is accepted for investigation, the Hotline will assign either an Immediate or 24-Hour response time to the intake. The response time is based on suspected Present or Impending Danger and other statutory requirements:

a. An Immediate response time must be assigned to an intake when there are indicators of present danger or when the circumstances otherwise so warrant. Present Danger means an immediate, significant, and clearly observable threat (see CFOP 170-1, Chapter 2, paragraph 2-23) to a child occurring in the present.

(1) Immediate. The dangerous family condition, child condition, individual behavior or act, or family circumstance is in the process of occurring. It might have just happened, is happening, or happens frequently.

(2) Significant. The condition, behavior, or circumstances are exaggerated, out of control, or extreme. There is anticipated harm that could result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment, or death.

(3) Clearly Observable. The condition, behavior, or circumstance can be specifically and explicitly described and directly harms the child or is highly likely to result in immediate harm to the child.

(4) In addition to reports in which there are indicators of present danger, the following circumstances will be given an immediate response priority:

(a) The family may flee or the child will be unavailable within 24 hours.

(b) Institutional abuse or neglect in which the immediate safety or well-being of a child is endangered.

(c) A special conditions referral in which there is an immediate need for services or placement of a child.

(d) A victim child in an In-Home intake is located outside of the county of the household of focus, necessitating procedures for multiple-county assignment as provided in Chapter 8 of this operating procedure.

b. Impending Danger refers to a state of danger caused by caregiver behaviors, attitudes, motives, emotions, or situations posing a specific threat (see CFOP 170-1, Chapter 2, paragraph 2-7c) of severe harm to a child. Impending danger threat(s) may not be currently active but can be anticipated to become active within days or weeks and to have severe effects on a child. A 24-hour response time should be assigned to an intake when there is suspected impending danger.

7-6. Sufficient Information for Response Time Decisions. The counselor must make an appropriate response time decision based on statutory guidelines (see s. 39.201(5), F.S.) and sufficient information gathered in the six domains to determine if present or impending danger is suspected.

a. The counselor must attempt to gather sufficient information based on the reporter's knowledge in order to determine the appropriate investigative response.

b. The determination of suspected present or impending danger must be made prior to the counselor closing the call.

c. The counselor will apply Present and Impending Danger threshold criteria appropriately to any danger threats that may be relevant to the situation being reported.

d. The family's prior history should be assessed and considered in the determination of suspected present or impending danger. When available, the family's documented history in FSFN should inform the response time decision, unless the newly reported information clearly meets criteria for report acceptance and present danger.