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

**Ron DeSantis**
Governor

**Shevaun L. Harris**
Secretary

**DATE:** September 20, 2023

**TO:** Child Protection Directors
Community-Based Care Lead Agency CEOs

**FROM:** Kate Williams, Assistant Secretary for Child & Family Well Being

**SUBJECT**: Individual Assessment of Parents with a Disability and Updates to CFOPs 170-2, Completing Hotline Assessment; 170-05 Child Protective Investigations; 170-07 Develop and Manage Safety Plans; and 170-09 Family Assessment and Case Planning

**PURPOSE:** The purpose of this memorandum is to provide a policy and practice update regarding the child welfare professional's responsibility to determine if a parent with a disability requires reasonable accommodations to benefit from services and programs in the dependency system.

**BACKGROUND:** The Department entered into a settlement directing that language be added to the Children and Families Operating Procedures (CFOP) regarding the Department's responsibility not to stereotype or discriminate against parents with a disability and to ensure parents with a disability are provided reasonable accommodations to be able to best benefit from services within the dependency system. While these assessments have been part of practice, there was previously no formal direction to complete or document the assessment.

**NEW INFORMATION:** CFOPs 170-2 and 170-5 were updated to include language that the Department does not discriminate based on disability. CFOPs 170-7 and 170-9 were updated to ensure during assessment that the child welfare professional considers the resources and supports available to a parent with a disability.

This memo also serves to direct child welfare professionals to complete an assessment of reasonable accommodations necessary for a parent with a disability to ensure the client can participate in and benefit from services referred by the Department. The child welfare professional must make reasonable efforts when determining which programs and/or services are recommended for a family.

The method for completing the assessment may include:

1. Communication with the disabled parent or a known collateral contact who assists the parent with a disability.
2. Review of the needs or accommodations requested by the parent with a disability or known collateral contact who assists the parent with a disability.
3. Communication with or records from a treating medical or mental health professional of the parent with a disability (with the parent's consent).
4. Review prior records and prior accommodation needs, e.g.: previous medical records, IEP, 504 plan, APD records, etc. (with the parent's consent)

5. Refer the parent for an individual assessment of needs provided by a professional with knowledge of the parent's disability. Providers for each Region have been added to the Auxiliary Aid and Services Plan on MyFLFamilies.com under Services, Individual with a Disability (https://www.myflfamilies.com/service-programs/individual-with-disability/auxiliary-aids-plan.shtml). From this page, click on the Region on the state map; then click on the "individual assessment of parent" hyperlink.

Document how the assessment was completed and the outcome in the FSFN notes and share the information with the provider.

If a reasonable accommodation is identified but cannot be located in the community, contact the Civil Rights officer in your region for assistance.

After an assessment is completed, the child welfare professional will determine which services, if any, are appropriate for the safety of the child and provide referrals for the appropriate services.

**ACTION REQUIRED:** Please share this memorandum with all child protective investigations staff, community-based care lead agencies, case management organizations, and other child and family well-being staff as appropriate.

**CONTACT INFORMATION:** If you have any questions regarding these updated procedures, please contact Kristen Puckett, CPI Specialist, at Kristen.Puckett@myFLfamilies.com or (386) 316-4819.

cc: Community Directors
Grainne O'Sullivan, Director of Child Welfare Legal Services

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 20, 2023

CF OPERATING PROCEDURE
NO. 170-2

Child Welfare

# COMPLETING HOTLINE INTAKE ASSESSMENT

This operating procedure establishes policies and practices for the Florida Abuse Hotline in compliance with Florida Statutes and Administrative Codes for reports of abuse, neglect, and abandonment of children and in accordance with the Department's Child Welfare Practice Model.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

In Chapter 1, added clarification note to paragraph 1-4.e.(6).

This operating procedure supersedes CFOP 170-2 dated April 4, 2016.
OPR: Office of Child and Family Well-Being

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# 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 sufficient information about the concerns and accompanying family dynamics 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. 65C-29.002, Florida Administrative Code (F.A.C.).

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

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. The counselor allows the reporter to share their reason for calling and responds appropriately to emotions expressed by the reporter. The counselor should not be concerned with collecting complete demographic information at this stage of the call unless the reporter wishes to provide it. The counselor begins a process of assessing the reporter's knowledge of the family in order to determine the depth of information the counselor will be able to gather.

b. Exploration Phase. The counselor advises the reporter that they will be asking a series of questions to better understand the family's situation. 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 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. The counselor must attempt to obtain a full picture of the household based on the six information domains where appropriate, while adhering to the Intake Protocol. The counselor's questions will be tailored to the situation and family dynamics presented by the reporter.

b. The information collected must support the screening decision and response priority decision (see Chapter 7 of this operating procedure), both of which should be determined prior to the counselor closing the call.

c. For intakes with the subtype of Institutional and Other, the counselor will gather at minimum information on the extent of the maltreatment, the circumstances surrounding the maltreatment, and child functioning. Other domains areas should be addressed as they pertain to the individual situation.

d. For all In-Home intakes, Foster Care referrals, and Parent Needs Assistance referrals, the counselor must assess the household and each of the six domains (see CFOP 170-1, Chapter 2) depending on the depth of information available.

(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 (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, and physical capacity. It addresses how the child is from day to day, rather than focusing on a point in time. A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. 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.

e. In addition to assessing the allegations of maltreatment and 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 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 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.

NOTE: The Department and its employees, contracted providers, and sub-contracted providers will not base child safety actions on stereotypes or generalizations about parents with disabilities, or on a parent's disability, diagnosis, or intelligence measures alone. These decisions are made through an individualized assessment of the parent with a disability and objective facts relating to the danger threats impacting the child. If necessary and reasonable, accommodations must be provided to ensure parents with disabilities can fully participate in the programs and services of the dependency system.

# Chapter 2

## CUSTOMER SERVICE

2-1. Purpose. This chapter provides guidance to ensure exceptional customer service is delivered in all aspects of The Florida Abuse Hotline job duties.

2-2. Procedures.

a. The Florida Abuse Hotline understands that quality customer service is necessary to conduct a quality assessment and can shape the information gathering process. Counselors are expected to uphold high customer service standards for both internal and external customers.

(1) Identify yourself by name and number.

(2) Answer calls in a kind and helpful manner, using the standard greeting, “Thank you for calling the Florida Abuse Hotline. My name is _____. How can I help you?”

(3) Demonstrate a genuine interest in and/or concern for what the caller is reporting. Remember that the call is very important to the caller.

(4) Listen and take notes to help remember important details and compensate for the lack of non-verbal communication expressions.

(5) Use the caller’s name and correct professional title often to ensure familiarity.

(6) Speak with a smile in your voice; if you smile when speaking on the phone, voice tone is more welcoming and friendly.

(7) Take personal responsibility for each call.

(8) If additional guidance is necessary, ask if the caller can be placed on hold while the research is conducted.

(9) Commit to going the extra mile in service to others; focus on people, versus tasks.

(10) Speak slowly enough to be easily understood, using good grammar and diction, avoiding slang.

(11) Be informed of the business and have basic reference materials readily available to help explain the process and answer simple questions.

(12) Be sure to notify the caller of the outcome of the call. If the caller made a report, notify them of the decision to accept or not accept the report for investigation. When appropriate, explain the next steps in the process (e.g., “The report will be sent to the investigations office” or “The report will be documented in our statewide system of record and will be available for any future assessments related to this victim/family.”).

(13) End the call with a definite ‘goodbye’ or other expression which leaves no doubt that the conversation has ended. If possible, let the caller disconnect the call.

b. Customer service is enhanced when Counselors remember that the calls are extremely important to the person calling and the safety of another person, so treat callers as if they are the only person receiving your attention. Always be respectful and considerate and acknowledge if you need to research the situation to answer a question.

# Chapter 3

## MEANS TO LOCATE FOR CHILD INTAKES

3-1. Purpose. This chapter provides guidance on assessment of means to locate for child intakes. A means to locate refers to essential contact information that must be gathered to enable a child protective investigator to make face-to-face contact with a child who has been abused, neglected, or abandoned or is in need of services or supervision.

3-2. Assessing for Means To Locate.

a. The counselor shall assess and make a determination as to whether or not there is an appropriate means to locate. Doing so provides investigative staff with the best possible way of locating a child and making initial contact. The most appropriate means to locate is a validated home address; however, the following are additional acceptable means to locate:

(1) A reported home address.

(2) A work address for any intake participant.

(3) A home, work, or cell phone number for any participant of the intake.

(4) Directions to the home.

(5) Current physical location.

(6) Name of the family's apartment complex, mobile home park or hotel/motel, with an apartment, lot or room number.

(7) Recent involvement with a specific municipal or county law enforcement agency (reporter must be able to provide the name of the agency).

(8) A school age child (ages four to 17) where the reporter knows the child's first and last name, and the name of the child's current or most recent school or any home school affiliation.

(9) A child who is under school-age where the reporter knows the child's first and last name, and the name of the child's current or most recent daycare.

(10) If a participant is located in a FSFN search, the counselor shall discuss the FSFN history information with a supervisor to determine if the history is an adequate means to locate.

(11) The reporter does not have the means of location available at the time of the intake, but has the information at another location (home, work, etc.) and they are willing to provide their name and contact information. Alternatively, the reporter provides the name and contact information of a third party who can and will provide a means to locate.

(12) The family receives public assistance, and a match is found in ACCESS.

(13) Florida license tag or temporary tag (a match coinciding with an address in Florida must be found when conducting a search).

(14) A caller ID can be utilized only if the alleged child victim is self-reporting.

b. The counselor shall document the apartment complex names, building numbers, apartment numbers, and any specifics provided by the reporter to assist in locating the participants.

# Chapter 4

## ADDITIONAL AND SUPPLEMENTAL REPORTS FOR CHILD INVESTIGATIONS

4-1. Purpose. This chapter describes the process for determining when a report to the Hotline should be accepted as an additional or supplemental report to one currently under investigation. Additional and supplemental reports must be entered in sequence to the corresponding initial report to ensure that all information pertaining to an investigation is combined under the same report number. This chapter also provides directives on the response required by the investigator when an additional or supplemental report is received

4-2. Additional Reports. These reports are identified by the Hotline counselor while completing a FSFN check on the participants. Additional reports contain new information about one or more participants of an existing report. [NOTE: For reports in which there are two or more independent family units in a household, refer to Chapter 1 procedures for assessment and Chapter 8 procedures for selection of participants.]

a. The existing report must be open.

b. The new information must involve the same household as the existing report.

c. The new information received includes any of the following:

(1) A new alleged perpetrator in the same household;

(2) A new victim in the same household;

(3) Any new participants in the same household;

(4) A new maltreatment;

(5) A new incident of the same maltreatment; or,

(6) New information that upgrades the response priority to immediate.

4-3. Supplemental Reports. These reports are identified by the Hotline counselor. They are enhancements to the report already received or under investigation. The counselor must assess thoroughly to determine that there are no new allegations or participants pertaining to the existing report. The call improves what is already known such as a more precise address, different name spelling, or additional sources.

a. The new information received must involve the same household, same alleged perpetrator, same victim, same maltreatment(s), and/or same incident.

b. The existing report must be open.

4-4. Calls Not Handled as Additional or Supplemental Reports.

a. Reports of different subtypes cannot be merged. For example: an In-Home intake cannot be merged with an Other or an Institutional.

b. One report has a child victim and the other an adult victim.

c. Special conditions referrals cannot be merged with reports of abuse, neglect, or abandonment.

d. Reports of death that are unrelated to the allegations in an open report.

e. Any maltreatments discovered by an investigator during the course of the Other Parent Home Assessment or during the course of an investigation that are involving a different household must be entered as a new report.

f. Additional allegations of abuse, neglect or abandonment in the household of concern discovered by investigator during the course of an investigation will be added by the investigator.

4-5. Investigative Response.

a. An additional report requires:

(1) A new on-site visit either immediately or within 24 hours and, when necessary, daily attempts to see all children;

(2) Repeat notification of all required parties;

(3) Attempted contact with a new reporter; and,

(4) Any other investigative activities or referrals required due to new participants or new maltreatments.

b. A supplemental report does not require a new on-site visit. However, additional action may be warranted upon review of the information provided.

# Chapter 5

## SPECIAL CONDITIONS

5-1. Purpose. This chapter provides guidelines for assessment, documentation, and assignment of Special Conditions referrals at the Hotline. A Special Conditions referral is accepted when a child is in need of services or supervision from the Department and there are no allegations of abuse, neglect, or abandonment. Special Conditions include: Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance.

5-2. Information Collection for Special Conditions.

a. The Hotline counselor will utilize Intake Protocol to assess the reporter's concerns and determine if the information meets statutory criteria for abuse, neglect, or abandonment.

b. If the concerns do not meet criteria for abuse, neglect, or abandonment, the counselor must collect sufficient information to determine if a Special Conditions referral is appropriate.

c. The screening decision will be based on the Child Maltreatment Index section definitions for Special Conditions (CFOP 170-4) and the following criteria:

(1) For all Special Conditions other than Foster Care Referrals, the identified child must meet the statutory definition of a child.

(2) A Foster Care Referral may be accepted for a dependent young adult age 18-22 in a licensed foster care facility. If the young adult meets statutory criteria as a vulnerable adult and the concerns meet criteria for abuse or neglect of a vulnerable adult, an Adult Intake will be accepted rather than a Foster Care Referral.

(3) For Parent Needs Assistance, the reporter must be the parent/legal guardian requesting assistance for themselves.

(4) If the reporter is an employee of a DJJ facility or a Baker Act facility reporting that a child is locked out of their home due to the refusal, inability, or unavailability of the parent(s), a Caregiver Unavailable referral will be accepted if there are no additional concerns of abuse or neglect. If an investigator assigned to a Caregiver Unavailable referral reports to the Hotline that they suspect that the parent/legal guardian abused, neglected, or abandoned the child, the Hotline will enter a new In-Home intake.

d. The counselor must attempt to gather the home address, means to locate, and full demographic information for each child, and for household members when relevant, prior to closing the call.

e. Additionally, the counselor must attempt to gather the following information:

(1) The reporter's name, occupation, relationship to the child, contact information, and how they became aware of the situation they are reporting.

(2) Any risks or dangers the child protective investigator or case manager may encounter when making contact with the participants.

(3) The name and contact information of any source(s) whom the investigator may contact for more information.

(4) The current and 24 hour locations for all participants in the referral.

(5) Whether any participant in the referral has a disability, hearing impairment, or limited English proficiency. If a participant 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.

(6) The following additional information specific to reports of Child on Child Sexual Abuse:

(a) The location and county where the incident occurred.

(b) The names and contact information for the parents of both children to be included as sources for the investigator.

(c) Whether the alleged aggressor child has access to any other children, including siblings.

f. For allegations of Child on Child Sexual Abuse, the counselor must transfer the reporter to the appropriate county sheriff's office at the conclusion of the call. If the location of the incident is known, the reporter will be transferred to the sheriff's office in that county. If the location of the incident is not known, the reporter will be transferred to the county where the victim child is located or where there is a means to locate the victim child.

5-3. Response Time for Special Conditions.

a. The response time decision should be based on whether the circumstances warrant a prompt response. For example: The parents have been hospitalized and the child needs to be placed as soon as possible.

b. A 24 hour response time will be assigned to all Parent Needs Assistance and Foster Care Referrals unless there are urgent circumstances that are not the result of maltreatment or a credible threat of immediate harm to the child. If there is an immediate, significant, and clearly observable danger to the child (e.g., the parent makes a credible threat to smother the child to make her stop crying), a report of abuse or neglect should be accepted instead of a Special Conditions referral.

5-4. Documentation of Special Conditions Intakes.

a. The counselor must thoroughly search for each participant in FSFN and check for any open intakes prior to generating a new Special Conditions intake or creating new persons in FSFN.

(1) A Caregiver Unavailable or Parent Needs Assistance intake should not be generated if the participants are found in an open intake of abuse or neglect. The counselor must sequence the special conditions concerns as a supplemental report to the open Child Intake.

(2) A Child on Child Sexual Abuse intake cannot be combined with a report of maltreatment by a caregiver. For statistical reasons, each Child on Child intake must be generated as an initial intake. A Child on Child intake shall only be sequenced as a supplemental intake to an open Child on Child intake when the inappropriate sexual behavior or juvenile sexual abuse involves the same victim, alleged aggressor, and behaviors.

(3) A Foster Care Referral cannot be combined with an In-Home or Other intake. If there is an open Institutional intake involving the same foster home and the same participants, a supplemental intake must be generated instead of a new Foster Care Referral.

b. The participants and their assigned roles on the intake will vary based on the type of Special Conditions.

(1) Caregiver Unavailable. Participants will include the child and the unavailable parent/caregiver(s). The Referral Name (RN) will be the mother if she is a participant on the intake, or the father or other legal guardian if the mother is not a participant. All parent/caregiver(s) should be assigned the Parent/Caregiver (PC) role. The child's participant role will be Identified Child (IC).

(2) Child on Child Sexual Abuse. Participants will include the alleged aggressor child and the victim child only. The victim child's participant roles will be RN and Victim (V). The alleged aggressor child's participant role will be Alleged Juvenile Sexual Offender (JS). If there is more than one victim child on the intake, RN will be the youngest victim child. The parents of the two or more children should be listed in the "Source Information" section of the intake if their information was obtained.

(3) Foster Care Referral. Participants will include the foster child and the foster parent(s) or licensed family shelter employee(s). The foster parent or licensed family shelter employee's participant roles will be PC and RN and the child's participant role will be IC.

(4) Parent Needs Assistance. Participants will include all children and adults in the household. The RN will be the mother if she is a participant on the intake, or the father or other legal guardian if the mother is not a participant. The participant role of the child/children with whom the parent needs assistance will be IC. If there are any children in the home with whom the parent does not need assistance, their participant role will be Child in the Home (CH).

c. Under the Special Conditions tab on the intake, the counselor will select the Special Conditions type and document the concerns in the narrative field. The narrative must support the selected Special Conditions type.

d. For Foster Care Referrals, the counselor must change the investigative subtype to "Institutional," search for the provider in FSFN, and attach the provider to the intake if the provider is found. For all other Special Conditions, the investigative subtype will be "In-Home."

e. For Special Conditions intakes with an immediate response priority, the counselor must document the rationale for their response time decision on the Decision tab (e.g., "The child's sole custodian has died and the child needs immediate placement.").

f. The county of assignment will vary based on the type of Special Conditions. A secondary county (i.e., law enforcement jurisdiction) should not be assigned for Special Conditions except for Child on Child Sexual Abuse.

(1) Caregiver Unavailable intakes should be assigned to the county where the child is currently located.

(2) Child on Child Sexual Abuse intakes should be assigned to the county where the victim child resides. The secondary county will be the county where the incident occurred, if known. Otherwise, the secondary county will be the county where the victim child is located.

(3) Foster Care Referrals should be assigned to the county where the foster home is located.

(4) Parent Needs Assistance intakes should be assigned to the county where the family resides. If the family is currently located in a county in which they do not reside and they are not

expected to return home within the next 24 hours, or there are urgent circumstances, the intake should be assigned to the county where the investigator can locate the family.

g. Before screening in the intake, the counselor must ensure that they have selected “No” for “Background Check Required” and “Reason: Special Conditions.”

h. For Child on Child Sexual Abuse, the counselor must ensure that the box is checked on the Decision tab for “Send a Florida Administrative Message to Law Enforcement.”

# Chapter 6

## INVESTIGATIVE SUBTYPES: IN HOME, INSTITUTIONAL, AND OTHER

6-1. Purpose. This chapter provides guidelines for the Florida Abuse Hotline for assignment of investigative subtypes to reports of abuse, neglect, or abandonment of children.

6-2. Investigative Subtype Assignment.

a. When a report is accepted or screened out, the counselor will create an intake in FSFN and assign one of three investigative subtypes to the intake. The investigative subtype is determined by the alleged perpetrator's relationship to the victim child in the report.

(1) In-Home pertains to maltreatment perpetrated by a parent, legal guardian, or caregiver residing in the child's home.

(2) Institutional pertains to maltreatment in an institutional setting that is perpetrated by an employee of the institution who is responsible for the child's care (e.g., child care center, foster home).

(3) Other pertains to maltreatment in a non-institutional setting in which the alleged perpetrator is an adult sitter or relative not residing in the child's household, who has been temporarily entrusted with the child's care. "Other" also applies when:

(a) The alleged perpetrator is a parent/legal guardian who is deceased or residing out of state.

(b) There are allegations of human trafficking by a non-caregiver.

b. In FSFN, the default investigative subtype is "In-Home." The Hotline counselor must ensure that the correct investigative subtype is selected prior to screening in the intake.

# 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. 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. 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.

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

d. 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.

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.

# Chapter 8

## DEVELOPING THE INTAKE

8-1. Purpose. This operating procedure describes the protocol for documentation and assignment of intakes at the Florida Abuse Hotline for reports of abuse, neglect, or abandonment of children. It also describes procedures for attachment of criminal background checks to new and additional child intakes and procedures for processing screen out requests, intake splits, and sequence merges of child intakes.

8-2. Intake Participants.

a. The Hotline counselor must thoroughly search for each participant in FSFN and check for any open intakes prior to generating a new intake or creating new persons in FSFN.

b. When multiple results are found for the same person when the counselor is searching FSFN, the counselor should review the intake hyperlinks attached to each duplicate person. If there are no open intakes for any of the duplicate persons, the counselor should select the person with the most intakes associated with them and/or the person whom an investigator has previously identified through a FSFN Person Merge as the original person.

c. For web reports, the counselor must search for each participant using the demographics entered by the reporter. The counselor will then add any of the participants who already exist in FSFN, and delete any duplicate persons created by the reporter.

d. The participants added to the intake will vary based on the investigative subtype of the intake:

(1) In-Home. The participants will include all children and adults in the household of concern. Non-household members (e.g., biological parent not in the home) should not be added as intake participants. An unknown participant must be created for every household member for whom limited demographic information is known (e.g., “The mother’s first name is Anna and she has two children under the age of five.”). If the household composition is unclear, the counselor will document this in the reporter narrative (e.g., “Several children have been seen at the home but it is unknown how many reside there.”) and create one unknown victim child and/or one unknown alleged perpetrator to represent the unknown persons.

(a) If there are independent family units residing in the same household, and only one of the family units is responsible for a maltreatment, the participants will include all known persons residing in the home. The counselor will document in the reporter narrative that the two or more family units appear to function independently (e.g., “Sarah Jones and her children are the family unit of focus. The reporter believes that John Smith and his children are an independent family unit in the home.”).

(b) If more than one of the independent family units residing in the same household is responsible for a maltreatment, the counselor will create separate intakes for each family unit (e.g., one In-Home intake with AP Sarah Jones and her children and another In-Home intake with AP John Smith and his children).

(2) Institutional and Other. The participants will include the alleged perpetrator and the victim child only. An unknown participant must be created for any alleged perpetrator or victim child for whom limited demographic information is known. If the number of alleged perpetrators and/or victims is unknown, the counselor will document this in the reporter narrative and create one unknown alleged perpetrator and/or one unknown victim to represent the unknown person(s).

e. The counselor must assign roles to each participant and select one participant to be the intake name.

(1) In-Home. The intake name (IN) will be the mother if she resides in the home. If the mother does not reside in the home, the IN will be the father or other legal guardian in the home. [NOTE: The counselor must verify in Vital Statistics or FSFN that the father is the biological or adoptive father of the child in order to assign the IN role to him. If this cannot be verified, the youngest victim child will be assigned the IN role.] All child victims will be assigned the Victim (V) participant role. Any children in the home who are not victims will be assigned the Child (CH) participant role. All caregivers in the home will be assigned the Parent/Caregiver (PC) participant role. The alleged perpetrator(s) will be assigned the roles Alleged Perpetrator (AP) and PC.

(2) Institutional. The IN will be the alleged perpetrator. All child victims will be assigned the V participant role. The alleged perpetrator(s) will be assigned the AP and PC participant roles.

(3) Other. The IN will be the alleged perpetrator. All child victims will be assigned the V participant role. The alleged perpetrator(s) will be assigned the AP participant role and the PC participant role if they are a caregiver.

8-3. Reporter Narrative.

a. The counselor will document on the first line of the reporter narrative whether any participant in the intake has a hearing impairment, disability, or limited English proficiency.

b. The counselor will document the reporter's relationship to the victim child on the second line of the reporter narrative.

c. Any information that would identify the reporter should be confined to the reporter narrative.

d. Any information that could compromise the safety of a child (e.g., the fact that the child disclosed the abuse) or a survivor of domestic violence (e.g., details that identify the survivor as a source of information to the reporter, the address where the survivor is temporarily staying) should be confined to the reporter narrative.

e. If a participant on the intake has HIV/AIDS, the counselor will document that the person "has a chronic medical condition" in the reporter narrative. The person's HIV/AIDS status will not be referenced outside of the reporter narrative.

f. The reporter narrative should contain minimal redundant information from the allegation narrative.

8-4. Allegation Narrative.

a. The allegation narrative should accurately reflect the information obtained from the reporter and should support the counselor's screening decision and response time decision.

(1) The introductory sentence(s) of the allegation narrative should describe the most severe or pervasive behaviors or conditions placing the child in danger (extent of the maltreatment) and the circumstances surrounding those behaviors or conditions. The narrative should then incorporate details about child functioning, adult functioning, general parenting, and/or disciplinary practices as they relate to present or impending danger.

(2) Every maltreatment that is coded on the intake must be supported in the allegation narrative.

(3) For allegations of intimate partner violence as defined in CFOP 170-4, the narrative should describe the perpetrator's pattern of coercive control and specific actions that harm the child. For example: "About once a week, the father slaps the mother across the face or tries to strangle her. The child is extremely anxious as a result. The mother cannot buy shoes for the child because the father controls the household finances." The narrative should not include any general statements that minimize the perpetrator's role in the violence (e.g., "The parents had an argument that escalated into a physical altercation" or "The parents have a history of domestic violence.").

(4) Any information from the domains that does not relate to present or impending danger but may be useful to the investigator should be documented in the final paragraph of the narrative.

b. The narrative should be concise and coherent. The counselor must proofread the narrative to check for spelling and grammatical errors prior to screening in the intake.

c. For Institutional intakes, the counselor shall search for the institution or provider in FSFN. If the institution or provider is found, it shall be linked to the intake on the Allegations tab.

8-5. Duplicates, Sequence Merges, Intake Splits, and Screen Out Requests.

a. When a counselor is searching for participants in FSFN prior to generating a new intake and finds an intake with the same household, same alleged perpetrator, same victim, and same maltreatment and/or incident, the following actions will be taken:

(1) If the intake is open, the counselor will sequence it with a supplemental intake.

(2) If the intake is closed, the counselor will determine if the newly reported information is a duplicate report. A report should not be screened out as a duplicate unless it describes the exact same incident and does not offer new information, new participants, new evidence, or additional allegations or incidents.

(a) If the counselor suspects but cannot confirm that the newly reported information is a duplicate report, the counselor will enter a new intake. In the reporter narrative, the counselor will document that similar allegations have been reported previously and reference the intake number that corresponds to the prior allegations.

(b) If the counselor determines that the exact same incident was previously reported and investigated by the Department, the counselor may screen out the intake after staffing with a supervisor or designee. The intake number of the closed prior intake must be noted in the reporter narrative.

b. When it is requested from the field that a new initial intake be merged as a sequence to an open intake, the merge request is processed by designated staff at the Hotline. Staff responsible for authorizing merges must complete the following steps:

(1) Review the field feedback request to merge the intakes and approve or deny the request.

(2) If the request is approved, the new initial intake will be relinked to the older open intake as an additional or supplemental intake.

(a) The two intakes must be assigned to the same county and must involve the same household.

(b) If the newest intake includes a new alleged perpetrator, a new victim, a new participant in the same household, a new maltreatment, a new incident of the same maltreatment, or new information that requires an immediate response, it should be merged as an additional sequence.

(c) If the newest intake provides information about the same alleged perpetrator, same victim, same maltreatment(s) and the same incident, it should be merged as a supplemental sequence.

(d) The person completing the merge shall enter in the reporter narrative of the merged intake "This intake was merged with (intake number) at the request of (Name/Title) by (Name/Title of the person completing the merge)."

c. Intake splits are completed by designated staff at the Hotline when it is determined that a single intake must be divided due to multiple households or other circumstances in which two reports cannot be combined in one intake. Staff responsible for authorizing splits must complete the following steps:

(1) Review the field feedback request to split the intake and approve or deny the request.

(2) If the request is approved, a new initial intake will be generated and split from the existing intake.

(3) The person completing the split shall enter in the reporter narrative of the split intake "This intake was split from (intake number) at the request of (Name/Title) by (Name/Title of the person completing the split)."

d. Designated staff at the Hotline may create a new initial intake at the request of the field when there is an open intake that is actively in the process of being closed. This must be supported by the investigator's documentation in FSFN, e.g., the investigator has entered findings for the maltreatment and/or has documented a closure consultation.

e. Screen out requests are handled by designated staff at the Hotline when the field requests that the Hotline screen out an intake on the basis that it was screened in erroneously. Staff responsible for handling screen out requests must complete the following steps:

(1) Review the field feedback request to screen out the intake and approve or deny the request.

(2) Document the rationale for their screening decision (i.e., the reason they approved or denied the request) in the reporter narrative of the intake.

8-6. Jurisdiction and Assignment of Intakes.

a. The primary county of assignment for the intake will be based on the investigative subtype:

(1) In-Home. The intake will be assigned to the county where the household of focus is located (i.e., the home address of the alleged perpetrator). When the alleged perpetrator is unknown, the county in which the child currently resides will be considered the household of focus.

(2) Institutional. The intake will be assigned to the county where the institution is located.

(3) Other. The intake will be assigned to the county where the child is located at the time of the report.

b. If the location for the county of assignment is unknown but there is a means to locate the child, the intake will be assigned to the county where there is a means to locate.

c. In FSFN, the “Secondary County” refers to the county where law enforcement has jurisdiction to investigate. For all intakes, the county where the alleged maltreatment occurred should be selected in the “Secondary County” drop-down box on the intake.

d. After screening in the intake, the counselor will link the intake to the case shell containing the family’s or the perpetrator’s prior history. If there is no prior history, the counselor will create a new case shell for the intake.

e. Intakes with an immediate response priority must be called out to the receiving unit of the assigned county after the intake is screened in. If the intake is entered during non-business hours, the on-call worker must be contacted to have the intake assigned to them.

f. For In-Home intakes, when a victim child is located in a different county than the household of focus at the time the report is received, the intake will be given an immediate response priority and will be assigned to both counties. The investigator assigned to the county of the household of focus will be the primary investigator associated with the case.

(1) The counselor will first call out to the receiving unit or on-call worker of the county where the household of focus is located and assign the intake to the primary investigator. The counselor will advise the receiving unit or on-call investigator that a victim child is located in another county and that an investigator from that county will be assigned to the child. The counselor will request the name and contact information of the primary investigator or a point of contact to provide to the Out of County investigator.

(2) The counselor will then call out to the receiving unit or on-call investigator of the county where the victim child is located and assign an Out of County investigator to the child. The counselor will advise the receiving unit or on-call investigator that the intake has been assigned to the primary investigator. The counselor will provide the contact information for the primary investigator or point of contact if known.

(3) If there are multiple victim children located in separate counties outside of the county where the household of focus is located, the counselor will follow the same procedures to have an Out of County investigator assigned to each victim child.

8-7. FSFN Checks and Criminal Background Checks.

a. The Crime Intelligence (CI) Unit at the Hotline will complete criminal and delinquency record checks for initial and additional intakes of abuse, abandonment, and neglect.

(1) When the counselor creates an intake, participant information that is documented in FSFN will be accessible to the CI Unit after the intake is screened in. There must be sufficient demographic information for a participant in order for the CI Unit to complete the applicable checks.

(2) For all child intakes, the CI Unit will complete National Criminal Information Checks (NCIC), Florida Criminal Information Checks (FCIC), Department of Juvenile Justice (JJIS), Department of Corrections, DHSMV (DAVID), and Jail Booking System (APRISS) database checks.

(3) The results of the NCIC Purpose Code “C” and FCIC Purpose Code “Q” criminal history checks will be made available to the investigator through an online link in FSFN. The results of FCIC Purpose Code “C” criminal history checks (sealed and expunged criminal records) will be documented separately for confidentiality purposes.

b. Counselors shall ensure that intakes that do not require background checks are not released to the CI Unit.

(1) Supplemental intakes do not require criminal history checks as they do not contain any new participants. When a supplemental intake is created, “Background Checks Required” will default to “No” and “Reason: Supplemental.”

(2) If the intake does not contain enough demographic information for the CI Unit to complete criminal history checks for any of the participants, the counselor will select “No” for “Background Checks Required” and “Reason: Other” prior to screening in the intake.

(3) If the intake is Additional but no new participants have been added, the counselor will select “No” for “Background Checks Required” and “Reason: No New Subjects.”

(4) If the sheriff’s office is responsible for criminal history checks in the county where the intake is assigned, the counselor will select “No” for “Background Checks Required” and “Reason: Child Sheriff’s Office.”

(5) For all Special Conditions intakes, the counselor must select “No” for “Background Checks Required” and “Reason: Special Conditions.”

(6) If an intake is screened out, “Background Check Required” will default to “Not Required.”

# Chapter 9

## HOTLINE SUPERVISOR CONSULTATIONS

9-1. Purpose. This chapter defines, provides guidance, and describes the process and procedures of a Hotline Supervisor Consultation.

9-2. Definition. A consultation, as defined for the purposes of this chapter, is an interaction between a Hotline counselor and a supervisor or appropriate designee that formally explores the sufficiency of information collected during an assessment, the result of which impacts the final decisions made by the counselor regarding the screening decision or response priority of an intake.

9-3. Requirements. Quality consultations are key opportunities for Hotline supervisors to assess and develop a counselor's critical thinking skills to enhance and guide assessment and decision-making.

a. Whereas a Hotline Supervisor Review may involve a formal query by a supervisor into decisions and actions performed by a Hotline Counselor after a call has been completed, a Hotline Supervisor Consultation is requested and implemented by a counselor during an assessment. Supervisor consultations should not replace or substitute for supervisor reviews, and should be encouraged as appropriate.

b. A supervisor consultation will include, but is not limited to, assessment by the supervisor of the information gathered from the reporter by the counselor, the recommended maltreatment(s) selected, the quality and sufficiency of documentation presented to the supervisor by the counselor, any appropriate history of the subjects reported, and the overall decision made by the counselor at the time of the consultation based on information available. The supervisor will request or identify the counselor's purpose for the consultation in order to encourage critical thinking and facilitate guidance versus directive consultation.

c. Supervisor consultations should occur whenever needed, but are required in the following instances:

(1) When a counselor suspects that a report does not meet criteria for acceptance, but there is knowledge of a child fatality in the family's history, whether alleged by the reporter or documented in FSFN, the counselor must consult with a supervisor before making the decision to screen out the report.

(2) When the counselor determines that the allegations in a report have been previously investigated by the Department, as indicated by a closed prior intake, the counselor must consult a supervisor to confirm that the report is a duplicate prior to screening it out.

(3) When a report meets all of the intake acceptance criteria except for a means to locate, but some demographic information for the participants is known, the counselor must consult a supervisor and document their efforts to search for the family in all available systems prior to making the decision to screen out the report.

9-4. Process/Procedures.

a. A consultation may commence via telephone, web-based chat, or face-to-face. The medium selected must allow for the counselor to refer to their notes on the allegations during the consultation. The supervisor should request or identify the counselor's purpose for the consultation and use open ended questions to ascertain the counselor's decision regarding the assessment. This encourages critical thinking and facilitates guidance versus directive consultation.

b. The main information constructs that the supervisor will consider during a consultation related to a counselor's assessment are:

(1) Sufficiency of information collected to support the recommended decisions. The counselor has fully assessed/described the context and/or specifics of the situation and conditions being reported.

(2) Discrepancies in information presented by the counselor are identified and reconciled prior to consulting on appropriate decision making.

(3) Identification of any information that the counselor needs to further pursued from the reporter or from other resources to make an appropriate decision. *When information is deemed insufficient, the supervisor is responsible for facilitating discussion around the relevant information to "complete the picture."*

(4) Determining the quality of the counselor's assessment in regards to the recommended maltreatment(s), household participant identification and inclusion, recommended screening decision, and response priority, as appropriate.

(5) Determining if the information provided warrants or suggests the need for communication with external partners, such as law enforcement.

9-5. Documentation.

a. When a Supervisor Consultation affects the decisions made by the counselor regarding the screening decision or response priority, the counselor will note in the FSFN intake the following: "Supervisor Consultation with (name of Supervisor) occurred, resulting in the decision to (initiate/not initiate) an investigation, and/or resulting in the decision to assign a (24 hour/immediate) response time."

b. When a Supervisor Consultation impacts the decisions made by the counselor regarding the screening decision or response priority, the Hotline Supervisor or designee will note the sufficiency and quality of the following information constructs in the reporter narrative of the FSFN intake:

(1) Overall sufficiency of information collected;

(2) Effective reconciliation of information;

(3) Quality of recommended decisions;

(4) Demonstration of critical thinking; and,

(5) Demonstration of knowledge of Florida Statute, Florida Administrative Code, and Operating Policy and Procedure.

# Chapter 10

## CONDUCTING CHILD WELFARE RECORD CHECKS FOR OUT OF STATE CHILD WELFARE AGENCIES

10-1. Purpose. This chapter describes the process by which a request for Child Welfare history is processed at the Florida Abuse Hotline.

10-2. Confidentiality of Reports and Records. All records held by the department concerning reports of child abandonment, abuse, or neglect are confidential per s. 39.202(1), F.S. However, access to such records, *excluding reporter information*, shall be granted to employees or agents of an agency of another state that carries out:

a. Child or adult protective investigations; and,

b. Ongoing child or adult protective services.

10-3. Processing Child Welfare Record Requests.

a. When an employee from an out of state child welfare agency contacts the Hotline to request a child welfare record check, the counselor shall refer the requestor to the record search web form posted on the Department's public website.

b. Designated staff at the Criminal History Services program will process all incoming requests from employees of out of state agencies via the record search web form. Once the requestor's employment has been verified, the designated staff may inform the requestor if there is history in the system. If there is history, the designated staff may provide details regarding the history such as the date of the reports, the type of maltreatments, the findings for the maltreatments, etc. The requestor should also be provided with relevant local office numbers to obtain any additional information.

# Chapter 11

## VERIFICATION OF CHILD WELFARE PROFESSIONALS

11-1. Purpose. This chapter describes the process for verification of Child Welfare Professionals' identity and provides direction on what information can be released.

11-2. Scope. This chapter applies to all requests from the public for verification of a Child Welfare Professional's identity.

11-3. Procedure. When a caller contacts the Hotline to request verification of a Child Welfare Professional's identity the counselor must complete the following actions:

a. Obtain the first and last name given to be verified.

b. Conduct a worker search in FSFN.

c. Based on search results, inform the caller that the individual's name is or is not showing as an active child welfare professional.

d. If the caller has any additional questions or concerns, refer the caller to the local investigative or case management office.

# Chapter 12

## DOCUMENTATION AND REVIEW OF SCREENED-OUT CHILD INTAKES

12-1. Purpose. This chapter describes procedures for documentation and review of reports to the Florida Abuse Hotline that are not accepted for investigation.

12-2. Documentation Requirements. When a counselor makes the decision to screen out a report of alleged abuse, neglect, or abandonment that does not meet acceptance criteria, the counselor will document a screened-out intake in FSFN.

a. The counselor must search for all participants in FSFN before creating new persons in order to avoid creating duplicate persons and to ensure that there are no open intakes that must be sequenced.

b. All information that could compromise the reporter's identity must be confined to the reporter narrative.

c. A maltreatment code must be selected for the intake due to FSFN system requirements. For intakes that are screened out because the allegations do not meet the statutory definition for a maltreatment, the counselor should select the maltreatment code that most closely fits the allegations.

d. The allegation narrative must clearly and accurately reflect the information obtained from the reporter and must be objective and neutral in tone.

e. For Institutional intakes, the counselor shall search for the institution or provider in FSFN. If the institution or provider is found, it shall be linked to the intake on the Allegations tab.

f. On the Decision tab, the counselor will select a reason code that corresponds to the counselor's rationale for screening out the report. There are eight reason code options:

(1) Alleged Juvenile Sexual Offender Between Ages 13-17. This reason code is no longer applicable to Special Conditions intakes for Child on Child Sexual Abuse and should not be selected for any screened-out intake.

(2) Caregiver Statutory Guidelines Not Met. The alleged perpetrator does not meet statutory criteria. [NOTE: This reason code will not apply to allegations of human trafficking.]

(3) Created in Error. An intake is created incorrectly and must be screened out (e.g., an Adult Intake is created and saved but the counselor intended to create a Child Intake). The counselor must remove any participants who have been added to the intake, add two Unknown participants (one victim and one alleged perpetrator), and type "Created in error" into both the reporter narrative and the allegation narrative as the only added text in the intake.

(4) DJJ. A reporter makes a complaint about a Department of Juvenile Justice (DJJ) facility that does not meet statutory criteria for abuse, neglect, or abandonment (e.g., a child in DJJ custody reports that she does not like the food at the facility). When the DJJ reason code is selected, a notification of the complaint is sent to the DJJ Inspector General's office via email.

(5) Does Not Rise to the Level of Reasonable Cause to Suspect. A reporter makes an allegation in which the child and alleged perpetrator meet jurisdictional criteria, but the allegation does not constitute abuse, neglect, or abandonment by statutory definitions.

(6) No Means to Locate. The report meets all of the intake acceptance criteria except that the reporter could not provide a means to locate and a search of all available systems did not yield a means to locate.

(7) Out of State Inquiry. There are allegations of abuse, neglect, or abandonment of a child who does not reside in Florida.

(8) Victim Statutory Guidelines Not Met. The alleged victim of abuse or neglect is under 18, but does not meet the other jurisdictional criteria for a child (born, not emancipated or married).

g. In the field below the selected reason code on the Decision tab, the counselor must document their rationale for screening out the intake.

h. If the intake is screened out due to Caregiver Statutory Guidelines not Met, the counselor must ensure that the box is checked for “Send a Florida Administrative Message to Law Enforcement.”

12-3. Review of Screened Out Intakes.

a. Hotline supervisors and Quality Assurance personnel must conduct routine reviews of screened out intakes and the accompanying calls, faxes, or web-based reports. Supervisors are responsible for routine monitoring of screened-out intakes within their units.

b. Quality Assurance personnel are required to review screened-out calls, fax reports, and web-based reports to the Hotline whenever three or more screened-out reports are received on a single child.

(1) When an intake is generated in FSFN which includes a child who has been a participant in two or more prior screened-out intakes, a “Three Hits” hyperlink will appear next to the child’s name on the third intake. Clicking on the hyperlink prompts a window to appear which contains links to the prior intakes that were screened out.

(2) When a “Three Hits” hyperlink appears in an intake that a counselor intends to screen out, the counselor must notify a supervisor. The supervisor must review the three intakes and approve the screening decision. If the third intake is screened out, the supervisor will send a Three Hit Review notification to Quality Assurance.

(3) Quality Assurance must then review the three or more calls, fax reports, and/or web reports to determine if the screening decision was correct and to assess for harassment. In addition to reviewing the intakes, the Quality Assurance personnel will listen to the original call(s) and/or view the original fax or web document(s) to determine if any information was omitted from the intakes.

(4) If the totality of the concerns and/or any of the prior screened-out intakes indicates that an investigation is warranted, a new intake will be screened in. The Quality Assurance personnel screening in the intake shall document the rationale for their screening decision in the comment field on the Decision tab.

(5) If there are indications of harassment by a reporter, Quality Assurance will refer the concerns to general counsel for further review. The following may be taken into consideration when determining if there are indicators of harassment:

(a) Whether the three or more reports were made by the same reporter or multiple reporters.

(b) The reporter’s relationship to the family.

(c) The reporter's expressed motivation for making a report or calling in multiple reports.

(d) Whether a professionally mandated reporter has called in any of the three reports either independently or at the behest of the person who made the other report(s).

(e) History of the reporter perpetrating domestic violence against a person involved in the report. This may include prior history in FSFN.

(f) Prior Three-Hit reviews or history in FSFN in which the same reporter was suspected of harassment.

(g) Prior history in FSFN of investigations in which the investigator documented suspected harassment by the reporter.

# Chapter 13

## CONTACTING THE REPORTER

13-1. Purpose. This chapter describes the process by which a reporter is contacted by an employee of the Florida Abuse Hotline.

13-2. Confidentiality of the Reporter. The identity of all reporters is held confidential per s. 39.201(1d). However, it may be necessary to contact a reporter to fully assess or process a report to ensure the safety of a child. Staff at the Florida Abuse Hotline should only call a reporter back when necessary to ensure sufficient information is gathered for decision making or to notify the reporter of a change in screening decision. Counselors must obtain and document supervisory approval prior to making contact and the supervisor will determine the appropriate follow up needed. All attempts to contact the reporter will be documented in the reporter narrative.

13-3. Calling Reporters. Staff at the Florida Abuse Hotline will contact reporters to gather additional information in the event the call is disconnected, or there is insufficient information with the received fax document or web report. To ensure that the information is gathered from the appropriate party and also that the reporter's confidentiality is not compromised, the counselor should take the following steps:

a. In these circumstances, the counselor will make an attempt to contact the reporter immediately. If unable to make contact, they will continue their documentation with the available information and make an additional attempt to contact the reporter prior to completion of the intake.

b. If someone answers the phone, the counselor should only provide his or her own name and ask to speak with the reporter by name. For example: *This is John Smith, may I speak with Pam Johnson?*

c. Counselors shall not leave a voicemail or message if the reporter is unavailable.

d. Once the reporter has identified themselves by name the counselor should advise of the purpose for their call. For example: *I'm with the Department of Children and Families and I am following up on information you provided earlier.*

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 20, 2023

CF OPERATING PROCEDURE
NO. 170-5

# CHILD PROTECTIVE INVESTIGATIONS

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

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

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

In Chapter 6, added a clarification note to paragraph 6-5.b.(1)(c), and changed references from “CBC” to “Lead Agency” throughout the entire CFOP.

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

# INVESTIGATIONS INVOLVING MULTIPLE COUNTIES

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

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

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

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

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

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

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

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

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

a. Pre-Commencement Activities.

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

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

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

b. Commencement of the Investigation.

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

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

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

c. Investigation Procedures.

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

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

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

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

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

1-4. Investigation Transfer Procedures.

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

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

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

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

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

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

(3) Recommendations regarding gaps and additional interviews needed.

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

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

1-5. OTI Procedures.

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

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

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

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

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

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

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

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

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

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

1-7. Documentation.

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

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

Chapter 2

NO JURISDICTION, DUPLICATE AND FALSE REPORT CLOSURES

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

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

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

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

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

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

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

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

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

(2) New alleged child victim(s).

(3) New alleged maltreating caregiver(s).

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

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

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

2-2. Procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2-4. Documentation.

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

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

# Chapter 3

## INVESTIGATION RESPONSE TIMES

3-1. Definition. Response time refers to the assigned timeframe for commencement of the investigation by the child protective investigator. The commencement timeframe begins at the point the Hotline either assigns the report to the local Receiving Unit or makes contact with an "on-call" investigator.

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

a. An **Immediate Response** time established by the Hotline requires the investigator to attempt to make the initial face-to-face contact with the alleged child victim as soon as possible but no later than four (4) hours following assignment by the Hotline.

b. A **24** Hour **Response** time established by the Hotline requires the investigator to attempt to make initial face-to-face contact with the alleged child victim as soon as pre-commencement activities are completed but no later than 24 hours following assignment by the Hotline.

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

3-3. Supervisory Approval to Change Response Time.

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

(1) Additional information is obtained from the reporter or other reliable collateral source which indicates the "real time" circumstances have changed as initially reported to the Hotline and the present danger threat is no longer active (e.g., a parent has returned to the home and an infant is no longer left unsupervised, etc.).

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

b. A Supervisor may upgrade a report to an "immediate response" time when it is determined after sufficient review of the report that the allegations contain present danger threats to the child **or** the local unit has additional information on the family circumstances to warrant an upgraded response time priority.

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

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

a. Record the revised response time.

b. Document the rationale for the change.

# Chapter 4

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

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

4-2. Definitions.

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

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

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

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

4-4. Required Use of the Family Functioning Assessment. An FFA-Investigation (FFA-I) is required for all In-Home investigations except when the report is being closed out as a "Duplicate," "No Jurisdiction," "Patently Unfounded," "False Report," or when the subtype is determined to meet the criteria for and is changed to "Other." Since Special Condition Referrals only involve problematic circumstances (e.g.,

parent hospitalized, Parent Needs Assistance, etc.) with no allegations of maltreatment, FFAs are not completed in those circumstances either.

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

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

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

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

(2) Requirements for Safe FFA.

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

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

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

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

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

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

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

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

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

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

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

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

(d) Documentation of maltreatment findings.

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

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

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

(a) Child Functioning.

(b) Adult Functioning.

(c) Parenting/Behavior Modification.

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

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

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

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

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

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

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

c. Unsafe Family Functioning Assessment.

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

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

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

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

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

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

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

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

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

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

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

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

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

c. The maltreating parent resides out of state.

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

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

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

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

4-8. Streamline FFA Documentation for In-Home Investigations. The following criteria must be met in order to utilize the streamline FFA documentation process, procedures, supervisor consultations, and documentation in Florida Safe Families Network (FSFN).

a. Criteria. Use of the full Family Functioning Assessment to document the information obtained by the child protective investigator is not required when the following criteria have been validated:

(1) There are no children in the household of focus (whether notated as a victim or child) age 12 months or less. The presence of any child as an established household member who is 0-12 months of age requires the completion of the full FFA-Investigation.

(2) The investigation does not contain a child age 3 years or under (victim or child in the home) with a substance related maltreatment (substance misuse, substance exposed newborn, substance misuse-alcohol, substance misuse-illicit drugs, and/or substance misuse-prescription drugs).

(3) Present danger *has not* been identified at any time during the life of the investigation.

(4) Impending danger *has not* been identified and all children have been determined to be safe (unless criterion 5 applies below).

(5) Cases involving a new investigation in an *open*, ongoing case management services case (either non-judicial or judicial) when a multi-disciplinary staffing with the Community-Based Care Lead Agency (Lead Agency) Case Management Organization (CMO) has been held prior to closure and documented in the "Meetings" tab in FSFN. However, if the case involves adding a new baby or child to the household, the Lead Agency/CMO agency must also agree to add the infant/new child to the FFA-Ongoing. (Cases meeting this criterion will require the children to be unsafe if already open to ongoing case management or if the new child is being added to the FFA-Ongoing and will require an accompanying safety plan.)

(6) Investigations involving the death of a child in which there are no surviving children in the home.

b. Requirements. The following investigative tasks must be completed for in-home investigations that meet the streamline documentation criteria:

(1) The investigator must complete the pre-commencement activities (as outlined in CFOP 170-5, Chapter 6).

(2) The investigator must complete the Present Danger Assessment (as outlined in CFOP 170-5, Chapter 13) and document that no present danger threats have been identified in the home. Identification of present danger requires completion and documentation of the FFA-Investigation and precludes the use of streamlined documentation.

(3) All investigative activities outlined in CFOP 170-5, Chapters 14-19 (Initial Contacts and Interviews, Interviewing Children, Interviewing the Non-Maltreating Caregiver and Household Members, Interviewing the Alleged Maltreating Caregiver, Interviewing Collateral Contacts, and Observing Family Interactions respectively) must be completed and sufficiently documented in FSFN with the use of typed chronological notes accordingly.

(4) Information from all interviews must be typed and thoroughly documented within a FSFN chronological note type utilizing the established interview guide for sufficiency of information for any individuals that would be included on the full FFA. These interview notes may not be uploaded as attachments to ensure information is fully entered into the electronic record. Multiple participant interviews completed at the same date/time/location can be included in a shared FSFN note with sections delineated for each.

(5) The investigator, in conjunction with a supervisory consultation, must determine the safety of the child(ren) in the home, utilizing the information gathered over the course of the investigation, and sufficiently documented in FSFN with the use of typed chronological notes accordingly. The safety determination must be based on the application of the core safety concepts and the totality of the conditions within the household including, but not limited to, the overall well-being of the child(ren) in regards to their mental health, emotional, educational, and medical needs; the presence or absence of any danger threats; vulnerabilities of the child(ren); protective capacities of the caregiver(s); and threshold criteria. This determination shall be documented within the first domain section, titled “Maltreatment and Nature of the Maltreatment,” be confirmed by the reviewing supervisor prior to investigation closure, and documented in a closure supervisory consultation note.

(6) The investigator will determine appropriate finding(s) upon completion of the investigation, including presentation and documentation of credible evidence which supports or refutes child maltreatment for each alleged victim (as set forth in CFOP 170-5, Chapter 22, Determination of Findings). These findings will be sufficiently documented in FSFN with the use of typed chronological notes accordingly.

c. Supervisor Consultation. Supervisory and Second Tier Consultations required as part of the standard investigation review process (as outlined in CFOP 170-5, Chapter 26 and Chapter 27) must be completed. Additionally, a closure supervisory consultation must be completed and the closure consultation must include, at a minimum, verification of required investigative tasks, confirmation that typed chronological notes containing sufficient information to support the safety determination were included in the electronic file, and agreement with the final safety decision and usage of the streamline documentation process. The CPI Supervisor or Second Tier Reviewer may require a full FFA at any time during the investigation.

d. Documentation. The following documentation activities must occur in all in-home investigations that meet criteria for streamline documentation application.

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

(2) All information regarding investigative activities must be thoroughly documented in typed FSFN chronological notes. The completion and sufficiency of this information and its

documentation must be confirmed by the reviewing supervisor prior to investigation closure and documented in a closure supervisory consultation note.

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

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

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

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

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

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

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

(c) Documentation of maltreatment findings.

(d) Final safety determination for each child. The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-8a(5) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required.

(e) Summary of any referral(s) completed for the family.

(f) A statement that the in-home investigation met the criteria for streamlined FFA documentation and no further FFA domains were completed, and that further supporting assessment information is available in the FSFN chronological notes.

(5) The investigator may utilize "See Chronos" in the following FFA sections:

(a) Child functioning;

(b) Adult functioning; and,

(c) Parenting/Behavior Modification.

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

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

(a) "No" for all listed danger threats (unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case

as outlined in paragraph 4-8a(5) above, at which time the appropriate danger threats will be identified, the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

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

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

(d) “Safe” for “Child Safety Determination.” (The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-8a(5) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

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

(9) The investigator will launch and initiate the “Risk Assessment” at the start of the investigation, completing all known information as it becomes known. The risk assessment should be updated at the completion of interviews once information needed is known and utilized according to criteria outlined in CFOP 170-5, Chapter 21.

# Chapter 5

## ASSIGNING THE INVESTIGATION

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

5-2. Factors to Consider in Intake Assignment.

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

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

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

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

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

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

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

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

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

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

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

(2) Child fatalities.

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

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

(5) Institutional abuse.

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

# Chapter 6

## PRE-COMMENCEMENT ACTIVITIES

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

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

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

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

(1) Life threatening injuries or a child fatality.

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

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

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

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

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

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

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

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

(1) The current intake allegation narrative.

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

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

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

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

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

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

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

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

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

1. Note change in household members.

2. Behavior indicative of codependent relationships.

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

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

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

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

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

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

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

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

(7) Economic Self Sufficiency (ESS) records.

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

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

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

6-4. Required Reporter Contact.

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

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

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

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

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

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

(2) Health or mental health professionals.

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

(4) School teacher or other school personnel.

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

(6) Law enforcement personnel.

(7) Judge.

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

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

6-5. Pre-Commencement Planning and Teaming.

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

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

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

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

(a) Danger threats.

(b) Evidence collection.

(c) Gaps in information.

(d) Child and family resources and support systems.

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

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

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

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

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

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

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

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

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

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

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

b. Business cards.

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

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

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

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

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

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

e. Substance abuse and mental health referral information.

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

g. Local homeless shelter referral information.

h. ESS brochures.

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

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

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

j. HIPAA forms.

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

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

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

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

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

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

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

m. Water Safety Brochure.

n. Safe Sleep Brochure.

o. The brochure titled “Who’s Watching Your Child?”

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

q. Drug screen kit.

r. Additional equipment, such as:

(1) Car seats.

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

(3) Cell phone.

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

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

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

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

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

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

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

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

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

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

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

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

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

6-8. Documentation.

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

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

# Chapter 7

## CONSULTATION AND TEAMWORK WITH EXTERNAL PARTNERS

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

a. Law Enforcement;

b. Child Protection Team;

c. Co-located Domestic Violence Advocate;

d. Substance Abuse or Mental Health Professional;

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

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

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

7-2. Use of Professional Assessments during FFAs.

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

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

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

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

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

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

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

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

7-3. Multidisciplinary Staffing.

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

(1) Maintaining a professional demeanor throughout the investigation.

(2) Respecting differences of opinion held by individuals.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7-5. Documentation.

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

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

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

# Chapter 8

## COORDINATION WITH LAW ENFORCEMENT

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

8-2. Procedures.

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

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

(a) Intentional infliction of physical or mental injury;

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

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

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

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

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

(a) Aggravated battery on a child;

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

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

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

(a) Oral, anal, or vaginal penetration;

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

(c) Masturbating in the presence of a child;

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

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

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

(a) Private or public school;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) To avoid multiple interviews of a child;

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

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

(d) Per local inter-agency agreements.

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

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

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

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

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

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

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

8-4. Documentation.

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

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

# Chapter 9

## COORDINATION WITH CHILD PROTECTION TEAM (CPT)

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

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

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

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

c. Any report alleging sexual abuse of a child.

d. Any sexually transmitted disease in a prepubescent child.

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

f. Reported medical neglect of a child.

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

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

9-3. Mandatory Referral Process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9-5. General Consultation Requirements.

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

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

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

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

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

9-6. Medical Neglect Consultation Requirements.

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

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

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

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

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

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

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

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

9-7. Child Fatality Consultation Requirements.

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

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

9-8. Reports from Hospital Emergency Rooms.

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

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

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

9-9. Reconciling Differing Medical Opinions.

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

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

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

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

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

9-10. Supervisor.

a. The supervisor will ensure the investigator:

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

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

(3) Understands and adheres to local protocols.

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

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

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

# Chapter 10

## DOMESTIC VIOLENCE (DV) CONSULTATIONS

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

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

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

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

10-2. Procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10-4. Documentation.

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

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

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

# Chapter 11

## SUBSTANCE ABUSE CONSULTATIONS

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

a. Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family.

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

11-2. Procedures.

a. When information available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert in order to:

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

(a) Identify specific harm(s) to the child caused by or highly correlated with the substance abuse.

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

(2) Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.). Explore the potential use of the Marchman Act with the family in order to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance abuse for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member.

(3) For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse including, but not limited to:

(a) Dishonesty;

(b) Irresponsibility;

(c) Depression, anxiety and sleeplessness;

(d) Unreasonable resentments;

(e) Isolation from others; and,

(f) A pattern of non-compliance (if a safety or case plan is in place).

(4) Explore the feasibility of the substance abuse expert accompanying the investigator to the interview site when available, based upon local protocols and working agreements.

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

(1) “Parentified child.”

(2) Over/Under functioning between user and co-dependent partner.

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

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

a. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for substance abuse.

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

11-4. Documentation.

a. The investigator will document the information provided to substance abuse professionals to assist in the assessment process and the recommendations resulting from the consultation activities in a case note within two business days.

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

# Chapter 12

## MENTAL HEALTH CONSULTATIONS

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

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

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

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

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

12-2. Procedures.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12-4. Documentation.

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

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

# Chapter 13

# ASSESSING PRESENT DANGER

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

13-2. Present Danger Threats.

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

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

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

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

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

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

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

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

(a) Child is self-injurious.

(b) Child is setting fires.

(c) Child is sexually acting out.

(d) Child is addicted to drugs or alcohol.

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

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

(10) Parent/caregiver is brandishing a weapon.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13-4. "Initial" Supervisor Consultation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Feedback provided.

(3) Guidance to the investigator.

(4) Follow-up expectations.

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

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

# Chapter 14

## INITIAL CONTACTS AND INTERVIEWS

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

14-2. Procedures.

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

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

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

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

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

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

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

(1) Identified child victim.

(2) Siblings or other children in the household.

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

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

(5) Maltreating parent/caregiver.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Sexual abuse.

(b) Bizarre punishment.

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

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

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

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

(1) Child functioning;

(2) Adult functioning;

(3) General parenting; and,

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

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

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

# Chapter 15

## INTERVIEWING CHILDEN

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

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

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

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

15-2. Procedures.

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

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

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

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

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

(4) Inform the parent(s) or legal guardian(s) of their right to obtain an attorney and the opportunity to audio or video record any interviews between the investigator and parent(s) or children. [NOTE: If the parent(s)/legal guardian(s) chooses not to allow an interview, the investigator still needs to complete other collateral contacts and, to the extent practical, assess for present and impending danger, and take any necessary safety actions until such time that the parent(s)/legal guardian(s) make such arrangements.]

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

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

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

c. If it is not possible during the initial attempt for the investigator to make face-to-face contact, the investigator must continue to make daily attempts at a minimum, at varying hours and locations. The investigator must also document why contact was not made and the diligent efforts performed to complete face-to face contact.

d. The investigator will make diligent efforts to contact the child at home, school, day care, or any other location where the child is likely to be found. The investigator must document all contacts and attempted contacts with the child, and the times and dates of completed and attempted contacts.

e. The investigator will notify the parent(s) or legal guardian(s) of the investigation and the child having been interviewed outside the home unless notification could compromise the child's safety or law enforcement personnel specifically request a delay in parental notification due to a criminal investigation. Ideally, this notification will occur in conjunction with the non-maltreating and maltreating parent being interviewed by the investigator as timely as possible after the child interview was conducted.

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

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

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

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

(1) Inform the parent(s) or legal guardian(s) the child's interview may be audio or video recorded to document the interview in its entirety to allay their concerns about not being present.

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

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

h. Once the parent(s) or legal guardian(s) explicitly expresses the child is not to be interviewed by the investigator outside the parent's or legal guardian's presence, the investigator is not to contact

that child at a secondary setting (e.g., school, daycare, etc.) to circumvent the parent's or legal guardian's instructions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) The investigator must facilitate an examination by a medical professional if the alleged abuse or neglect involves injury to the genitalia of any child.

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

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

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

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

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

r. If the initial contact with the child occurs outside the home, the follow-up interviews with the rest of the family and other household members shall, to the extent practical, take place the same day.

s. Upon identification of a present danger threat, the investigator shall determine if the child's safety can be managed through an in-home safety plan, or release of the child to the other parent, or placement of the child with a relative/non-relative, or in licensed out-of-home care as determined to be necessary by the investigator.

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

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

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

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

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

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

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

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

15-4. Documentation. The following actions must be completed by the investigator using FSFN functionality within two business days:

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

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

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

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

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

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

# Chapter 16

## INTERVIEWING THE NON-MALTREATING CAREGIVER AND HOUSEHOLD MEMBERS

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

16-2. Procedures.

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

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

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

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

(1) Interview each person separately.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16-4. Documentation.

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

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

# Chapter 17

## INTERVIEWING THE ALLEGED MALTREATING CAREGIVER

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

17-2. Procedures.

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

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

(1) Extent of Maltreatment.*

(2) Surrounding Circumstances of Maltreatment.*

(3) Child functioning.

(4) Adult functioning.

(5) General parenting.

(6) Discipline and behavior management.*

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

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

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

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

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

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

(a) Purpose of the investigation.

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

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

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

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

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

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

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

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

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

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

17-4. Documentation.

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

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

# Chapter 18

## INTERVIEWING COLLATERAL CONTACTS

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

18-2. Procedures.

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

b. The investigator must:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18-4. Documentation.

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

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

# Chapter 19

## OBSERVING FAMILY INTERACTIONS

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

19-2. Parent-Child Interactions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19-3. Adult Interactions.

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

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

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

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

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

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

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

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

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

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

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

19-5. Documentation.

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

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

# Chapter 20

# SAFETY DETERMINATION

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

20-2. Caregiver Protective Capacity.

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

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

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

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

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

20-3. Safety Determination – Safe or Unsafe.

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

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

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

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

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

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

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

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

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

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

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

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

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

b. The documentation in the FFA is sufficient:

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

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

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

20-5. Documentation.

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

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

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

# Chapter 21

## ASSESSING AND RESPONDING TO RISK

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

21-2. Scope of Use.

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

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

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

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

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

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

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

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

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

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

21-4. Risk Assessment Scoring.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21-7. Documentation.

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

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

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

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

Chapter 22

# DETERMINATION OF FINDINGS

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

22-2. Procedures.

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

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

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

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

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

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

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

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

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

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

(1) Type of maltreatment.

(2) Severity of maltreatment.

(3) Description of specific events.

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

(5) Identification of victim child and maltreating caregiver.

(6) Condition of the child.

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

(1) Duration of maltreatment.

(2) History of maltreatment.

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

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

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

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

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

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

22-4. Documentation.

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

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

# Chapter 23

## "PATENTLY UNFOUNDED" REPORTS

23-1. Purpose. Patently Unfounded reports are incidents reported in good faith to the Hotline that are subsequently determined to have no basis in fact as demonstrated by compelling evidence which directly refutes the allegation. Patently unfounded closures are distinct and separate from False Reports made for harassment purposes as defined in section 39.01(29), F.S., because with patently unfounded reports the investigator is able to determine or at least understand why the allegation was made in good faith, however, erroneously.

23-2. Criteria for Compelling Evidence.

a. Patently unfounded reports require a higher standard of evidence (i.e., "compelling") than reports closed with "No Indicator" findings (i.e., "no credible evidence").

b. The investigator must be able to document that the evidence obtained is "compelling" as demonstrated by all three of the following conditions being met:

(1) The evidence is **readily observable** (e.g., a report alleges a child has a fractured arm but the investigator views or obtains a copy of an X-ray from a physician indicating the arm is not broken and the investigator observes the child using the arm in play with no observable restriction of movement, swelling or discomfort, etc.). This means the allegation must describe conditions or circumstances that are observable by the investigator at the time of the report. Allegations of physical injury in the recent past which are no longer visually observable (i.e., have healed) are not appropriate for patently unfounded closures.

(2) The evidence must be **mutually and collectively corroborated.** All statements or information obtained must be in agreement (e.g., child victim, sibling, parents and family members all report child has never broken a bone or suffered any type of arm injury and the child's pediatrician provides a similar medical history, etc.).

(3) The evidence must support that the allegation can be fully refuted through direct observation and **findings of fact** (such as through medical or other records, law enforcement reports, CPT findings, relevant professional consultations, etc.). The following are some scenario examples to assist with decision making:

(a) Substance Misuse. Report alleges parent was seen injecting a child with drugs (type unknown). Child was seen acting "loopy and out of it . . . drugged." The investigator subsequently determined the child's mother was actually seen administering insulin to her 12-year-old son who had lost his medication while on an all-day school field trip and had missed two injections. His "loopy" behavior was caused by a very high blood sugar level and the administration of his insulin by his mother was critical in preventing more harmful medical complications to her son. Upon reviewing the child's medical condition and the mother's actions with CPT medical personnel, the investigator appropriately closed the investigation as patently unfounded.

NOTE: A negative drug screen or history of negative drug screens should never be the sole determinant in assessing allegations of substance misuse.

(b) Environmental Hazards – Inadequate Food. Report alleges two underweight children were seen "begging food from neighbors." The investigator observed two children in the home with average age-weight status which was subsequently confirmed by CPT (or the children's pediatrician). The home was also observed with ample food supplies in both the refrigerator and a fully stocked pantry. Upon confirming with the children's school that students had recently participated in a

food drive canvassing their neighborhoods asking neighbors for donations, the investigator appropriately closed the investigation as patently unfounded.

(c) Burns. Report alleges that a 5-year-old child appears to have cigarette burns on the backs of both hands. The mother does not smoke but her live-in boyfriend does. Investigator observed child with three and four pencil eraser sized lesions healing on the child's right and left hand, respectively. The child's mother stated that she had recently taken her son to his pediatrician to have several common warts removed. Upon confirming the recent medical treatment with the child's pediatrician (e.g., physician viewed photographs of child's hands taken by investigator), the investigation was appropriately closed as patently unfounded.

c. An absence of evidence is not to be considered compelling evidence. Compelling evidence is a much higher standard which includes all three aspects described in paragraphs 23-2b(1) through (3) of this operating procedure. If any of the three prerequisites is missing, then closure as patently unfounded is not appropriate.

23-3. Procedures.

a. The investigator must complete a Present Danger Assessment and document that no present danger threats are identified in the home. The identification of any present danger requires the completion of a Family Functioning Assessment and precludes the use of the patently unfounded closure.

b. The investigator must document that no additional maltreatments were disclosed by any subjects of the report or collateral contacts during the course of the investigation.

c. The investigator must document the compelling evidence that is in direct contrast to the allegation by explaining how the evidence is readily observable, mutually and collectively corroborated, supported through fact finding, and how the report was likely made in good faith.

d. Cessation of investigative activities and closure of the investigation as a patently unfounded report shall only occur with supervisor or Program Administrator approval.

23-4. Exclusions on the Use of Patently Unfounded Closure. The patently unfounded closure may not be used in any report containing:

a. Child fatalities;

b. Sexual abuse allegations unless evidence provided by a medical professional is found to refute the allegation of sexual abuse, and after referral to Child Protection Team for service; or,

c. Physical injury allegations when the investigator observes any form of disfigurement or injury, regardless of how slight, which may potentially be related to the alleged maltreatment. For example: patently unfounded may be used in cases in which a CPT medical exam determines the observed marks are Mongolian Spots.

23-5. Supervisor. Supervisor Consultation will be provided to affirm:

a. That the investigator sufficiently established the standard for compelling evidence to support the use of the Patently Unfounded closure.

b. That the report does not contain any maltreatments that are exempt from being in a report using the patently unfounded closure.

23-6. Documentation.

a. The investigator will document the Present Danger Assessment using FSFN functionality and the compelling evidence and corroborated information in case notes within two business days when justifying the use of the “Patently Unfounded” closure. An FFA-Investigation is not required for investigations closed as “Patently Unfounded.”

b. The supervisor will document the consultation using the “Closure” supervisor consultation module within two business days.

# Chapter 24

# FALSE REPORTS

24-1. Purpose. “False Reports” are reports made to the Abuse Hotline for the expressed purpose of harassment of an individual/family (e.g., embarrass, make anxious or harm another party, etc.) or for the personal benefit on the part of the reporter or another person (financial gain, obtain child custody, etc.). In contrast to patently unfounded reports which are reported to the Hotline in “good faith” (i.e., a logical explanation can be ascertained as to why the reporter had reasonable cause to suspect maltreatment), a false report has no initial basis in fact (i.e., facts or information supporting suspicion) and, therefore, is not made in good faith.

24-2. Criteria for Determining a False Report. To determine whether or not a report has been made maliciously, the child protective investigator will consider the following factors in the decision:

a. There is a pattern of previous reports in which false reporting was suspected but not determined.

b. There is a pattern of reports with no credible evidence to support any of the alleged maltreatments.

c. The facts obtained during the current investigation do not provide any credible evidence to support the most recent allegations.

d. The reporter, if known, has made contradictory statements regarding the circumstances surrounding the alleged maltreatments.

e. The alleged perpetrator provides a plausible reason why the report was made for personal gain or in retaliation, which is corroborated by other family or collateral sources.

24-3. Procedures.

a. At any time throughout the course of the investigation the child protective investigator suspects that the investigation resulted from a false report, the investigator should staff the case with his or her supervisor to evaluate whether or not there is sufficient information or evidence to support consulting with legal counsel to initiate further actions (e.g., “warning” letter to reporter listing potential sanctions for filing a false report, administrative fine, criminal prosecution, etc.).

b. The child protective investigator shall seek the consent of the alleged perpetrator prior to legal counsel referring the report to law enforcement for consideration of a criminal investigation.

c. The investigator may discontinue all investigative activities at the point the alleged perpetrator gives his or her consent AND the investigator has forwarded the report on to law enforcement for review of a criminal investigation.

d. If it is determined that there are not sufficient grounds to refer the report to law enforcement for criminal investigation, but the department or its authorized agent strongly suspects the report was made maliciously, in retaliation, or for personal gain, the agency should send a letter to the reporter informing the individual of the penalties associated with the filing of a false report.

e. If a child is suspected of making a false report, the department or its authorized agent shall first consider a referral for counseling or other therapeutic interventions prior to referring the report to law enforcement for criminal investigation.

24-4. Supervisor. Supervisor Consultation will be provided to affirm:

a. That the investigator has completed sufficient investigative activities to determine that no child maltreatment occurred.

b. That the investigator has sufficiently established facts to support that a false report was made to the Hotline.

24-5. Documentation.

a. The investigator will document the staffing with his or her supervisor and/or legal counsel to consider referring the report to law enforcement as a false report in case notes within two business days.

b. The investigator will document the time, date, and law enforcement personnel contacted when the report was referred for consideration of criminal investigation.

c. The supervisor will document the consultation using the “Closure” supervisor consultation module within two business days.

Chapter 25

# CLOSURE OF THE INVESTIGATION

25-1. Purpose. Closure of the investigation is dependent upon the investigator documenting that a complete and comprehensive investigation was conducted. Sufficient information must be detailed to provide the rationale for all critical decisions made, particularly the determination of findings and the overall determination of a safe or unsafe child. A supervisor must make a professional judgment that all necessary child and family interviews, collateral contacts, supervisory, and/or professional consultations were adequately conducted, described, and documented.

25-2. Procedures.

a. The decision point for determining if an investigation is appropriate for closure should not be compliance-based (i.e., based primarily on the procedures completed per se) but on whether the investigative activities provide sufficient information to fully assess the quality and thoroughness of the investigation.

b. There will be times when a final interview with the alleged maltreating caregiver and/or the child's parent is necessary to share results of the investigator's information gathering and analysis, clarify discrepancies or gaps in information, to re-assess the initial safety determination, or share the risk assessment score with the family in order to motivate the parents to become involved in intervention programs.

c. The investigator's completed FFA-Investigation should describe the collaborative efforts that helped inform the overall investigative process. The input and results from consultations with subject matter experts, multi-disciplinary staffing, safety planning conferences, legal staffing, and case transfer conferences should be clearly articulated to highlight the extent and scope of planning, teaming, and critical thinking that supported the decisions made.

d. Reviewing the information in the FFA-Investigation in its totality should provide an individual with a clear but concise roadmap for how critical decisions throughout the investigation were made – from the point of the initial safety determination to matching appropriate interventions to meet the family's specific needs.

e. The investigator is responsible for ensuring the family knows the outcome of the investigation, including the family's risk assessment score.

25-3. "Duplicate" Case Closures.

a. The investigator will use the "**Duplicate Case**" closure only after a detailed comparison between reports and the clear-cut determination that an intake was previously investigated. In approving closure of the investigation as a duplicate, the supervisor must confirm that all five of the exclusionary criteria identified below were carefully considered by the investigator. The fact the same incident was previously investigated is not sufficient to qualify the investigation as a duplicate report in the absence of exploring all five considerations. In addition to the allegations referencing the same incident, the supervisor must determine the new report does not contain:

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

(2) New alleged child victims.

(3) New alleged maltreating caregivers responsible for the maltreatment.

(4) Additional subjects to be interviewed as collateral contacts.

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

b. In order to determine with certainty the intake was previously investigated and is appropriate to be closed as a duplicate, the supervisor must ensure the investigator:

(1) Provides sufficient information to explain the basis for the determination.

(2) References the specific investigation number(s) when providing the rationale for the duplicate closure.

(3) Specifies whether the more recently opened investigation is a duplicate of a previously completed investigation or a duplicate of an active investigation commenced prior to the duplicate.

25-4. "Unable to Locate" Closures. Due to the advanced search technology available, the use of 'Unable to Locate' closures by child protective investigators should be very infrequent. The use of commercial locator services (e.g., Accurint, etc.), shared databases between agencies (e.g., Medicaid, Access, DOR, DHSMV, etc.), and partnering with law enforcement and other professionals by child protective investigators should almost always result in the family being located regardless of inaccurate or incomplete initial information on the home address or family demographics.

a. A critical aspect of 'Unable to Locate' is when an intake alleges serious harm to the child victim and the investigator has reason to believe the family is avoiding, if not outright fleeing, agency intervention. In these instances, per Rule 65C-29.013, F.A.C., the investigator will conduct the following activities.

(1) Request a CLS staffing to consider judicial intervention (e.g., shelter petition, "pickup" or "take into custody" orders, etc.) and the mandating of ongoing search efforts beyond the closure of the investigation (i.e., Unsafe child – open to case management).

(2) Issue a "Statewide Alert" in FSFN.

(3) If a child has been ordered to be taken into protective custody, the investigator will:

(a) Refer the child to the Florida Department of Law Enforcement (FDLE), Missing Child Tracking System (MCTS).

(b) Transfer the case to the Regional Criminal Justice Coordinator for the purpose of ensuring continuing efforts to locate the child.

b. While rare, there will be instances when the child protective investigator has sufficient information to support probable cause and ongoing search efforts based upon reliable eyewitness testimony (e.g., reporter, other collateral sources, etc.) or other corroborative evidence (e.g., medical records, law enforcement report, video recordings, threatening telephone messages, etc.).

c. The following three conditions and procedures must be met prior to use of the "Unable to Locate" closure designation:

(1) The investigator has made numerous contacts to locate the family including visits to both the home address and/or other non-residential sites the family is known to frequent at various times of the day and night, including weekends.

(2) The investigator has personally conducted or used a commercial locator service to complete a diligent search for the family including, but not limited to:

(a) School records;

(b) Search and contact of known friends and relatives;

(c) Financial institutions;

(d) Credit checks;

(e) Insurance information;

(f) Employment;

(g) Postal Services;

(h) Public transportation;

(i) Utilities and telephone companies;

(j) College records;

(k) Professional licenses and unions;

(l) Medical records;

(m) Military World Wide Locator Service; and,

(n) Social media.

(3) Neither the intake alleges nor more current investigative activities support serious harm to a child, or indicate that the child may be in present or impending danger, and:

(a) A Statewide Alert has been issued on the family.

(b) Legal counsel concurs there is no probable cause for judicial intervention.

(c) The investigation and efforts to locate the child and family continue throughout the full 60-day timeframe allowed by statute.

25-5. "No Jurisdiction" Closures. There are five specific circumstances or conditions which warrant the use of a "No Jurisdiction" closure. "No Jurisdiction" closures are used when, during the course of the investigation, additional information comes to light that the department does not have statutory authority to conduct/complete the child protective investigation. While the Abuse Hotline initially had sufficient information to generate a report, and the investigator to subsequently commence the investigation, the following unique circumstances or conditions dictate the use of the respective "No Jurisdiction."

a. **Federal Property – used when the family resides AND the maltreatment incident occurred on federal property.** These situations are typically restricted to military personnel and their families living in base housing, Federal Department of Corrections staff living in domiciles on prison grounds, and Native American Indian families residing on tribal lands.

(1) In most instances, there will be a *Memorandum of Understanding* or other written agreement in place between the Department and the federal agency or Native American tribe granting

the Department jurisdiction to conduct the investigation on the federal property or tribal land. If there is no *Memorandum of Understanding* currently in place, then the investigator should seek permission from the highest ranking officer on premises (military installations and federal prisons) to conduct the investigation.

(2) In the case of alleged maltreatment on tribal grounds, the investigator should contact his or her regional Indian Child Welfare Act (ICWA) Specialist to determine if there is a *Memorandum of Understanding* in place and how to proceed with the investigation if no formal agreement exists.

(3) If the maltreatment incident occurred off-site (i.e., not on the federal property or tribal lands), the Department retains jurisdiction to investigate the individual/family despite the fact the family resides on the federal property/tribal land. However, the investigator needs to follow local protocol for gaining access to the individual and family members for interviewing purposes. NOTE: In some areas, military housing may not be located on the military complex or base proper, but military oversight and protocol may be in effect creating what is essentially a concurrent jurisdictional status. The investigator should staff these situations with legal counsel to review and determine the extent of the department's jurisdictional status and required actions.

(4) Retaining jurisdiction for investigation of alleged abuse occurring on non-tribal lands for Native American children in no way precludes the investigator from having to follow all requirements of the Indian Child Welfare Act (ICWA) if the investigator determines an emergency shelter placement is necessary to ensure the child's safety. **The Department's jurisdiction to investigate does not negate a tribe's sovereign right to determine subsequent placement and dependency actions for the Native American child.**

(5) Refer to '*Reports and Services Involving American Indian Children'* (CFOP 170-1, Chapter 15) for more specific details and investigative procedures related to reports involving Native American children.

b. **Non-caregiver – used when the alleged maltreating caregiver does not meet the statutory definition of "Caregiver" or "Other person responsible for a child's welfare."** Since Florida Statute defines "caregiver" in great detail, the use of this type of closure should be minimal as the Abuse Hotline will likely refer the caller to the appropriate law enforcement agency for investigation. There are, however, a couple of jurisdictional aspects related to occupational/caregiver roles that the investigator may occasionally encounter:

(1) Adults involved in activities where children are short-term participants (i.e., sports coach not employed by a school such as a Little League coach/manager, karate instructor, dance instructor, etc.) are not considered "caregivers." The fact that an adult may provide some supervision and direction to a child in a parent's absence does not automatically qualify the individual as a caregiver. To be identified as a "caregiver" the adult's primary purpose or role must expressly be to provide supervision and care for the child; not to teach, coach or instruct the child.

(2) Bus drivers employed directly by a school or child care center are to be considered in a caregiver role.

c. **Official Capacity – used when the alleged maltreating caregiver is a law enforcement officer, employee of a municipal or county detention facility, or employee of the Department of Corrections** and the alleged maltreatment involves a child encountered in the individual's line of work. The appropriate determination of "official capacity" in the following circumstances is dependent upon the entity employing or contracting the law enforcement officer, detention or corrections staff:

(1) Unless a law enforcement officer is employed in a program operated or contracted by the Department of Juvenile Justice, the investigator has no jurisdiction to investigate alleged

maltreatment involving the officer. Examples of acting in an official capacity for law enforcement include, but are not limited to, alleged acts of maltreatment occurring while an on-duty officer is detaining, arresting or transporting a juvenile.

(2) County or municipal detention facility or Department of Correction's staff employed at these identified sites would similarly be excluded from being in a caregiver role because the individual is working in an official capacity.

(3) The only time official capacity is relinquished or non-operative for law enforcement officers is when the individual is employed at a facility, service or program operated or contracted by the Department of Juvenile Justice (DJJ). This distinction is critical because a supervisor could be reviewing two reports involving law enforcement personnel essentially alleging the same maltreatment and in one instance the Department would retain jurisdiction because the officer was employed at a DJJ program site, and in the other instance the Department has no jurisdiction because the office was employed by the local city, county or municipality.

(4) No Jurisdiction – Official Capacity closures are never appropriate when law enforcement personnel are the alleged maltreating caregiver or subject of the report involving their immediate family in an In-Home investigation. The department does have jurisdiction to investigate in these circumstances.

d. **Victim Out of State – used when the alleged child victim has continuously been out of the state of Florida 30 days beyond the date of the intake and is not expected to return to Florida.** When an investigator obtains information that the alleged child victim is not expected to return to Florida before day 60 of the investigation, the supervisor may approve the use of this closure after the following actions have been completed:

(1) The investigator has contacted Child Protective Services in the other state and requested interviews be conducted with the alleged child victim, alleged perpetrator, and any other available family or household members. Information obtained from out of state sources must be documented in FSFN within two business days.

(2) The investigator has requested a child well-being check from the appropriate law enforcement agency with jurisdiction if the other state's Child Protective Services did not agree to conduct courtesy interviews. Information or statements received from law enforcement as a result of the child well-being check or criminal investigation must be documented in FSFN within two business days.

(3) The investigator has requested a staffing with legal counsel for consideration of a 'Take Into Custody' order when there is sufficient information to determine that severe maltreatment has occurred (e.g., physical injury requiring medical treatment, sexual abuse, etc.) and there is an indication that the maltreating individual has ongoing access to the child victim (e.g., regularly visits child in other state, child spends school breaks or summer vacation with caregiver, etc.). In these instances, the severity of the alleged maltreatment and any information obtained from the other state's child protective services or law enforcement agency regarding further protective actions needed should guide the decision.

e. **Victim Over 18 – used when the alleged child victim turned 18 years of age prior to the Abuse Hotline Intake.** The Victim Over 18 closure may only be used when an investigator determines the alleged child victim was 18 *prior to the intake being screened in* by the Hotline. The department does have jurisdiction to investigate if a child turns 18 after the commencement but prior to completion

of the investigation. The critical distinction as addressed below is what actions the department may take as a result of the 17-year-old turning eighteen during the course of the investigation.

(1) If the child victim reaches the age of majority during the investigation, the Department does have jurisdiction to investigate but the investigator can only provide the individual with referral information for family support services since dependency proceedings and case management services are no longer an option (i.e., the family or 18-year-old voluntarily agree to seek counseling on their own, etc.). **NOTE: When maltreatment has occurred and a 17-year-old subsequently turns eighteen AND meets the criteria for a vulnerable adult, the child protective investigator must contact the Abuse Hotline to initiate a concurrent Adult Protective Services investigation.**

(2) When an 18-year-old has been the victim of maltreatment, the investigator must assess whether any other children or siblings in the household are vulnerable to present or impending danger.

(3) Once a child victim turns 18 and there are either no other children in the home or no other child victims identified in the household, the investigator may only provide the victim with appropriate referral information on community programs and services.

25-6. Patently Unfounded Closures.

a. Use of the **Patently Unfounded** closure is dependent upon a supervisor concurring with the investigator's determination that there is compelling, credible evidence which is in direct contrast to the alleged maltreatment AND enables the investigator to understand why the report was likely made in good faith by the reporter. Patently Unfounded closures are markedly different from both False Reports and reports closed with 'No Indicator' findings.

b. Compelling credible evidence means the investigator has obtained information or evidence contrary to the allegation, not just the absence of evidence to support maltreatment. The standard for credible evidence requires the investigator to fully explain why the allegation was made in good faith, but erroneously.

c. Patently Unfounded closures may not be used in child fatality investigations or in reports containing sexual abuse allegations or physical injury when the investigator observes marks, welts or bruising which could be indicative of maltreatment, regardless of the child's or parent's explanation for the accidental or non-inflicted cause of the injury.

d. Please refer to Chapter 29 of this operating procedure for more specific details and investigative procedures related to patently unfounded reports.

25-7. Closing with No Services. This closure designation represents investigations **closed with children determined to be safe** without services to the family or when the child protective investigator has only made **community referrals** on behalf of the family. For example:

a. All children in the household are safe and the risk of future maltreatment is low or moderate and the supervisor agrees with the investigator's determination that there are no ongoing issues in the family that warrant any community referrals.

b. All children in the household are safe and the risk of future maltreatment is low or moderate and the investigator has identified an unmet need in the family that can be addressed via a community referral by the investigator (e.g., employment, transportation services, etc.). Investigators may make referrals to assist the family in accessing community resources at any point throughout the investigation.

c. All children in the household are safe and the risk of future maltreatment is high or very high and:

(1) A 2nd Tier consultation has been held to affirm the safety determination of "Safe."

(2) During the investigator's explanation of the risk assessment score to the parent or legal guardian, the caregiver informs the investigator that he or she does not want to speak to or meet with a prevention or family support program staff person despite the investigator's recommendation.

d. The investigator has an essential role in helping inform parents about the resources available in their local community. The investigator should fully explain what community resources are available to meet unmet needs or improve family resources. Although all services pertaining to this closure type are strictly voluntary, supervisors should require investigators to clearly document what information was provided to the family, what community referrals were initiated on the family's behalf, and the family's response to the investigator's recommendations.

25-8. Closing with Services. This closure designation represents investigations **closed with children determined to be safe** and the risk of future maltreatment is high or very high and the parents have agreed to voluntarily participate in prevention of family support programs to enhance protective factors or increase individual caregiver protective capacity. For example:

a. The investigator has determined that all children in the household are safe and the risk of future maltreatment is high or very high and the parents have agreed to voluntarily participate in family support services. **Prior to closing the investigation, the investigator must confirm with the family support services staff that the parent or legal guardian has been successfully engaged or at least has agreed to meet with prevention staff.** If the family support staff does not successfully engage the family, the family fails to make satisfactory progress in reducing risk, or the family quits the program prior to being successfully discharged, the investigator and his or her supervisor shall participate in a "close the loop" staffing with service provider personnel to review any additional information the provider has obtained related to the initial safety determination (i.e., safe).

b. Referrals to prevention and family support programs are very appropriate for ameliorating or reducing risk of maltreatment but are not intended to substitute for case management services for unsafe children. Investigations in which a child is assessed to be unsafe will be closed out with the 'Closing Open to Ongoing Case Management' closure described in paragraph 25-9 below.

c. Initiation of intensive, comprehensive treatment services (e.g., drug treatment, mental health counseling, etc.) should be arranged for by the case manager after the case transfer staffing unless the family requests referral assistance from the investigator because of an immediate crisis. **If the FFA-Investigation subsequently determines that children are safe, the investigator should use this category to indicate when an individual participated in treatment services.** If children are subsequently determined to be unsafe, this category is not appropriate and the investigator must use the 'Closing Open to Ongoing Case Management' closure code instead, despite the family's involvement in treatment services.

25-9. Closing Open to Ongoing Case Management. This closure option is only appropriate for investigations in which **a child is assessed to be unsafe and case management services are required** (judicial or non-judicial) to provide ongoing safety management and the initiation of case planning efforts to help the parent or legal guardian achieve the conditions for return and develop sufficient protective capacity.

a. Approval of this closure type is dependent upon the supervisor agreeing with the overall safety determination of unsafe. If the supervisor believes there is sufficient information to support this decision, safety planning and transfer to case management is required on the part of the investigator.

b. As part of reviewing the overall safety determination, the supervisor should validate the investigator's rationale and decision regarding the intrusiveness of the intervention: judicial vs. non-judicial.

c. Please refer to CFOP 170-7 (Develop and Manage Safety Plans), Chapter 1, paragraph 1-7, "Judicial Actions Related to Child Safety" and to CFOP 170-1 (Florida's Child Welfare Practice Model), Chapter 7, "Case Transfer" for more specific guidance.

# Chapter 26

## SUPERVISOR CONSULTATIONS

26-1. Purpose. To ensure adequate feedback to staff around critical pieces of work including, but not limited to: pre-commencement activities, safety assessment, safety planning, risk assessment, and the overall safety determination. Quality supervisory consultations are integral to the investigator developing critical thinking skills through the supervisor's use of open-ended questions to guide assessment and decision-making. Supervisors should make every effort to facilitate the investigator's self-evaluation and self-critique during the consultation process to allow for professional growth. The four main information constructs that will almost always need to be considered by the supervisor regardless of the specific issue being explored are:

a. Has the investigator collected sufficient information to fully describe the context and/or specifics of the situation or condition being discussed?

b. Is there any need to reconcile discrepancies in information presented (verbal or written)?

c. What information needs to be further validated by the investigator's direct observation or corroborated by an additional source?

d. Has the investigator reviewed the intake narrative and all the alleged maltreatments, gathered sufficient information to support or negate the alleged maltreatments, and considered additional maltreatments based on the facts and evidence collected during the investigation?

26-2. Pre-Commencement Consultations. The investigator's professional credentialing (i.e., provisional vs. certified) and specific case dynamics (e.g., allegations involving medical neglect, child trafficking, etc.) determine which investigations require a pre-commencement consultation. Pre-commencement consultations are encouraged for all investigations with the recognition that supervisor workload volume plays a significant role in determining to what extent consultations can be completed. Please refer to Chapter 6 of this operating procedure, "Pre-Commencement Activities," for more details on when pre-commencement consultations are mandatory.

a. Pre-commencement consultations should involve a wide array of investigative considerations including, but not limited to, the following examples:

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

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

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

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

(5) Is there a sequencing of the interviews that will likely enhance subsequent interviews (i.e., use information obtained to inform the next interview's line of questioning)?

(6) Are there any discernible patterns of 'out-of-control' behaviors in prior reports (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the investigator

should assess for in the present investigation (even though behavior is not mentioned in regard to the current maltreatment)?

(7) Is there information in the prior history that would speak to relevant collaterals who could provide information on the current family dynamics?

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

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

(10) Does prior history or intake information contain information regarding pertinent or relevant collateral contacts that may be able to inform the current investigation?

b. The preferred manner of interaction between supervisor and investigator during any consultation is in person, face-to-face, or secured video conferencing; but telephonic consultation may be used when the supervisor and investigator are not located at the same physical structure at the time the report is assigned.

26-3. "Initial" Consultations. Initial supervisory consultations are mandatory for all investigations and shall be completed within five calendar days from the Abuse Hotline 'Screening Decision Date/Time of the Intake.'

a. "Initial" supervisor consultations are primarily used to review the initial information gathered during the Present Danger Assessment and Present Danger Safety Plan, and guide the investigator in the collection of sufficient information in all six information domains to:

(1) Confirm the correct investigation sub-type designation was selected.

(2) Affirm that present danger was or was not appropriately identified.

(3) Assess child vulnerability.

(4) Approve the rationale provided for any safety plan implemented.

(5) Approve the use of Family-Made Arrangements if part of a Present Danger Safety Plan.

(6) Ensure required notifications and referrals have been completed and documented (Law Enforcement, State's Attorney's Office, CPT).

(7) Ensure Multidisciplinary Team Meetings (MDT) and Subject Matter Expert (SME) Consultations occur when necessary and are documented in accordance with CFOP 170-1, Chapter 12.

(8) Initial discussion and assessment of caregiver protective capacities.

(9) Begin to explore the identification of impending danger threats.

(10) Assess for additional maltreatments based on information collected thus far and discuss any gaps in information collection to fully address the maltreatments and support the safety assessment.

b. When information is deemed insufficient, the supervisor is responsible for facilitating discussion around the relevant information that would essentially "complete the picture."

c. The preferred method of consultation between supervisor and investigator is in person, face to face interaction, or secured video conferencing; but telephonic consultation is appropriate when the supervisor and investigator are discussing present danger and the investigator is calling in from the field.

26-4. "Follow-up" Consultations. Follow-up consultations are used to review investigative activities, assessment, and decision-making relevant to problematic or complex cases, and to facilitate the development of professional competencies in staff. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed. While follow-up consultations are generally conducted on an "as needed" basis to discuss critical junctures during the investigation (e.g., prior to court hearings, to consider the effect of new child or adult members joining the household, etc.), follow-up consultations are mandatory under the following circumstances:

a. A follow-up consultation is required when a new intake is received on a household already involved in an active investigation or when an additional report (e.g., XXXXXX-02, etc.) is added to an existing investigation.

b. When present danger has been identified by an investigator who is provisionally certified, a follow-up consultation is required every 14 days until the determination of child safety (safe or unsafe) in order to:

(1) To ensure the effectiveness of the Present Danger Safety Plan.

(2) To ensure the investigator is managing the Safety Plan adequately.

(3) To ensure the investigator is demonstrating due diligence in gathering sufficient information to inform the Family Functioning Assessment.

c. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed.

26-5. "Closure" Consultations.

a. Closure consultations are scheduled when investigative activities are completed or near completion. These type of consultations generally are scheduled on an "as needed" basis as determined by the supervisor or at the request of the investigator, except when the supervisor needs to review and approve the investigator's rationale for any one of the four closure categories listed below. In these instances, the closure consultation is required:

(1) "No Jurisdiction" Reports.

(2) "Patently Unfounded" Reports.

(3) "False Reports."

(4) FFA Streamline documentation.

b. Considering the dynamics of sexual abuse cases, a closure consultation must be completed on all cases alleging sexual abuse (regardless of findings) to ensure thoroughness and sufficiency of information collection to support the findings and safety determination.

c. The supervisor and 2nd Tier Consultation (see Chapter 27 of this operating procedure) should consider four key information elements to determine that the investigation is complete and appropriate for closure:

(1) THOROUGHNESS OF INFORMATION. Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

(2) VALIDATION OF INFORMATION. Does any of the information provided by the investigator need to be corroborated by direct observation or obtaining additional statements from collateral sources?

(3) RECONCILIATION OF INFORMATION. Does any of the information provided by the investigator need to be reconciled because of unaddressed discrepancies?

(4) DEMONSTRATION OF CRITICAL THINKING. Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?

d. It is the responsibility of the supervisor to ensure adherence to statute, code, and DCF operating procedure.

# Chapter 27

## 2ND TIER CONSULTATIONS

27-1. Purpose. Second (2nd) Tier Consultations are required when critical safety decisions have been or are about to be made at critical points in the investigative process. These consultations are intended to broaden the scope of review activities to support a more comprehensive and collaborative decision-making process. Second Tier Consultations are initiated to guide or help determine actions to be taken or subsequently support, validate, or – when necessary – modify safety actions already completed. Second Tier Consultations include, but are not limited to, participation from the following individuals:

a. "Real time" interactive input/feedback from a manager or designee; or,

b. A consultative team (i.e., multidisciplinary staffing or case transfer staffing) to provide additional direction, guidance, and feedback during an open child protective investigation.

27-2. Procedures. The Supervisor shall arrange for a 2nd Tier Consultation to review the appropriate level of intervention for the following investigative outcomes:

a. "Family-Made Arrangements" are a component of an agency made Safety Plan.

b. An In-Home Present Danger Safety Plan is initiated with the family.

c. No danger threats have been identified in the home (i.e., safe child) but overall risk assessment score is very high.

d. A child death with surviving siblings in the home.

27-3. Required Actions and Timeframes.

a. Supervisors are required to request a 2nd Tier Consultation as soon as possible but no later than 24 hours from the time any of the conditions listed in paragraph 27-2 of this operating procedure are known to exist.

b. The 2nd Tier Consultation must be conducted as soon as possible but no later than 48 hours from the time any of the conditions listed in paragraph 27-2 of this operating procedure are known to exist.

# Chapter 28

## INVESTIGATIVE RESPONSE TO INSTITUTIONAL INTAKES

28-1. Purpose. This chapter provides requirements for the Child Protective Investigator's (CPI) response to institutional intakes.

a. Institutional investigations involve maltreatment in an institutional setting or facility that is perpetrated by an employee of the institution or facility who is responsible for the child's care. Institutional investigations may also include allegations of an employee or agent of the department, or any other entity or person covered by section 39.01(36) or (54), F.S., acting in an official capacity.

(1) Institutional settings include, but are not limited to, licensed foster homes, group homes, Department of Juvenile Justice (DJJ) facilities, public and private schools, and licensed daycare settings.

(2) Although the CPI has lead responsibility when an intake involves alleged abuse, neglect, or abandonment, full coordination with the licensing agency or governing entity responsible is required.

b. Any intake involving a child in licensed care must be handled with sensitivity to the impact on the child, foster parent, and other children placed in the home. In addition, any new intake involving a child under department supervision will be handled pursuant to CFOP 170-1, Chapter 11.

NOTE: CFOP 170-11 provides requirements for the responsibilities of licensing agencies when a report involves a child in licensed foster care.

28-2. Legal Authority.

a. Sections 39.01 and 39.302, F.S.

b. Section 409.175(3)(b), F.S.

c. Rules 65C-28.004 and 28.017, F.A.C.

d. Rules 65C-29.004 and 29.006, F.A.C.

e. Rules 65C-30.005, 30.007, 30.011, and 30.015, F.A.C.

f. Rule 65C-45.017, F.A.C.

28-3. Training. CPI and CPI Supervisors who are designated to investigate institutional abuse, abandonment, and neglect shall participate in specialized training in order to afford greater safeguards for the physical health, mental health, and welfare of children in care pursuant to section 39.302(6), F.S.

28-4. Notifications. Upon receipt of an institutional report, the CPI must notify the appropriate state attorney, law enforcement agency, and licensing agency of the alleged institutional child abuse, abandonment, or neglect in accordance with section 39.302(1), F.S.

28-5. Responding to Reports of Abuse, Neglect, or Abandonment by a Foster Parent – CPI Responsibilities.

a. Assignment. To the extent possible, specialized units shall be assigned all investigations involving a foster parent. In certain areas of the state, such as rural areas, where developing a

specialized unit is not feasible, consideration should be given to assigning reports involving a foster parent to an experienced, certified CPI.

b. Notifications and Pre-Commencement Activities. When there is a report of alleged abuse, neglect, or abandonment by a foster parent:

(1) The CPI will immediately notify the following that an intake has been received involving a licensed foster parent:

(a) Child Protection Director or his/her designee;

(b) The assigned Children's Legal Services (CLS) attorney for each child identified in the investigation;

(c) The regional licensing authority or designee; and,

(d) The case manager assigned for each child identified in the investigation.

(2) A Pre-Commencement consultation with the CPI Supervisor, at minimum, is required on foster home investigations alleging sexual abuse. All efforts will be made to include relevant parties in this pre-staffing, or at a minimum collect all immediately available information from relevant parties, such as licensing specialist; case managers; assigned CLS attorney; behavioral health professional(s) involved with child, in an effort to collect all available information up front to inform the investigative activities.

(3) The regional licensing authority will notify the Community-Based Care Lead Agency (Lead Agency) or supervising agency responsible for licensure when a new report is received on a licensed foster home within one business day.

(4) The CPI is the lead professional responsible for the determination of safety and maltreatment findings.

(a) The CPI is responsible to coordinate all investigative activities with other agencies involved in the collaboration of interviews with the foster parent(s).

(b) The CPI will complete an "Institutional" investigation per requirements within this chapter.

(c) The CPI must request and analyze background checks per CFOP 170-1, Chapter 6, paragraph 6-10.

(5) The CPI will request a joint response with law enforcement when the following conditions apply:

(a) There is a concern for the safety of an employee, household member, or other person; or,

(b) If any criminal activity is suspected or becomes known or the statutory requirement to have law enforcement presence is met, such as in cases of physical abuse, sexual abuse, or egregious neglect. In such cases, the state attorney must also be notified pursuant to section 39.302(1), F.S.

c. Licensing Records Review. The licensing agency will assign a licensing specialist to review the provider record. Whenever possible, the licensing specialist should complete the records review

and communicate the information learned to the CPI before the interviews occur, during the pre-commencement staffing. Information to review should include, but not be limited to:

(1) FSFN Chronological Notes;

(2) Licensing Packet;

(3) All previous abuse reports or foster care referrals; and,

(4) Any licensing reviews (including exit interviews, case manager reviews of the foster parents, and community input forms).

d. Commencement Activities. The CPI will commence the investigation in accordance with response times required in CFOP 170-5, Chapter 3. The Licensing Specialist, child's Case Manager, or other designee may be present for interviews, dependent on each specific case circumstance. This will be determined during the pre-commencement staffing.

(1) The initial visit with the alleged child victim will be unannounced in accordance with section 39.301(13), F.S. All members of the team must abide by this provision. If other staff are not available to participate in the first interviews, the CPI will proceed to conduct interviews.

(2) When the CPI makes initial contact with the foster parent, he/she will:

(a) Provide the "Child Protective Investigations Involving Foster Parents Information Sheet" (Attachment 1 to this chapter).

(b) Explain the investigative process to the foster parent(s).

(c) Inform the foster parent that he/she may contact the CPI or his/her supervisor at any time with questions or concerns.

(3) The CPI will complete information collection through interviews, a review of any prior information in FSFN, and relevant collateral contacts. The CPI will be responsible for interviewing all children residing in the home, the foster parent(s), any other household members, and each case manager assigned to a child in the home.

(4) The CPI will follow procedures in CFOP 170-5, Chapter 9, to obtain an evaluation or consultation from the Child Protection Team, when required.

(5) The CPI, in consultation with CLS, will notify the alleged child victim's parent(s)/legal guardian if their rights remain intact. The notification will include all pertinent information not subject to confidentiality exceptions.

(6) In all cases alleging sexual abuse in a foster home, the CPI will consult with the CPI Supervisor regarding any immediate safety actions necessary. The CPI, in consultation with the CPI Supervisor, Program Administrator, CLS, and case management will consider the need to place the children under department supervision in respite care, pending the outcome of the investigation, as well as address placement needs of the foster parents' own children.

(7) In all cases alleging sexual abuse in a foster home, at minimum, the Regional Family Safety Program Office will place a "hold" on the foster home license until a decision is made by the Multidisciplinary Team, in conjunction with the Regional Family Safety Program Office, to release this hold. In the case of other maltreatments, the decision to place a hold on the license will be determined on a case-by-case basis.

(8) When there is a concern for the safety of a child, if abuse is verified and/or if any criminal activity is suspected or becomes known, the CPI will work with law enforcement to identify any other potential victims, including children who have previously lived in the foster home.

(a) The CPI, in conjunction with the Lead Agency placement team and licensing specialist, will obtain placement history of the foster home through review of placement records and FSFN, and review the placement history with the CPI Supervisor, Program Administrator, and law enforcement, to determine the need to interview children who previously resided in the home. Follow-up with other children who previously resided in the home and their caregivers will be handled on a case-by-case basis, in consultation with CLS and the aforementioned parties, to determine the best, trauma informed approach.

(b) Subsequent interviews with children who previously resided in the home will be coordinated in a manner that is in the best interest of the child and will be conducted using trauma informed practices in order to ensure the safety of the child(ren), to further substantiate the findings and/or criminal activity, and to ensure the child(ren) are provided with the necessary services.

(c) If law enforcement determines no further interviews will be conducted by the local jurisdiction, DCF will be responsible for conducting the interviews and for following up with law enforcement if additional victims are identified.

(d) In cases of verified sexual abuse, caregivers of any other potential child victim(s) will be contacted in consultation with CLS and notified in order to assess for concerning behaviors indicative of sexual abuse victimization or the need for any additional services.

(9) If child safety is not an issue, but the CPI or foster parent is concerned about a child remaining in the foster home, the CPI must collaborate with the foster parent(s), Lead Agency, and the supervising case management agency to determine whether the child's stability in the home can be safety maintained. The re-location of a child in response to a report about a foster parent must be determined on a case-by-case basis.

(10) CLS must be consulted prior to any placement moves for children under department supervision.

(11) The CPI and the licensing specialist will collaborate in the sharing of information with the foster parent(s) throughout the course of the investigation. This does not prevent the supervising agency from providing supportive communications that are outside the scope of the investigation, so long as the information does not impact the investigation or criminal case.

(12) The CPI will complete the Institutional Assessment at critical junctures during the investigation:

(a) The CPI will initiate the Institutional Assessment within 48 hours of seeing the child victim(s).

(b) The CPI will update the Institutional Assessment upon preparation for investigative closure, no later than 60 days from the intake date.

e. Initial Seven-Day Staffing. An initial staffing must be convened within seven calendar days of commencement of the Institutional Investigation. The CPI and licensing specialist will collaborate to determine who shall attend the staffing based on the allegations and information obtained. The staffing

should include all relevant parties who have information that is pertinent to the investigation, foster home, or children placed in the foster home including, but not limited to:

(1) CPI;

(2) The case manager(s) assigned to the child(ren) residing the home;

(3) The licensing specialist;

(4) DCF regional licensing representative;

(5) A representative from the Lead Agency;

(6) A representative from the supervising agency responsible for licensing the foster home;

(7) The CLS attorney(s) assigned to the children residing in the home;

(8) The Child Protection Director or designee;

(9) A mental health specialist (i.e., provider working with the child is preferred; or a representative from the Substance Abuse and Mental Health program office within DCF);

(10) Law Enforcement;

(11) State Attorney's Office; and,

(12) Child Protection Team.

f. Closure Activities. Regardless of findings, prior to closure, the CPI will coordinate a team staffing with all relevant parties included in the initial seven-day staffing. This team will review, at a minimum, findings of the investigation, status of the criminal investigation, licensing status of the foster home, and identify further follow up action items required (i.e., if there are new reports called in to address additional victims identified, licensing action follow up, etc.).

(1) Following the team staffing, the CPI and licensing specialist will coordinate a meeting to discuss the findings with the foster parent(s) either in person or by conference call. If there have been verified findings of abuse, neglect, or abandonment, the CPI will notify the foster parents of their right to request a department review of the findings per requirements in CFOP 170-16, Chapter 1.

(2) At investigation closure, or no later than five calendar days from investigation closure, the CPI, in consultation with CLS, will notify the child's parents, if rights remain intact, of the investigation closure and findings.

g. FSFN Documentation. The CPI shall ensure all investigative activities are documented in FSFN as follows:

(1) Any child, caregiver, collateral interviews, and information obtained from professional sources such as the licensing specialist and case management will be recorded in the child's FSFN record in Case Notes-Investigation within two business days.

(2) The seven-day and the closure staffing(s) and any additional staffings will be documented in the FSFN Meetings Module-Multi Disciplinary Staffing within two business days.

(3) For an investigation involving a foster parent, the CPI will launch and document an Institutional Investigation on the FSFN Child Investigation page and ensure all relevant information is complete and documented within the Institutional Child Safety Assessment.

h. FSFN Resources. The following FSFN resources are located on the FSFN "How Do I Guide" page:

(1) FSFN User Guide for Child Investigations.

(2) FSFN "How Do I…Guide" for Child Investigations.

# Child Protective Investigations Involving Foster Parents Information Sheet

**What is the goal of Florida's Child Protection System?** The goal of Florida's Child Protection system is to ensure that children are safe from abuse and neglect while doing everything we can to keep families together.

**How do I know the person at my door is really a Child Protective Investigator?** The Child Protective Investigator (CPI) should present proper identification before entering your home. You may verify that the person is employed as a CPI by calling the CPI's local office or the statewide Florida Abuse Hotline toll-free number at 1-800-96-ABUSE (1-800-962-2873). The CPI and CPI Supervisor's name and phone numbers are provided below. You are encouraged to contact the CPI or CPI Supervisor with any questions/concerns you may have during the investigation.

**What is a Child Protective Investigation and how am I involved as a Foster Parent?** An investigation results when someone has reported a concern to the Florida Abuse Hotline Command Center claiming a child under your supervision has been abused or neglected. The incident resulting in the allegations of abuse or neglect may have occurred while the child was in the care of a biological parent, other caregiver, or while in your care. When such an allegation is received, state law requires that it be investigated by a CPI who will explain what the allegations are and your involvement in the investigation.

When allegations are reported against you or an adult member of your home, the CPI will advise you of the allegations and address them with you as state law requires. The CPI will talk to you and other individuals who may be associated with the child. You can help the CPI by being truthful and by providing information that is necessary to determine whether a concern exists that affects the safety and well-being of the child in your care.

***Note, state law specifically directs visits and interviews with the child, family, and caregivers to be unannounced whenever possible, which may result in your child being interviewed without you being present. The law also requires you to notify the CPI within two business days if you move or if your child's location or living arrangement changes.*** You may video or audio tape your interview with the CPI, using your own equipment, if it is immediately available. An attorney may represent you at any point during the investigation. Even if you choose to delay your interview with the CPI in order to be represented by an attorney, the investigation will continue.

**What are the possible results of the investigation?** When the allegations are not alleged against you or any adult member of your home, your involvement may be limited.

If allegations are alleged against you or an adult member of your home, it is possible that the investigation will reveal that there is no indication of child abuse or neglect and the investigation will be closed with no further action. The child protective investigation is required to be completed within 60 days, except for investigations involving a child death, missing child, and/or when law enforcement has an open criminal investigation. Investigations may be staffed by the CPI with licensing staff, case managers, law enforcement, Guardian ad Litem, Children's Legal Services, and any other parties with pertinent information relating to the investigation. The recommendations of the staffing will be forwarded to the supervising agency's licensing staff which may result in a corrective action plan, or suspension or revocation of your foster parent license. If the CPI determines that it is in the best interest of the child's safety and well-being, the child may be removed from your care.

**If you have any questions, you may contact the CPI or CPI Supervisor as indicated below.**

Child Protective Investigator: _____

Telephone Number: _____

CPI Supervisor: _____

Telephone Number: _____

Office Address: _____

Intake Number: _____

**Florida State Foster/Adoptive Parent Association, Inc. Support Team (F.A.S.T.) is available to provide support to a foster parent when an allegation has been or might be brought against him or her. You may contact F.A.S.T. at 1-800-327-8119 or fast@floridafapa.org.**

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 20, 2023

CF OPERATING PROCEDURE
NO. 170-7

Child Welfare

# DEVELOP AND MANAGE SAFETY PLANS

This operating procedure establishes the policy for developing and managing safety plans. Safety plans protect a child when a parent is unavailable, unable, or unwilling to protect his or her child. A safety plan manages or controls the condition that results in a child being unsafe. Active safety management of a safety plan involves diligent monitoring activities by the child welfare professional to determine that the safety plan is working dependably to keep the child safe. Safety management includes timely modification of safety plans as needed. A safety plan will be in effect as long as a case remains open and parent(s)/legal guardian(s) do not have the protective capacity necessary to protect the child from identified danger threats.

This operating procedure applies to all staff responsible for child protection investigations and case management activities for on-going services cases involving unsafe children.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

In Chapter 1, added a new subparagraph 1-4.b. and renumbered the subsequent paragraphs. Also changed references to “CBC” to “Lead Agency” and removed references to the Center for Child Welfare throughout the CFOP.

This operating procedure supersedes CFOP 170-7 dated February 14, 2022.
OPR: Office of Child and Family Well-Being

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# Chapter 1

## GENERAL REQUIREMENTS

1-1. Purpose. A safety plan controls and manages danger threats to a child when a parent/legal guardian is unavailable, unable, or unwilling to protect his or her child. The child welfare professional responsible for the case has primary responsibility for developing and managing the safety plan. A safety plan will be established in response to present or impending danger that meets threshold criteria in CFOP 170-1, Chapter 2, paragraph 2-2, Present Danger, and paragraph 2-8, Impending Danger. A safety plan addresses a specific parent behavior, emotion or condition that results in a child being unsafe. A safety plan must use the least intrusive means appropriate to manage the danger. A safety plan will be in effect as long as a case remains open and parent(s)/legal guardian(s) do not have sufficient protective capacity to protect the child from out of control conditions in the home that would otherwise qualify as danger threats.

1-2. Authority. The following provide the legal authority for the establishment of safety plans in response to present or impending danger.

a. Section 39.301(9)(a)(6), Florida Statutes (F.S.).

b. 65C-29.003(3), Florida Administrative Code (F.A.C.), Safety Planning Requirements.

c. 65C-30.002, F.A.C., Safety Planning and Case Transfer.

d. 65C-30.007, F.A.C., Case Management Responsibilities After Case Transfer.

e. 65C-30.009, F.A.C., Least Intrusive Interventions.

f. 65C-30.013, F.A.C., Judicial Reviews and Court Reports.

g. 65C-30.014, F.A.C., Post-Placement Supervision and Services.

h. 65C-30.022, F.A.C., Termination of Services.

1-3. Non-Negotiables. The need for the establishment of a safety plan is non-negotiable with the family when present danger (CFOP 170-1, Chapter 2, paragraph 2-2) or impending danger is identified (CFOP 170-1, Chapter 2, paragraph 2-8). A determination of impending danger also requires a case plan. The child welfare professionals responsible for the investigation and subsequent case management must explain to the parent(s)/legal guardian(s) how their action, choice, or arrangement compromises the child's safety.

a. The child welfare professional will also determine if there are any "non-negotiable" conditions of the safety plan. To the degree possible, "non-negotiables" must only reflect essential safety actions needed to keep the child(ren) safe.

b. Safety actions that are non-negotiable include, but are not limited to, the following:

(1) Supervision in the home at times when the parent(s)/legal guardian(s)' behavior is known to be out of control.

(2) The behavior of one parent/legal guardian is so out of control and unpredictable that they must not be in the home. The parent/legal guardian should still be encouraged to assist in developing a child visitation plan. When there is intimate partner violence, feedback from each parent

as to child visitation will be gathered and used to develop a visitation plan as described in Chapter 4 of this operating procedure.

(3) The behavior of both parent(s)/legal guardian(s) is so out of control that conditions in the home are unpredictable and preclude an in-home safety plan. The child welfare professional should ask the parent(s)/legal guardian(s) for their placement preferences.

(4) In a court-supervised case, child(ren) aged 0 to 6 years and already enrolled in a licensed childcare setting must continue enrollment and attendance five days a week (s. 39.604, F.S.). Depending on local resources, the child welfare professional may offer licensed childcare program choices. The court has the discretion to rule otherwise. The child welfare professional responsible must notify the operators of the childcare program that the child is in a safety plan and expectations for contacting the child welfare professional responsible if the child has unexcused absences.

1-4. Identification and Selection of Least Intrusive Safety Actions.

a. Depending upon how the danger threat is manifesting in the home, the child welfare professional will choose the least-intrusive safety actions necessary to protect the child. “Least instrusive” is defined in CFOP 170-1, Chapter 2, paragraph 2-6.

b. When a parent or caregiver is determined to have a disability that results in an impact on child safety, the child welfare professional will assess the supports and resources already in place as well as the supports and resources immediately available. The assessment of supports and resources must be documented in FSFN.

c. Two safety plans will be created and active at the same time for either of the following situations:

(1) There is intimate partner violence and certain information must be kept confidential from the perpetrator per requirements in Chapter 4 of this operating procedure.

(2) As a result of a timesharing custody agreement, the child is residing in two households where safety actions are necessary.

d. The child welfare professional has the following possible safety actions to consider:

(1) Safety actions that involve the use of an “In-Home” Safety Plan in order of least intrusive to most intrusive are as follows:

(a) Responsible adult routinely monitors the home at the times when danger manifests.

(b) When less than full-time supervision is necessary, a responsible adult moves into the home.

(c) Alleged perpetrator temporarily leaves the home.

(d) The non-maltreating parent/legal guardian temporarily leaves the home with the child.

(2) Safety actions that involve the use of an “Out-of-Home” Safety Plan are as follows:

(a) Release of child to another parent/legal guardian after approval of an Other Parent Home Assessment is generally the preferred placement. There will be situations when the child does not have a relationship established with the other parent/legal guardian and it is determined that there will be less trauma for the child to be placed with someone in the family network that they know and with whom they are comfortable. In such situations, the child welfare professional must still ask the non-removal parent/legal guardian if they agree with placement of the child with the relative/non-relative.

(b) Child temporarily resides with someone in the family network under an approved “family-made arrangement” when no restrictions on parental access are necessary.

(c) Child placed with a relative/non-relative.

(d) Child placed with the adoptive parent of the child’s sibling after an approved relative/non-relative home study unless the home is a licensed foster care setting.

(e) Child placed in a licensed emergency shelter/foster care placement due to no appropriate relative/non-relative placement being known or available.

(3) The child welfare professional has the following possible safety actions to consider:

(a) Combine the use of in-home and out-of-home actions as appropriate.

(b) Choose one or more safety management service providers that can best address the identified danger threat. This includes communicating with the provider about the danger and the provider’s role in managing the danger.

(c) Approve a parent/legal guardian and child(ren) moving into the home of a relative/non-relative, or a relative/non-relative moving into the parent/legal guardian’s home on a full-time basis when the specific times during which supervision is necessary can be identified and are feasible. This option is not appropriate when the parent/legal guardian’s behavior is so out of control that “24/7” supervision is necessary.

1-5. Family Input.

a. To the fullest extent possible, the parent(s)/legal guardian(s) will be engaged in developing the safety plan and identifying members of their resource network who might be willing and able to participate as safety management providers. The child welfare professional must follow the confidentiality and safety provisions outlined in Chapter 4 of this operating procedure when the dynamics of domestic violence are present.

b. The child welfare professional will consult with the child, the parent(s)/legal guardian(s), relatives or persons who know the family to learn about the following:

(1) Child’s need to be protected by persons with whom the child is most familiar and comfortable.

(2) Child’s need for routines and surroundings that are “normal” to the extent possible.

1-6. Removing Children from Parent(s)/Legal Guardian(s).

a. The child welfare professional must make reasonable efforts to prevent a child's removal from their parent(s)/legal guardian(s) unless there are no actions that could mitigate the danger to the child. To provide reasonable efforts to prevent removal of the child from their household the child welfare professional must show diligence in offering, arranging, and providing all needed in-home safety plan services. This includes documentation of all safety plan services offered, arranged, and provided to the family.

(1) When there is a determination of present danger, the Present Danger Assessment will document the reasonable efforts made to prevent the child(ren)'s removal.

(2) When there is a determination of impending danger, the reasonable efforts made to prevent the child(ren)'s removal or continue an out-of-home safety plan will be based on thorough analysis of the five criteria for an in-home safety plan and documented in the Safety Analysis section of the FFA-Investigation, FFA-Ongoing or Progress Update.

b. An out-of-home safety plan must be created:

(1) In response to present danger when the provision of in-home safety management services is not feasible given information known at the time.

(2) In response to impending danger when the child welfare professional, based on assessment of the five safety analysis criteria in paragraph 3-2 of this operating procedure, determines that an in-home safety plan cannot adequately control or manage the danger.

c. An out-of-home safety plan may involve any of the following:

(1) The child welfare professional releases the child to a non-maltreating parent after completing and receiving approval of an Other Parent Home Assessment as required in Chapter 5 of this operating procedure.

(2) Per s. 39.401, F.S., the child welfare professional places the child in twenty-four hour out-of-home care provided by a relative/non-relative or licensed provider. The department must seek court approval for sheltering the child and assuming care responsibility within 24 hours of the child's placement.

(a) When a medical facility is detaining a child, the investigator responsible for the investigation will make every reasonable effort to notify the parent/legal guardian.

(b) If the investigator determines that the child's detainment should exceed 24 hours, he/she will immediately notify Children's Legal Services (CLS) as to the need to seek a shelter order.

(3) Prior to the placement of child(ren) under court jurisdiction with a relative/non-relative in another state, the placement must be approved through the Interstate Compact on the Placement of Children (ICPC) per CFOP 175-54.

(a) If there are concerns about placement of a child with a non-maltreating parent/legal guardian, the ICPC includes provisions for home studies.

(b) An ICPC home study must be requested and approved prior to the child's placement.

(c) The receiving state will provide supervision when the ICPC approves the placement.

d. There may be some situations involving present danger when the parent(s)/legal guardian(s) have already placed or want to place their child to be with a relative/non-relative who is willing and able to assume the role of a short-term safety management provider. A family-made arrangement must be approved per Chapter 6 of this operating procedure.

e. An out-of-home safety plan will document all safety actions, including who is keeping the child safe and how; and how visitation with the parent(s)/legal guardian(s), siblings and other persons important to the child, will occur.

f. The child welfare professional will establish Conditions for Return when impending danger is established, and he/she has completed the safety analysis.

g. Per requirements in Rule 65C-30.003, F.A.C., the investigator will initiate a diligent search to identify and locate any absent parent/legal guardian within 30 calendar days of a child's removal. If the child remains in out-of-home care following closure of an investigation, the case manager will continue diligent search activities until released by the court. In addition, the investigator will initiate and the case manager will continue diligent efforts to locate and provide notice to the following relatives: all adult grandparents, all parents of a sibling of the child, where such parent has legal custody of such sibling, and other adult relatives of the child (including any other adult relatives suggested by the parents).

h. When the diligent search involves an American Indian or Alaskan Native child, documentation of written correspondence with the child's tribe and to the Secretary of the Interior through the Eastern Regional Office of the Bureau of Indian Affairs will be included in the case file by the case manager and included in the court record.

1-7. Judicial Actions Related to Child Safety.

a. During the course of the investigation or ongoing services, judicial action may be necessary to impose court jurisdiction over daily care and supervision or contact with the child.

b. Judicial actions related to child safety include one or more of the following:

(1) When a perpetrator of a pattern of coercive control is not the parent or legal guardian, the child welfare professional ***must*** seek an injunction pursuant to s. 39.504, F.S., and implement a safety plan to impose any other conditions to protect the child. The child welfare professional may seek an injunction for a parent or legal custodian.

(2) Section 39.395, F.S., allows a hospital, physician or other licensed health care professional to detain a child without the consent of the parent/legal guardian when the child's return to the parent presents imminent danger to the child's life or physical or mental health.

(3) A petition for dependency per s. 39.501, F.S.

(4) A petition for shelter per s. 39.401, F.S.

(a) In all cases involving a child's detainment or a removal, the department must petition the court within twenty-four (24) hours of the removal for a shelter hearing.

(b) The twenty-four (24) hour timeframe starts from the time of the actual removal and includes when the investigator puts a "hold" on the discharge of a child from a hospital, including a newborn.

(5) In an on-going services case involving an in-home safety plan, the child welfare professional with primary responsibility for the case must request a staffing with CLS to detemine legal actions necessary when either of the following occur:

(a) The family no longer meets the criteria for an in-home safety plan based on an in-home safety analysis per paragraph 3-2 of this operating procedure.

(b) When the parent(s) are not demonstrating efforts to achieve case plan outcomes that address the child's need for safety.

1-8. Staffings with Children's Legal Services (CLS). Staffings with CLS must be held in order to determine that the level of evidence for the court proceeding is adequate and that all court requirements are addressed.

a. CLS will staff all cases where a child welfare professional is seeking court action or is seeking assistance to prepare for a court hearing.

b. A supervisor is required to attend a staffing if the child welfare professional has not achieved certification.

c. Staffings will be face-to-face or another venue based on local procedures.

d. Unless there are emergency circumstances, the child welfare professional must complete a FFA-I, FFA-O, or Progress Update prior to the CLS staffing.

e. All participants in the staffing are responsible for a thorough and complete discussion. At a minimum, the following will be discussed:

(1) The persons interviewed and other information gathered, including case and criminal history to:

(a) Identify significant caregivers.

(b) Identify danger threats.

(2) The current maltreatment incident in question or reason for failure of an in-home safety plan.

(3) The criteria that supports the present danger determination or the impending danger threshold criteria.

(4) The safety analysis for impending danger including:

(a) Whether each of the criteria for an in-home safety plan is met.

(b) Reasonable efforts to keep the child in the household.

f. Participants in the staffing should reach consensus as to the next steps necessary for court action including whether additional information needs to be gathered and by whom to strengthen the assessment of family conditions.

g. The attorney will be responsible for drafting and preparing the legal documents necessary for presenting the case in court.

h. The child welfare professional must be prepared for and available to testify at the hearing.

i. The attorney will document in a court pleading or in a legal staffing decision form, the legal analysis and conclusion reached at the staffing, including material facts behind a conclusion. The child welfare professional will document a contact note and any follow-up actions for which he/she is responsible.

j. When a dispute arises that participants cannot resolve at a CLS staffing, the issues must be escalated to the next of level supervision until resolution is achieved. Participants will follow any local procedures established for resolution of disputes. The Regional Director for Children's Legal Services and the Regional Managing Director for the department must serve as the final arbiters for disputes when necessary.

k. A staffing with CLS, the child welfare professional responsible and the supervisor must be conducted when shelter of a child is denied by the court to determine:

(1) The best options to develop and implement an in-home safety plan.

(2) Whether additional information should be gathered to improve an understanding of danger threats, when they are operating, and the analysis of caregiver protective capacities.

1-9. Scope and Dependability of Safety Plans. The child welfare professional creating, monitoring, or modifying the safety plan will determine that:

a. The safety plan controls the behavior, emotion, or condition that results in the child being unsafe.

b. The effect of a safety plan is immediate, and/or continues to protect the child every day.

c. The safety plan describes each specific action necessary to keep the child(ren) safe, including:

(1) The person responsible for each specific action;

(2) Resources or people who will help with each action;

(3) The frequency of the action, including times and days of the week; and,

(4) The person responsible for monitoring that each action is occurring as planned.

d. The safety plan may be exclusively an in-home plan, an out-of- home plan, or a combination of both.

e. The safety plan will not include promissory commitments by the parent/legal guardian who is currently not able to protect the child. Examples of inappropriate safety plan actions include, but are not limited to:

*(1) Mom will not spank.*

*(2) Parents will remain sober.*

*(3) Mom will file an injunction and will not let the batterer back in the home.*

*(4) Dad will not use drugs.*

f. The child welfare professional will develop separate safety plans with the perpetrator of domestic violence and the parent/legal guardian who is a survivor of domestic violence in accordance with Chapter 4 of this operating procedure.

1-10. FSFN Documentation.

a. The child welfare professional will document reasonable efforts to prevent a child's removal from their parent(s)/legal guardian(s) as follows:

(1) When there is a determination of present danger, the Present Danger Assessment will document the initial reasonable efforts made to prevent the child(ren)'s removal. Initial reasonable efforts will be included in the narrative assessment provided in Section II of the Present Danger Assessment.

(2) When there is a determination of impending danger, the reasonable efforts made to prevent the child(ren)'s removal or continue an out-of-home safety plan will be based on thorough analysis of the five Safety Analysis criteria and documented in the Safety Analysis section of the FFA-Investigation, FFA-Ongoing or Progress Update.

b. The child welfare professional must use FSFN to document all Safety Plans.

(1) All actions to keep the child safe must be listed within the safety plan.

(2) In cases involving intimate partner violence, procedures in Chapter 4 must be followed.

# Chapter 2

## DEVELOP PRESENT DANGER SAFETY PLAN

2-1. Definition of Present Danger Plan. A Present Danger Safety Plan is a written agreement that describes short-term safety actions that will control the present danger to a child while allowing time for information collection and analysis. When an investigator or case manager encounters a child in present danger, he/she must implement a present danger plan or modify an existing safety plan with the changes going into effect immediately. See CFOP 170-1, Chapter 2, paragraph 2-2, for the definition of Present Danger.

2-2. During an Investigation.

a. The investigator will complete a present danger assessment per requirements in CFOP 170-5, Chapter 13.

b. Given the lack of validated (i.e., corroborated) information when present danger is identified, the investigator will create a present danger plan with the family that directly manages the identified threat and is intended for short-term use only (i.e., until the FFA-Investigation can be completed, and a safety determination is made).

c. A supervisor must approve the continuation of a present danger plan that needs to be in effect for longer than 14 days at the 14th day and thereafter, every 7 days.

d. The child welfare professional will only include individuals as a safety services management provider in a Present Danger Safety Plan that have been:

(1) Approved as an informal Safety Plan provider.

(2) Approved as a family-made arrangement.

(3) Are employed by an agency that has an agreement or contract with the Lead Agency to provide safety management services.

e. The investigator will provide a signed copy of the present danger plan to the parent(s)/legal guardian(s) or caregiver responsible for the child prior to leaving the home.

f. The investigator must obtain signatures from any informal safety management providers in the plan.

g. The investigator will upload a copy of the plan with all required signatures to the child's record in FSFN.

2-3. During On-going Case Management.

a. If a case manager suspects a child to be in present danger, they must take immediate actions to determine the need for Safety Plan modifications.

b. During on-going services, present danger may result from a number of circumstances including, but not limited to, the following:

(1) A Safety Plan provider is unable to show-up at the child's home as scheduled and there is no other provider immediately available.

(2) There is an unforeseen and significant change in family circumstances or dynamics.

c. If the case manager learns new information that indicates a child is in present danger and the case manager is not at the child's home when the information is learned, the case manager will take immediate actions to assess whether the child is in present danger and will modify the Safety Plan accordingly.

d. When the case manager determines a child is in present danger while at the home, the case manager will not leave the home until Safety Plan modifications are in place. A case manager will request the assistance of an investigator when a child needs to be sheltered. If the safety of the child and/or case manager is threatened by remaining in the home, the case manager may temporarily remove the child to a safer location until law enforcement or an investigator arrives on the scene.

e. If modifications to an existing in-home Safety Plan will not be sufficient to manage a newly identified present danger threat, the case manager will take the next least intrusive actions necessary to provide for child safety.

f. The case manager will make a report to the Hotline when the case manager suspects that there are new incidents of harm as defined in CFOP 170-4, Child Maltreatment Index. An insufficient Safety Plan or safety management provider do not in-and-of-themselves constitute a new incident of harm.

g. The case manager will provide a signed copy of a modified Safety Plan to the parent(s)/legal guardian(s) and all safety management providers in the plan. Chapter 4 of this operating procedure describes the requirements for sharing copies of separate safety plans developed for the survivor and perpetrator.

h. The case manager will document a Present Danger Assessment when they have evaluated a present danger threat and made a determination that there is not a suspected incident of maltreatment, within two business days of their evaluation.

2-4. Supervisor Consultation and Approval.

a. Supervisors are required to complete their review of a Present Danger Safety Plan as soon as possible but no later than two business days after the plan's development or modification. A Supervisor Consultation will be provided and documented to affirm each of the following:

(1) The child welfare professional has clearly described in the Present Danger Assessment the child, caregiver(s) and home condition(s) observed during the initial contact with the family.

(2) The child welfare professional identified present danger and described the danger in the Present Danger Assessment and Safety Plan documents to be immediate, significant, and clearly observable.

(3) The present danger plan is effective in managing the present danger threat.

(4) For all Present Danger Safety Plans in which the child either remains in the home or a family arrangement is used:

(a) A 2nd Tier consultation must occur as outlined in CFOP 170-5, Chapter 27.

(b) Child welfare professional supervisors are required to consult with a manager, manager designee, or consultative team.

b. When the child welfare professional has identified Present Danger, the supervisor will complete the following actions:

(1) Review the effectiveness of the Present Danger Safety Plan.

(2) Determine whether the child welfare professional is managing the Safety Plan adequately.

(3) Review whether the child welfare professional is demonstrating due diligence in gathering sufficient information to inform completion of the initial or ongoing Family Functioning Assessment and/or Progress Update.

c. For “provisionally certified” child protective investigators the supervisor will conduct a follow-up consultation every 14 days until the Family Functioning Assessment is completed.

d. For “provisionally certified” case management, staff the supervisor will conduct a follow-up consultation every 14 days until the ongoing Family Functioning Assessment or Progress Update is completed.

2-5. FSFN Documentation.

a. A copy of the new or modified Safety Plan must be attached to the FSFN Safety Plan Page within two business days of its creation. Requirements for the documentation of two safety plans in cases involving intimate partner violence are provided in Chapter 4 of this operating procedure.

b. The child welfare professional must document the Present Danger Assessment Page in FSFN within two business days of the completed assessment.

c. The supervisor will document all consultations around present danger in FSFN within two business days of the consultation.

d. The following FSFN resources are located on the FSFN “How Do I Guide” page:

(1) “Supervisor Consultation – How Do I Guide.”

(2) “Safety Plan User Guide.”

# Chapter 3

## DEVELOP IMPENDING DANGER SAFETY PLAN

3-1. Definition of Impending Danger Plan. An Impending Danger Plan is a plan to control and manage the specific caregiver behaviors, emotions and/or other family dynamics at the times they occur in order to protect the child. The Impending Danger Plan must protect an unsafe child from the danger threat(s) using the least intrusive safety management options possible, while the family receives interventions and treatment to enhance protective capacities through a case plan.

3-2. Required In-Home Safety Analysis.

a. Sufficient information must be gathered and assessed in order to:

(1) Describe the six information domains for each caregiver responsible.

(2) Identify the existence of danger threats.

(3) Identify specific protective capacities that are lacking.

(4) Complete a Safety Analysis.

b. Before a child welfare professional establishes a safety plan in response to impending danger, he/she will complete the Safety Analysis criteria in order to determine the feasibility of an in-home safety plan given household conditions and dynamics.

c. Five standardized criteria must be met in order to establish an in-home safety plan. These criteria are not applied at the time of developing a present danger plan unless there is already sufficient information known about the family to develop or update the information domains. The criteria are:

(1) The parent(s)/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

(2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

(3) Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

(4) An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the need for results of scheduled professional evaluations.

(5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan.

d. The completed Safety Analysis must provide sufficient information to support the analysis of each of the five criteria. Refer to Appendix A of this operating procedure for a more in-depth discussion of Safety Analysis criteria and examples that demonstrate when the family behaviors or conditions for an in-home safety plan are present or not.

3-3. Safety Management Conference. In response to creating or making substantial modifications to an impending danger plan, the child welfare professional responsible will conduct a Safety Management

Conference with the parent(s)/legal guardian(s), members of the family's resource network, and other safety service providers.

a. Use of a family team meeting is one method for conducting a safety management conference.

b. When the dynamics of intimate partner violence are present, the child welfare professional must conduct separate Safety Management Conferences in order to develop the two safety plans per requirements in Chapter 4 of this operating procedure. The perpetrator must not attend the safety management conference to develop the Confidential Safety Plan with the survivor. Information shared by the survivor in the meeting to develop the Confidential Safety Plan must not be shared with the perpetrator.

(1) The person responsible for facilitating the safety management conference must have received training about power and control in abusive relationships.

(2) The child welfare responsible for planning a Safety Management Conference must consider meeting logistics to support the safety of participants and facilitators.

(3) An advocate employed by a certified domestic violence center should be present at the conference if the adult victim of domestic violence agrees.

c. Participants at the Safety Management Conference will review and discuss the following:

(1) Current family dynamics and conditions relative to criteria for an in-home safety plan or Conditions for Return.

(2) Whether each of the specific components of the safety plan are working dependably including the visitation plan, whether they are the least restrictive action given current family dynamics, and what modifications are needed.

(3) Options for plan actions or modifications needed, eliciting family resources and solutions.

(4) Safety management actions including the visitation plan with the child's parent(s)/legal guardian(s) and siblings when the child or a parent/legal guardian is not in the home.

d. The child welfare professional will utilize caution in domestic violence cases when sharing information with the perpetrator of domestic violence and/or considering input from the domestic violence perpetrator, especially regarding decisions about return of the child to the home.

e. After the Safety Management Conference, the child welfare professional responsible will follow up with CLS when necessary to seek court approval of modifications when a safety plan is part of a court order.

3-4. Related Safety Plan Responsibilities.

a. The investigator will develop an Impending Danger Plan in collaboration with the family during a Safety Management Conference.

(1) As appropriate, the plan may incorporate some or all of the components of the Present Danger Plan into the Impending Danger Safety Plan.

(2) Any out-of-home safety plan involving a relative/non-relative caregiver must include an approved relative/non-relative home study per Chapters 65C-11 and 65C-12, F.A.C., and a court order to shelter the child.

b. The child welfare professional responsible will review with all safety management providers and the parent(s)/legal guardian(s):

(1) Expectations for continued parent(s)/legal guardian(s) involvement and responsibility.

(2) Any protective actions that the parent(s)/legal guardian(s) may still fulfill.

c. The child welfare professional will communicate with all safety service providers to explain how they will monitor the plan and what actions to take if a provider believes there is a need for plan modifications.

d. A safety plan will remain in effect as long as a case remains open with case plan goal of "strengthen and maintain" or "reunification" and parent(s)/legal guardian(s) do not have the protective capacity necessary to protect the child from identified danger threats.

3-5. Supervisor Consultations and Approval.

a. The supervisor will hold follow-up consultations as soon as possible but no later than two business days after the establishment or modification of an impending danger safety plan.

b. Through follow-up case consultation, the supervisor is required to affirm that the safety plan is reasonable and adequate based on the following:

(1) The Safety Analysis must clearly describe how each of the specific conditions for an in-home safety plan is present or not.

(2) The investigator or case manager is able to describe how impending danger manifests in the home.

(3) The child welfare professional is providing the least intrusive actions including reasonable efforts and documenting them in the Safety Analysis Summary in the FFA.

(4) The parent(s)/legal guardian(s) were involved in the analysis and planning.

(5) It is clear how the safety plan will control and manage impending danger.

(6) The safety plan is logical and justifies how the child will be protected.

(7) If the plan involves relocation or placement of the child out of the home, the Conditions for Return are appropriate and clearly delineated.

c. When Impending Danger has been identified through completion of the Family Functioning Assessment-Investigation, the supervisor will complete weekly "follow-up" consultations until the case is transferred to case management. The supervisor must determine that the investigator is demonstrating due diligence in preparing the case for transfer to case management. The weekly consultations will review the sufficiency of the Impending Danger Safety Plan and determine that the investigator is managing the plan adequately.

3-6. FSFN Documentation.

a. The child welfare professional and his/her supervisor are responsible for ensuring that the safety plan in FSFN is the current, active, and signed version of the safety plan. The child welfare professional will upload a new or any updated Impending Danger Safety Plan to the FSFN Safety Plan Page within two business days of its creation or modification.

b. The child welfare professional will terminate the present danger safety plan in FSFN when he/she is creating an impending danger plan or when a child has been determined to be safe.

c. The following FSFN resources are located on the FSFN “How Do I Guide” page:

(1) “Supervisor Consultation – How Do I Guide.”

(2) “Safety Plan – How Do I Guide.”

Chapter 4

# SAFETY PLANS WHEN THERE IS INTIMATE PARTNER VIOLENCE

4-1. Purpose. This chapter provides guidance on creating Safety Plans in cases involving intimate partner violence, defined in CFOP 170-4, Maltreatment Index. The child welfare professional must create two Safety Plans per s. 39.301(9)(a)6a, F.S. The purpose of two plans is to ensure that the perpetrator does not have access to information about safety actions that must remain confidential.

NOTE: A survivor may be receiving help from a Certified Domestic Violence Center or support from a domestic violence advocate. All conversations a survivor has with a domestic violence advocate are privileged and confidential per s. 90.5036(2), F.S., unless the survivor has signed an authorization for release of information. A Safety Plan that a survivor develops with a domestic violence advocate is different from a confidential Child Safety Plan. Such planning is outside the scope and responsibilities of the child welfare professional.

4-2. Child Safety Planning with Confidential Safety Actions.

a. The child welfare professional will:

(1) Obtain consultation from a domestic violence advocate, if available.

(2) Develop safety actions to achieve safety during child visitation. Actions must include the child's transport to and from visits.

(3) Create safety actions that are the responsibility of persons other than the parent/legal guardian or child.

(4) Develop the Safety Plan with the survivor first, whenever possible.

b. The child welfare professional will work with the survivor to:

(1) Develop safety actions for child safety during the time that the child is with the survivor.

(2) Identify which safety actions must remain confidential from the perpetrator.

(3) Discuss safety concerns prior to developing safety actions with the perpetrator.

(4) Discuss any safety concerns regarding proposed safety service providers before including them in the plan.

(5) Identify safety service providers who can be depended on to maintain confidentiality of identified actions from the perpetrator.

(6) Discuss the safety actions developed with the perpetrator. Determine if the survivor has concerns that must be addressed. This discussion must occur without the perpetrator present.

c. The child welfare professional must make reasonable efforts to locate the perpetrator. The child welfare professional will work with the perpetrator to:

(1) Develop safety actions to achieve child safety during the time that the child is with the perpetrator, provided there is no court order that prevents contact with the child.

(2) Develop safety actions necessary to protect the child from other perpetrator dynamics, such as the withholding of financial support and inappropriate communications.

d. When a perpetrator refuses to participate in the development of a Safety Plan, the child welfare professional must create more intrusive safety action measures.

e. The child welfare professional will create a copy of the "Safety Plan for Survivor Only" in FSFN. This plan includes both the confidential safety actions and the safety actions associated with the perpetrator.

(1) The FSFN-generated copy of the survivor's Safety Plan will contain the following statement at the top: "This safety plan contains highly sensitive information and may only be released to the survivor of intimate partner violence and under no circumstances can be released to the perpetrator of intimate partner violence."

(2) The child welfare professional will determine which safety management providers will be asked to sign the plan.

(3) Under no circumstances should the child welfare professional ask the perpetrator to sign the "Safety Plan for Survivor Only."

(4) After signatures are obtained, the survivor must be provided with a copy of the plan if the survivor feels that it is safe to keep this document in her/his possession.

(5) The child welfare professional must not share any information in the plan with the intimate partner violence perpetrator.

f. The child welfare professional will provide the perpetrator with a copy of the "Child Safety Plan" that includes only those safety actions that are not confidential. The child welfare professional will obtain signatures from the perpetrator and safety management providers.

g. When law enforcement has had recent contact with the perpetrator or is conducting a current criminal investigation, the investigator will provide a copy of the "Child Safety Plan" and the Chapter 39 Injunction (if applicable) to law enforcement.

h. The investigator will work with criminal justice partners to communicate the perpetrator's no contact order provisions and pre-trial release conditions and will report any violations to law enforcement and probation/parole as appropriate.

4-3. Injunctions.

a. To protect the non-offending parent/legal guardian and their children from further perpetrator-focused victim blaming and potentially, often lethal, acts of violence, child welfare professionals can seek issuance of an injunction under s. 39.504, F.S. An injunction is a valuable safety action that child welfare professionals should routinely consider to help provide protection for the survivor and children in cases involving intimate partner violence. However, as there is no guarantee that a perpetrator will adhere to the terms of an injunction, an injunction should never be the sole or primary safety action in a plan.

b. When the perpetrator of intimate partner violence is not the parent or legal custodian of the child and the perpetrator can be located, the investigator must seek issuance of an injunction authorized by s. 39.504, F.S., to implement a Safety Plan with the perpetrator and impose any other conditions to protect the child. The investigator may also seek issuance of an injunction when the perpetrator is the parent/legal guardian or legal custodian of the child.

c. A child welfare professional may also seek issuance an injunction under s. 39.504, F.S., for reasons other than to implement a Safety Plan.

d. When the child welfare professional is unable to locate the perpetrator after completing a diligent search, he/she should complete an Affidavit of Diligent Search and provide the affidavit to CLS.

e. CLS will file the Affidavit of Diligent Search for the perpetrator if the Department filed a petition for injunction for reasons other than to implement a Safety Plan.

f. The child welfare professional responsible for the Safety Plan will work proactively with law enforcement to support Safety Plan development and provisions including actions to hold the perpetrator accountable for adhering to requirements in an injunction.

g. The primary child welfare professional will document actions to monitor an injunction in the Child Safety Plan.

h. The survivor of intimate partner violence may seek an injunction in accordance with s. 741.30(1)(a), F.S.; however, a child welfare professional must never require a survivor to file an injunction.

4-4. Supervisor Consultation. Supervisors must provide follow-up consultations for present danger plans as outlined in Chapter 2 of this operating procedure and impending danger plans as outlined in Chapter 3 of this operating procedure. The focus of consultation in cases involving intimate partner violence should be on understanding the perpetrator's behavior(s) and the extent to which they are predictable or able to be controlled by the presence of a safety management provider.

a. Through case consultation, the supervisor is able to assess the ability of the child welfare professional to describe the following:

(1) The perpetrator's pattern of coercive control including threatening to harm family pets.

(2) Actions taken by the perpetrator to harm the child.

(3) The full spectrum of the survivor's efforts to promote the safety and well-being of the child and actions by the perpetrator that have interfered with the survivor's efforts.

(4) The adverse impact of the perpetrator's behavior on the child.

(5) The role of substance abuse, mental health, culture and other socio-economic factors.

b. Through case consultation, the supervisor must confirm that the child welfare professional has:

(1) Attempted to consult with the local domestic violence advocate.

(2) Engaged the survivor and perpetrator separately to develop safety actions.

(3) Collaborated with the survivor to identify actions that must not be shared with the perpetrator.

(4) Assessed the appropriateness of each informal safety service provider.

(5) Included actions to monitor compliance with any injunction pursuant to s. 39.504, F.S.

(6) If the survivor is filing an injunction pursuant to s. 741.28, F.S., it was based solely on the survivor's decision. It is not listed as a safety action.

c. Through case consultation, the supervisor will determine that:

(1) The safety management actions are the least intrusive and most appropriate.

(2) It is clear how the Safety Plans will control and manage impending danger.

(3) The safety management actions for visits are appropriate.

4-5. FSFN Documentation.

a. The child welfare professional will enter all Child Safety Plan information on the FSFN Safety Plan Page.

b. The child welfare professional will use the check box provided "Do Not Share with Perpetrator of Domestic Violence" to identify each safety action that must be kept confidential.

c. The child welfare professional will print copies of the "Safety Plan" and "Safety Plan for Survivor Only" to obtain signatures.

d. After signatures are obtained, the child welfare professional will attach both plans to the FSFN Safety Plan page.

e. As other persons involved in the case may have security levels that allow them access to the file cabinet, the child welfare professional will remind other team members that the information in the Safety Plan for Survivor Only, by law, is to remain confidential from the perpetrator.

Chapter 5

# SAFETY PLAN INVOLVING RELEASE OF A CHILD WITH NON-MALTREATING PARENT/LEGAL GUARDIAN

5-1. Purpose. When an out of home safety plan is necessary, first consideration must be with the parent/legal guardian who was not responsible for the conditions that led to the child being unsafe. The department still maintains responsibility to determine whether such person is a responsible adult who will be able to care for and protect the child. The Other Parent Home Assessment (OPHA) will provide the formal assessment and documentation as to whether the child should or should not be released to the parent. The OPHA will also help determine whether there should be any concurrent case plan goals or outcomes with the non-maltreating parent and family time expectations.

5-2. When Other Parent Home Assessment Is Required.

a. In cases involving the removal of a child from a parent/legal guardian, the child welfare professional must complete the OPHA prior to a child's release. If the child welfare professional determines that the other parent is unable to care for their child due to a possible maltreatment, a report must be made to the Hotline.

b. The CPI must gather as much information as possible from the child's removal parent before making an emergency placement with the other parent.

c. The CPI will gather the additional information needed to complete and document the OPHA after the child has been placed. The child welfare professional will complete the OPHA on the other, non-maltreating parent any time an out of home safety plan is initiated with the parent/legal guardian responsible for the conditions that led to the child being unsafe

d. When the name of the child's parent or the location of the parent is not known, diligent efforts to identify and/or locate the parent must be initiated by the investigator and continued by the case manager after case transfer.

e. When the other parent/legal guardian is not in the same jurisdiction covered by the child welfare professional, an Out of County Services Request for the OPHA will be completed. The child welfare professional responsible for the diligent search must provide the out of county services worker assigned with information as to the need for the OPHA, any special needs of the child that must be addressed, and any other desired expectations and outcomes of the OPHA.

f. If there are concerns about releasing a child to a parent/legal guardian in another state, the placement must be approved through the Interstate Compact on the Placement of Children (ICPC) per CFOP 175-54. This will also ensure that supervision is provided by the receiving state.

g. Completion of the OPHA is not required when placement or visitation would be detrimental to the child due to the following reasons:

(1) Parent/legal guardian is incarcerated and the period of he/she is expected to be incarcerated constitutes a significant portion of the child's minority years.

(2) Parent/legal guardian has had verified findings of sexual abuse or has been found guilty of any of the serious crimes listed in s. 39.0139, F.S.

(3) In either of these cases, the child welfare professional must request a CLS staffing to determine if there is already sufficient information to support that visitation or placement would be detrimental to the child (a presumption of detriment per s. 39.0139(3), F.S.).

h. The completion of the Other Parent Home Assessment will result in the determination of one of the following outcomes:

(1) The other parent/legal guardian is able to care for their child as part of a safety plan and the child is released to his/her care. The parent may need some concrete supports in order to care for the child.

(2) The other parent/legal guardian is unable to care for their child due to non-maltreatment related issues (needs a stable home, needs financial stability, etc.) which must be addressed in the child's case plan through permanency goals, outcomes and tasks.

(3) The other parent/legal guardian is unable to care for their child due to maltreatment related issues (chronic substance abuse, abandonment, etc.) which must be called into the Hotline to initiate an investigation.

5-3. Required Background Check. Prior to completing an interview with the other parent/legal guardian, a check of prior child abuse and criminal history will be completed to determine if there is any past incident or pattern of maltreatment. Any criminal record checks conducted through the Hotline Crime Intelligence Unit (CIU) for an emergency placement will include national records. If the child is released to the parent, fingerprints must be obtained no later than 10 calendar days after relocation of the child to ensure compliance with FDLE requirements.

5-4. Interviews and Information Gathering.

a. The child welfare professional responsible for completing the OPHA will gather information from the child and other family members to determine the following:

(1) Whether the child has an established relationship with the parent/legal guardian.

(2) Whether the other parent/legal guardian has provided any financial or other means of support.

(3) An older child's expressed wishes to be placed with the parent/legal guardian.

(4) Input from the removal parent and other family members as to the other parent/legal guardian's ability to care for and protect the child, including any concerns the family has.

(5) Identification of the parent. If there are doubts raised about the identity, the child welfare professional should conduct a review of birth certificates available through the Department of Health, Bureau of Health Statistics' electronic data exchange.

b. The child welfare professional's interview with the other parent/legal guardian is to determine the following:

(1) Does the parent/legal guardian have adequate knowledge, skills, and resources to fulfill caregiving responsibilities and tasks? This may involve considering the ability to meet any exceptional needs that the child might have.

(2) Is the parent/legal guardian physically and mentally able to provide or arrange for the child's care (e.g., does not have significant individual needs, which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.)?

(3) Do the parent/legal guardian and child have a strong bond and does the parent prioritize the well-being of the child?

(4) Has the parent/legal guardian demonstrated the ability to care for and protect the child in the past while under similar circumstances and family conditions?

(5) Will the parent/legal guardian agree to care for the child until Conditions for Return have been met or permanency is achieved?

(6) Will the parent/legal guardian agree to follow any visitation schedule set by the department or court?

(7) Can the parent/legal guardian describe specific actions to protect the child?

(8) Does the parent/legal guardian believe the child's report of maltreatment? Is the parent supportive of the child?

(9) Does the parent/legal guardian display concern for the child and the child's experience? Is the parent intent on emotionally protecting the child?

(10) Does the parent/legal guardian understand and support all aspects of the safety plan, including expectations for visitation with the other parent and siblings?

(11) Does the parent/legal guardian agree to child abuse and criminal background checks for all household members age 12 and older? Has parent provided information as to what records checks will reveal?

(12) Does the parent/legal guardian agree to provide open access to agency staff responsible for monitoring?

c. The child welfare professional must complete a walkthrough of the home to determine whether the physical environment provides for safe and reasonable accommodations for the child.

d. The child welfare professional must ask for details about the parent/legal guardian's current financial situation. This information includes:

(1) Details about current employment and earnings.

(2) Details about current expenses.

(3) Discussion of the extra costs of caring for the child(ren).

(4) The child welfare professional must have a frank and open discussion with the parent/legal guardian about their need for financial assistance. The child welfare professional must discuss the following options so that the caregiver can make the best choice for the child:

(a) Is the caregiver willing and able to care for the child without any financial assistance?

(b) If eligible, would the caregiver be willing to apply for a TANF child-only grant? If yes, would they be willing to cooperate with Child Support Enforcement Program?

5-5. Completing the OPHA after Child Placement with another Caregiver.

a. When the case manager locates the non-maltreating parent/legal guardian during on-going services and the child is already in another out-of-home placement, the OPHA must still be completed.

b. The interview with the non-maltreating parent/legal guardian must include informing the parent/legal guardian of the following:

(1) The current placement of the child;

(2) The child's strengths and needs assessment; and,

(3) The need to determine the parent/legal guardian's interest in establishing or rebuilding a relationship through visitation, including the possibility of caring for the child.

c. The case manager will obtain a supervisor case consultation ***prior*** to the parent/legal guardian interview. Discussion should include, but not be limited to, the following:

(1) Any information per requirements in paragraph 5-4 of this operating procedure that is already known.

(2) How close the removal parent/legal guardian is to meeting Conditions for Return.

(3) The child's stability in the current placement and considerations as to the impact of removing the child from the current placement and placing with the other parent/legal guardian.

5-6. On-Going Assessment.

a. The child welfare professional responsible for a child released to another parent/legal guardian will ***continually*** assess for safety and child needs.

b. When a non-maltreating parent/legal guardian is involved with any tasks in a case plan, the child welfare professional will update the Other Parent Home Assessment at the same time as any Progress Update required in CFOP 170-9, Chapter 6, Evaluating Family Progress.

5-7. Supervisor Consultation and Approval. A Supervisor Consultation is required to review and approve an OPHA.

5-8. FSFN Documentation.

a. The child welfare professional will document the assessment conducted to release a child to a non-maltreating parent/legal guardian on the Other Parent Home Assessment form. The child welfare professional will use the specific case note type of "Other Parent Home Assessment" to document all interview(s) conducted, including with other children in the home as age appropriate, identifying each participant and relationship in the note, and attach a copy of the Other Parent Home Assessment.

b. The child welfare professional will document the child's Living Arrangement with the reference value "Living with One Parent" and the start date will be the day that any safety plan begins.

c. The child welfare professional will update the Other Parent Home Assessment at a minimum of every 90 days.

# Chapter 6

## SAFETY PLAN INVOLVING A FAMILY-MADE ARRANGEMENT

6-1. Purpose. A family-made arrangement is a safety action initiated by the parent(s)/legal guardian(s) in response to present or impending danger. This safety action is a separation of the child and parent(s)/legal guardian voluntarily and temporarily to a responsible adult of his/her choosing to provide daily care and supervision of the child(ren). The parent(s) retain full legal responsibility including decision-making authority and access to the children.

a. There are three circumstances in which a family made arrangement may be used as a safety action:

(1) If it is in place at the time the child welfare professional arrives at the home;

(2) If it is in the process of occurring at the time that the child welfare professional arrives at the home; or,

(3) If it is in response to open-ended questioning by the child welfare professional of how to provide for the safety of the child(ren) while gathering more information.

b. A child welfare professional must evaluate whether the family-made arrangement is sufficient to manage the danger threat. It is not a family-made arrangement if at any time the child welfare professional directs the parent/caregiver as to what the arrangement should be or if the child welfare professional directs that access by the parent/caregiver is to be restricted.

6-2. Requirements.

a. The child welfare professional must seek a Supervisor Consultation for approval after completion of the assessment required in paragraph 6-3 of this operating procedure.

b. When a relative/non-relative is willing and able to assume the role of a short-term safety management provider in an out-of-home safety plan, the following requirements must be met:

(1) The safety management provider must be approved per paragraph 6-3 of this operating procedure.

(2) The danger threat can be managed without restricting the parent(s)/legal guardian(s)' contact with the child(ren) and the parent/legal guardian, and the safety management provider is willing and able to coordinate the parent/legal guardian's contact and access to the child(ren). The agreement that the parent/legal guardian and the safety management provider will be responsible for and will coordinate all contact in the safety plan will be documented in FSFN by the child welfare professional.

(a) The parent(s)/legal guardian(s) and the safety management provider agree that the arrangement will be for a period of time until one of the options in paragraph 6-5 of this operating procedure is achieved.

(b) The parent(s)/legal guardian(s) will maintain all of their legal responsibilities and rights including, but not limited to, enrolling the child(ren) in school, making and attending medical appointments, etc.

c. A family-made arrangement may not be used under the following circumstances and a Multidisciplinary Team or Legal Staffing will be pursued for the purpose of discussing other potential safety plan options when any of the following conditions exist.

(1) The parent(s)/legal guardian(s) are unable, unwilling or in denial of the need for the child(ren)'s temporary safety using a family-made arrangement.

(2) The child welfare professional, based on any current information or prior history about the family, believes that that the restriction of parent(s)/legal guardian(s) access is required in order to effectively manage the safety of the child(ren). Restriction of parent(s)' access includes any requirement that visits must be supervised.

6-3. Assessment Process.

a. The child welfare professional will conduct an interview of the safety management provider to affirm their ability to care for and protect the child(ren). See Appendix B of this operating procedure, "Safety Management Provider Can and Will Protect the Child," for specific examples. The family arranged caregivers must demonstrate that they:

(1) Understand and believe the danger threat(s) exist.

(2) Are aligned with protecting the child(ren).

(3) Understand and support the safety plan.

(4) Are able and willing to care for and protect the child(ren).

(5) Are willing to work with parents to arrange contact.

(6) Agree to child abuse and background checks for all household members age 12 and older, and provide information as to what records checks will reveal.

(7) Agree to provide open access to agency staff responsible for monitoring.

(8) Will allow the child welfare professional access to the home in which the child(ren) will reside. The child welfare professional shall conduct a walk through to assess the safety and accommodations for the child(ren), including sleeping arrangements for the child(ren) and other household members.

b. Immediately following the interview, the child welfare professional will initiate a Florida Sexual Offenders and Predators registration check along with a local background check on all household members over the age of 12 using the locally established protocol and gather information necessary to affirm the appropriateness and viability of the parent or legal guardian's safety management provider, which includes:

(1) Complete a walk-through of the home.

(2) Review FSFN child abuse history on all household members. If history is present, document if it was disclosed by the safety management provider or household member and if history should or should not preclude their current ability to care for the child(ren).

(3) Analyze the results of the background checks to determine the relevance to the safety management provider's ability to care for and/or protect the child(ren), including considerations of major life circumstances that have changed along with sufficient resources to care for the child(ren).

c. Once the assessment of the family-made arrangement has been completed, the child welfare professional must complete an out-of-home safety plan that includes the safety management provider and details as to how and when the child welfare professional will monitor the plan.

d. The child welfare professional responsible for the safety plan must seek court action if any of the requirements for approval of the family-made arrangement are no longer met.

6-4. On-Going Assessment of Sufficiency of a Family-Made Arrangement. At the completion of the FFA-Ongoing, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If no progress has been made, the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

6-5. Closing Cases with a Family-Made Arrangement.

a. An investigation or ongoing case management case involving a safety plan with a family-made arrangement cannot be closed until one of the following has occurred:

(1) The child(ren) are able to safely reside in their own home;

(2) A non-maltreating parent has sought and gained custody of the child; or,

(3) A relative or non-relative has achieved temporary custody pursuant to Chapter 751, Florida Statutes.

b. If none of these options has occurred and the family is not making progress toward permanency, the child welfare professional must seek more intrusive safety actions through judicial intervention.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for final approval of the family-made arrangement. The supervisor will conduct a Supervisor Consultation to affirm that the caregivers in a family-made arrangement are reasonable and adequate. The supervisor will affirm that:

a. An appropriate family-made arrangement was in place prior to the child welfare professional's arrival, or the parent(s)/legal guardian(s) initiated the use of the family-made arrangement and identified appropriate caregivers subsequent to the child welfare professional's non-directive, open-ended questions regarding issues around child safety.

b. It is clear how the family arranged caregivers will control and manage the danger threat(s).

c. Appropriate interviews, background checks, and assessment of caregivers have been completed.

d. The caregivers have agreed to be a part of the safety plan and understand their role.

e. A child welfare professional at a level higher than the supervisor must review the circumstances and agree that the family-made arrangement is appropriate.

(1) Investigations supervisors will request a 2nd Tier Consultation.

(2) Case management supervisors will consult with a program manager or his/her designee.

6-7. FSFN Documentation.

a. All interviews conducted to gather information for a family-made arrangement will be documented in FSFN case notes within two business days.

b. The assessment of the family-made arrangement must be documented in FSFN case notes. The family-made arrangement will be reflected as a safety action in the safety plan.

c. The family arranged caregivers will be made case participants with complete contact and address information.

d. If the case is being transferred to ongoing case management services, a living arrangement in FSFN will be entered.

e. The supervisor will document the Supervisor Consultation.

# Chapter 7

## APPROVAL OF INFORMAL PROVIDERS IN SAFETY PLANS

7-1. Purpose. An “Informal Provider” is a responsible adult identified by a parent/legal guardian who agrees to provide safety management services as specified in a safety plan.

a. The child welfare professional creating or modifying the safety plan will determine that any safety plan provider is responsible, capable, and dependable to implement their role in the safety plan, including agreeing to child abuse and criminal history checks.

b. When a safety plan is necessary in response to present or impending danger, the child welfare professional will ask the parent/legal guardian, when available, if there are parents, family members, friends or neighbors who might be willing and able to provide any of the safety services needed.

c. The child welfare professional will determine that the parent(s)/legal guardian(s) are willing for the following to occur:

(1) Full disclosure to informal safety plan provider of family dynamics and conditions resulting in danger threat to the child.

(2) An agency interview with informal safety plan provider and a background check.

7-2. Interview with Informal Provider.

a. The child welfare professional will conduct an interview with the informal safety plan provider to determine if they meet all of the following criteria. See Appendix B of this operating procedure, “Safety Management Provider Can and Will Protect the Child,” for specific examples.

b. The providers must demonstrate that they:

(1) Understand and believe the danger threats.

(2) Are aligned with the child’s need for protection.

(3) Understand the protective actions they are being asked to provide.

(4) Are willing, able and have the time to provide the protective actions requested.

(5) Agree to child abuse and local/state criminal background checks and provide information as to what a records check will reveal.

(6) Agree to communicate openly and frequently with agency staff responsible for monitoring.

(7) Agree to work as a team member with other safety plan providers involved.

7-3. Background Screening.

a. After the child welfare professional has conducted an interview to determine if the informal safety plan provider is appropriate, the child welfare professional will conduct background screening to include child abuse history, a Florida Sexual Offenders and Predators registration check and local criminal history check.

b. The child welfare professional will determine whether the results of any of the background checks reveal information that may indicate a need for further information gathering and assessment. Additional information should be obtained from the individual and others who know him/her to assess whether the behaviors or circumstances that contributed to background results are still active and/or present in ways that would compromise the person's ability to provide dependable or suitable to care and/or protection for the child.

c. Informal safety plan providers will be involved in the development of the safety plan and must be provided with a copy of the safety plan.

7-4. Supervisor Consultation. As part of the Supervisor Consultation conducted to approve a safety plan, the supervisor must determine that:

a. It is clear how the informal safety plan providers will control and manage the danger threat(s).

b. Appropriate interviews, background checks and assessment of providers have been completed.

7-5. FSFN Documentation.

a. The child welfare professional will document all interviews conducted to gather information for approval of an informal safety management provider in FSFN case notes.

b. The child welfare professional will document the approved informal safety plan provider as a "Family Support Network" member, including their phone contact information on the "Professional / Family Support Network contacts" tab on the "Maintain Case" page. This information must also be recorded in the participants tab under "Family Support Network" on the FFA-Ongoing and Progress Update.

c. Any informal providers responsible for actions in a safety plan will sign the plan.

d. A copy of the safety plan with all signatures must be uploaded to FSFN within two business days of its creation or modification.

# Chapter 8

## SAFETY MANAGEMENT SERVICES

8-1. Purpose. Safety management services manage or control the condition(s) that make a child unsafe. The child welfare professional responsible for the case is responsible for overall management and monitoring of the plan. Providers of safety management services are responsible for specific safety actions in a safety plan. A safety management service manages caregiver behavior and/or emotions or replaces caregiver responsibilities when caregivers are not able to protect or care for their children.

8-2. Safety Management Service Categories and Types.

a. The child welfare professional is responsible for:

(1) Knowing which category and type of safety management service is necessary to manage the danger.

(2) Explaining to a safety management service provider the specific family conditions and circumstances that the service will manage and ensuring that the provider's actions on the safety plan will sufficiently manage the danger.

b. All of the following are different categories and types of safety management services. They may be used alone or in combination. The provider may be from the family's resource network or a formal agency. There may be local variation in the availability of formal safety management services.

(1) **Behavioral Management Category.** This category is concerned with applying action (activities, arrangements, services, etc.) that controls (not treats) caregiver behavior that is a threat to a child's safety. While behavior may be influenced by physical or emotional health, reaction to stress, impulsiveness, or poor self-control, anger, motives, perceptions and attitudes, the purpose of this action is only to control the behavior that poses a danger threat to a child. This action is concerned with aggressive behavior, passive behavior or the absence of behavior – any of which threatens a child's safety. The following are safety management service types associated with the behavioral management category.

(a) Supervision and monitoring is the most common safety service in safety intervention. It is concerned with supervising caregiver behavior, children's conditions, the home setting, and the implementation of specific activities in an in-home safety plan.

(b) Stress Reduction. In-home safety service provider (relative, friend, or formal provider) comes to the home to engage in activities that relieve family stress or funds are provided for immediate, concrete needs. The in-home presence also allows for continuous monitoring of family conditions and dynamics.

(c) Behavior modification as a treatment modality is concerned with the direct changing of unwanted behavior by means of biofeedback or conditioning. Behavior modification as a safety management service is concerned with monitoring and seeking to influence behavior that is associated with present danger or impending danger and is the focus of an in-home safety plan. This safety management service attempts to:

1. Limit and regulate caregiver behavior in relationship to what is required in the in-home safety plan.

2. Influence caregiver behavior to encourage acceptance and participation in the in-home safety plan and to assure effective implementation of the in-home safety plan.

(2) **Crisis Management Category.** The purposes of crisis management are crisis resolution and prompt problem solving in order to control present danger or impending danger. Crisis is a perception or experience of an event or situation as horrible, threatening, or disorganizing. The event or situation overwhelms the caregiver's and family member's emotions, abilities, resources, and problem solving. A crisis is an acute matter to be addressed so that present danger or impending danger is controlled, and the requirements of the in-home safety plan continue to be carried out. Crisis management is specifically concerned with intervening to:

(a) De-escalate and halt a crisis.

(b) Mobilize problem solving.

(c) Control present danger or impending danger.

(d) Reinforce caregiver participation in the in-home safety plan.

(e) Reinforce other safety management provider/resource's participation in the in-home safety plan.

(f) Avoid disruption of the in-home safety plan.

(3) **Social Connection Category.** Social connection is concerned with present danger or impending danger that exists in association with or influenced by caregivers feeling or actually being disconnected from others. The actual or perceived isolation results in non-productive and non-protective behavior. Social isolation is accompanied by all manner of debilitating emotions: low self-esteem and self-doubt, loss, anxiety, loneliness, anger, and marginality (e.g., unworthiness, unaccepted by others). Social connection is a safety category that reduces social isolation and seeks to provide social support. This safety category is versatile in the sense that it may be used alone or in combination with other safety categories in order to reinforce and support caregiver efforts. Keeping an eye on how the caregiver is doing is a secondary value of social connection (see Behavior Management – Supervision and Monitoring, paragraph 8-2b(1)(a) of this operating procedure). The following are safety management services associated with the social connections category:

(a) Friendly Visiting. Friendly visiting is directed at reducing isolation and connecting caregivers to social support. Friendly visiting can include professional and non-professional safety management providers/resources or support network. The child welfare professional will direct and coach any person responsible for friendly visiting in terms of:

1. The purpose of the safety management service.

2. How to set expectations with the family.

(b) Basic Parenting Assistance. Basic parenting assistance is a means to social connection. Socially isolated caregivers do not have people to help them with basic caregiver responsibilities. The differences between friendly visiting and basic parenting assistance is that basic parenting assistance is always about essential parenting knowledge and skills and whomever is designated to attempt to teach, model, and build skills. Basic parenting assistance is concerned with specific, essential parenting that affects a child's safety. This safety management service is focused on essential knowledge and skill a caregiver is missing or failing to perform. Typically, this is related to children with special needs (e.g., infant, disabled child) and the caregivers are in some way

incapacitated or unmotivated. Someone brought into the in-home safety plan becomes a significant social connection to help the caregiver(s) with challenges they have in basic parenting behavior, which is fundamental to the children remaining in the home.

(c) Supervision and Monitoring as Social Connection. Supervision and monitoring occurs through conversations occurring during routine safety management service visits (along with information from other sources). Within these routine in-home contacts, the social conversations can also provide social connection for the caregiver.

(d) Social Networking. In this safety management service, the child welfare professional is a facilitator or arranger. Social networking, as a safety management service, refers to organizing, creating, and developing a social network for the caregiver. The term “network” is used liberally since it could include one or several people. It could include people the caregiver is acquainted with such as friends, neighbors, or family members. The network could include new people that the child welfare professional introduces into the caregiver’s life. The idea is to use various forms of social contact, formal and informal; contact with individuals and groups; and use contact that is focused and purposeful.

(4) **Resource Support Category.** Resource support refers to the safety category that is directed at a shortage of family resources and resource utilization, the absence of which directly threatens child safety. Activities and safety management services that constitute resource support include such things as the following.

(a) Resource acquisition related specifically to a lack of something that affects child safety.

(b) Transportation services particularly in reference to an issue associated with a safety threat.

(c) Financial/Income/Employment assistance aimed at increasing monetary resources related to child safety issues.

(d) Housing assistance that seeks a home that replaces one that is directly associated with present danger or impending danger to a child’s safety.

(e) General health care as an assistance or resource support that is directly associated with present danger or impending danger to a child’s safety.

(f) Food and clothing as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.

(g) Home furnishings as an assistance or safety management service that is directly associated with present danger or impending danger to a child’s safety.

(5) **Separation Safety Category.** Separation is a safety category concerned with danger threats related to stress, caregiver reactions, child-care responsibility, and caregiver-child access. Separation provides respite for both caregivers and children. The separation action creates alternatives to family routine, scheduling, demand, and daily pressure. Additionally, separation can include supervision *and monitoring* function. Separation refers to taking any member or members of the family out of the home for a period of time. Separation is viewed as a temporary action, which can occur frequently during a week or for short periods. Separation may involve any period from one hour to a weekend to several days in a row. Separation may involve professional and non-professionals and

can involve anything from babysitting to temporary out-of-home family-made arrangements to care for the child or combinations. Separation services include:

(a) Planned absence of caregivers from the home.

(b) Respite care.

(c) Day care that occurs periodically or daily for short periods or all day.

(d) After school care.

(e) Planned activities for the children that take them out of the home for designated periods.

(f) Any arrangements to care for the child out of the home; short-term, weekends, several days, or a few weeks.

# Chapter 9

## ESTABLISH CONDITIONS FOR RETURN

9-1. Purpose. Conditions for Return are definitive written statements that must be developed when there is an out-of-home safety plan in response to impending danger. The Conditions for Return describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances, or conditions of each family.

9-2. When Conditions for Return Are Required.

a. The “Conditions for Return” will be established by the child welfare professional responsible whenever an out-of-home safety plan is necessary in response to Impending Danger.

b. The “Child Safety Analysis Summary” of the FFA-Investigations, FFA-Ongoing, or Progress Update will provide a clear, up-to-date summary as to why the family’s current circumstances do or do not meet criteria for an in-home safety plan as outlined in Chapter 3 of this operating procedure, Develop Impending Danger Safety Plan.

c. The child welfare professional will develop the Conditions for Return based on which of the five criteria for an in-home plan the family does not currently meet. Conditions for Return describe what unmet criteria will look like for this family when the criteria are met. Refer to Appendix C to this operating procedure, “Conditions for Return,” for specific examples of behaviors and conditions associated with each of the criteria for an in-home safety plan and for examples that reflect when a family meets and does not meet each of the five criteria.

d. The criteria for Conditions for Return are as follows:

(1) Whether or not the parent(s)/legal guardian(s) were willing for an in-home safety plan to be developed and demonstrated that they would cooperate with all identified safety service providers.

(a) If parent(s)/legal guardian(s) were not willing, what would need to happen in order for them to become willing?

(b) If parent(s)/legal guardian(s) could not demonstrate that they would cooperate with providers, what would they need to do to demonstrate that commitment?

(2) Whether or not the home environment was calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

(a) If the home environment was not calm and consistent enough, what exactly would need to be different in order for safety service providers to be in the home safely based upon what is making the home environment unpredictable?

(b) What behavior needs to change and how does it have to change for the environment to be calm and consistent?

(3) Whether safety services (formal or informal) were available at a sufficient level and to the degree necessary in order to manage the way in which impending danger manifests in the home.

(a) What specific safety services need to become available?

(b) If there are services that will be provided by the family resource network, what needs to happen?

(4) If a professional evaluation is needed, what needs to be learned from the evaluation in order to develop an in-home safety plan?

(5) If the parent(s)/legal guardian(s) do not have a physical location in which to implement a plan, what needs to happen in order to have a location?

e. If a child has been sheltered, after the FFA-Investigation, the In-Home Safety Analysis is completed and the Conditions for Return should become part of the court order, making it the official record and expectation that gives guidance to intervention, decisions, and subsequent court involvement concerning return of the child.

9-3. Supervisor Consultation and Approval.

a. Through case consultation, the supervisor is able to affirm that the completed FFA-Investigation, FFA-Ongoing or Progress Update demonstrates that:

(1) The child welfare professional has gathered sufficient information and is clearly able to describe how each of the five in-home criteria are met or not met.

(2) The Conditions for Return are specific given the unique family conditions.

(3) The parent(s)/legal guardian(s) were involved in the safety analysis and transition planning.

b. The proposed in-home safety plan is well-defined as to:

(1) The danger threat(s) addressed.

(2) How it addresses the child and family's specific routines and the times that the danger threat is known to manifest.

(3) Utilization of informal safety management providers, if any, who have been appropriately interviewed and screened.

(4) Utilization of safety service providers, as needed, that are appropriate and available.

(5) Transition planning and support for the child, parent(s)/legal guardian(s) and other caregivers when less frequent or less intrusive safety services are appropriate.

9-4. FSFN Documentation.

a. The investigator will use the FFA-Investigation to document the Safety Analysis Summary and Conditions for Return.

b. The case manager will use the FFA-Ongoing and the Progress Update to document the on-going assessment of Conditions for Return, any modifications to the Conditions for Return and efforts by the family to achieve the Conditions for Return.

c. If the case does not involve the use of new practice model assessment tools, case note documentation and the most recent Family Assessment will reflect the reasons why the criteria for the establishment of an in-home safety plan are not met.

# Chapter 10

## ESTABLISH FAMILY TIME/VISITATION PLAN

10-1. Purpose. Children who must be seperated from parent(s)/legal guardian(s) and siblings should be provided with family time unless there is a court order restricting or preventing visitation. Family time includes visitation and other forms of contact between children and parents, siblings who are separated, and grandparents. “Family time” is meaningful and regular contact which is intended to allow the parent(s)/legal guardian(s) the opportunity to see how their children are doing, gain confidence, demonstrate protective capacities and practice what they are learning. Family time also allows children the opportunity to be with parents and other family members they care about. Family time includes opportunities for the parent(s)/legal guardian(s) to:

a. Attend any type of school, sporting, or extracurricular activity.

b. Attend (in person or by phone) a doctor’s appointment, medication management, therapy sessions (such as family, speech, vocational, or physical), or special needs training (such as nebulizers).

c. Participate in monitored telephone calls, face-time, skyping, e-mails, letters, exchange of photographs, etc.

10-2. Safety During Visitation.

a. The visitation plan is developed and documented as one or more actions in a safety plan. In cases involving domestic violence, visitation involving a parent/legal guardian who is a survivor should be part of the Confidential Child Safety Plan.

b. The visitation plan should provide for child safety. The visitation plan will be based on the assessment of danger threat(s) and how they might manifest during caregiver visits with the child.

c. Any family member who is selected to supervise visits must be approved as an informal safety plan provider. The child welfare professional responsible for the safety plan must explain the danger threats that resulted in the need for a safety plan to any person responsible for supervision of visits.

d. When the case involves the dynamics of domestic violence, the survivor must be involved in providing feedback about the visitation plan as to:

(1) How the transfer of the children to the perpetrator should occur.

(2) Concerns as to dynamics that may occur during visitation.

(3) Input as to who should supervise the child(ren)’s visits (family members, a neutral person, others).

10-3. Court Orders.

a. Visitation between the child and the child’s parent(s)/legal guardian(s) and siblings will occur in accordance with court orders.

b. If at any time during visiation the safety of the child is compromised, visitation will be immediately suspended for up to 72 hours and the department or case manager will contact CLS to request a staffing to determine next steps.

c. Minimally, monthly visitation between the child and parent(s)/legal guardian(s) will be recommended to the court consistent with the case goal unless it is deemed not feasible or not in the best interest of one or more of the children concerned. If monthly visitation between the child and parent(s)/legal guardian(s) is not recommended to the court, the court will be advised of the reasons for the recommendation.

(1) When there is a recommendation of no visitation or less than monthly visitation because it is not in the best interest of the child, the court will be provided documentation of the reason. This documentation will also be recorded in the case record.

(2) If the court does not order particular locations, times, or conditions for visits, the child welfare professional will make concerted efforts to arrange all visits between children and parent(s)/legal guardian(s) in a setting that is not traumatizing to the child. To the extent possible, visitation will occur in a home-like setting and not in an institutional setting or office. However, the safety of the children being visited will always be the primary consideration.

(3) Visitation between a child in out-of-home care and the child's parent(s)/legal guardian(s) may be arranged and supervised by the caregiver if the court approves. If the caregiver is unwilling or unable to assume this responsibility, visitation between the child in out-of-home care and that child's parent(s)/legal guardian(s) will be arranged and supervised by a safety services provider, formal or informal, approved in accordance with Chapter 7 of this operating procedure.

10-4. Observations of Visits.

a. Visits will be supervised and observed when necessary for child safety as supported by the Safety Analysis.

b. Supervision of court-supervised cases must be in accordance with the court order.

c. If the child welfare professional is not directly responsible for supervising visits, he/she must communicate with any person supervising visits so that they are familiar with both the strengths and challenges associated with the parent/legal guardian's diminished protective capacities. In addition, the child welfare professional will:

(1) Discuss with the person(s) responsible for supervision what should be observed during visits for purposes of evaluating progress with diminished protective capacities.

(2) Gather direct feedback from the person supervising visits to inform the ongoing evaluation of protective capacities, in particular any protective capacities associated with Conditions for Return.

10-5. FSFN Documentation. The visit occurrence, activities and interractions observed between the child and parent(s)/legal guardian(s) and/or sibling(s) during the visit will be documented in the FSFN Case Plan worksheet within two business days of the visit.

# Chapter 11

# MANAGE SAFETY PLANS

11-1. Purpose. Safety management is the active monitoring of a safety plan to determine it is working effectively to protect the child(ren) from identified danger threats. Safety management activities are non-negotiable regardless of the type of safety plan. The primary child welfare professional responsible for the case will continuously monitor and assess the family's condition and dynamics to inform on-going safety planning and plan modification. Safety management includes the timely modification of any plan when more intrusive, or less intrusive, actions are possible due to changes in family dynamics or conditions.

11-2. Child, Parent/Legal Guardian and Caregiver Contact Requirements.

a. The primary child welfare professional responsible for the case will continuously assess the family's condition and dynamics in order to determine that the safety plan is dependable, sufficient and reflects the least intrusive actions necessary to protect the child.

b. When a child is in an out-of-home safety plan in a different jurisdiction, the child welfare professional with primary responsibility is responsible for communicating with the secondary worker involved to learn how the child and caregiver are doing, determine if there are actions needed and to share information about parent(s)/legal guardian(s) progress in meeting Conditions for Return.

c. The safety plan will be monitored by the child welfare professional responsible based on the following minimum contact requirements unless the safety plan for the family requires more frequent contact. All child contacts will include observations and private discussion with the child as to the child's safety in their home or placement and the child's well-being.

d. When a child is with a parent/legal guardian in a certified domestic violence shelter or a residential treatment program, the child welfare professional will coordinate any required contacts with program staff and contacts may occur outside of the facility.

e. If a child is on runaway status or his or her whereabouts are unknown, the child welfare professional shall meet the requirements of Rule 65C-30.019, F.A.C.

f. Initial face-to-face contacts with the child and caregiver willl occur at least once every seven (7) days as follows:

(1) For all in-home safety plans, face-to-face contacts every seven days with the child and caregiver will be conducted for the first 30 days from the time the initial safety plan was established.

(2) For all out-of-home plans, face-to-face contacts with the child and caregiver will be conducted as long as the child in an out-of-home plan remains in shelter status.

g. After case transfer, the case manager will:

(1) Provide initial face-to-face contact with child(ren) within two working days of case transfer or the date of court supervision, whichever is earlier (Rule 65C-30.007(1)(b), F.A.C.).

(2) Within five business days after the case is transferred from investigations or another case manager, confirm that the ongoing safety plan is sufficient.

(3) Modify the frequency of face-to-face contact while the child is in shelter status only after the case manager's supervisor documents in FSFN that all of the following conditions have been met:

(a) The child is in the care of a relative, non-relative, or a licensed foster parent and is not demonstrating any behaviors that may lead to a placement disruption.

(b) The child has not experienced any placement changes and the case has been open to case management for more than 30 days.

(c) The child's needs have been assessed and all therapeutic services needed are being provided.

(d) The child, if developmentally appropriate, and the out-of-home caregiver are in agreement with the modification to the frequency of contact with the case manager.

(4) Provide face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. If the child lives in a county other than the county of jurisdiction, this shall be accomplished as provided in Rule 65C-30.018, F.A.C.

(5) Make an unannounced visit to the child's current place of residence at least every 90 days, or more frequently if warranted based on the safety plan.

(6) Maintain regular face-to-face contact a minimum of every 30 days with the parent(s)/legal guardian(s) and caregiver of any child unless parental rights have been terminated or the court rules otherwise. If the parent(s)/legal guardian(s) or caregiver lives in a county other than the county of jurisdiction, this shall be accomplished as provided by Rule 65C-30.018, F.A.C. During these contacts, the case manager shall discuss with parent(s)/legal guardian(s) or caregiver the safety plan, the case plan progress and the child's progress in terms of health, and well-being.

11-3. Communication with Safety Service Providers.

a. The investigator with primary responsibility will conduct contacts with all safety service providers every 7 days.

b. The case manager with primary responsibility will monitor through contacts with all safety service providers no less than every 30 days and as frequently as is necessary to manage the effectiveness and dependability of the safety plan.

c. The child welfare professional responsible for the safety plan will also gather information from other persons who see the child on a consistent basis to discuss how the child appears to be doing and whether there are any safety concerns.

d. The child welfare professional's monitoring activities regarding a safety plan will include the following activities:

(1) Verify that all safety service providers know the name and contact information for child welfare professional responsible for managing the plan.

(2) Confirm with safety service providers what actions they are providing.

(3) Assess whether there have been any changes in parent/legal guardian conditions, attitude, ability or willingness to support the current in-home plan.

(4) Determine whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.

(5) Determine whether the condition of the child is satisfactory and that the plan is working dependably to protect the child.

(6) Confirm that all safety plan providers know what actions to take and who to notify immediately if problems arise.

(7) Assess and assist the parent(s)/legal guardian(s) with Conditions for Return to achieve reunification.

(8) Assess whether any critical junctures are anticipated that may destabilize conditions in the home, such as the birth of a new child or other significant change in household composition.

11-4. Modifications to Safety Plans.

a. The child welfare professional will exercise due diligence to modify safety plans in response to changing family dynamics, including when the Conditions for Return are achieved.

b. Circumstances Requiring Modifications of a Safety Plan. The child welfare professional will create a new safety plan when any of the following changes occur:

(1) A new danger threat has been identified.

(2) Danger threats have been eliminated.

(3) Parent(s)/legal guardian(s) meet the Conditions for Return.

(4) There are changes in family dynamics or conditions which change the types and or level of safety services needed, including but not limited to:

(a) A new child is born or comes into the home.

(b) A parent/legal guardian returns to the home.

(c) The parent/legal guardian becomes involved in a new intimate partner relationship.

(d) There are significant changes to household composition.

(e) There are changes in the availability of a physical location in which the safety plan can be implemented.

(f) The safety plan needs to become an out-of-home plan.

c. Actions Required. The primary child welfare professional will take the following actions to create a new safety plan:

(1) Take protective actions immediately in order to keep the child from being harmed prior to leaving the home when present danger is evident per requirements in paragraph 1-6 of this operating procedure.

(2) To the extent possible the child welfare professional, the parent(s)/legal guardian(s), and any providers involved in the formulation of the original safety plan will collaborate to revise the safety plan.

(a) Adhere to special considerations in cases involving the dynamics of domestic violence as specified in Chapter 4 of this operating procedure.

(b) Review and discuss current family dynamics and conditions relative to criteria for an in-home safety plan or Conditions for Return.

(c) Review each specific component of the safety plan and whether any modifications are necessary.

(d) Identify options for plan modifications needed, eliciting family resources and solutions.

(e) Agree on modifications.

(f) Follow up with CLS when a safety plan is part of the court order.

(3) Identify whether there are ways to manage the identified danger threat with the child in the home and, if yes, contact persons or providers who can participate in providing safety services in an ongoing safety plan.

(4) Consult with his/her supervisor if assistance is needed in developing a sufficient ongoing safety plan.

11-5. Supervisor Consultation and Approval.

a. The supervisor will review the circumstances surrounding any attempted contacts with a child or parent/legal guardian that are required and establish any expectations as to further efforts to complete the visit.

b. A supervisor consultation is required as follows:

(1) To the extent practical, a telephonic consultation should occur between the supervisor and the investigator or case manager when either one encounters present danger in the field and is implementing a present danger plan or otherwise modifying an existing safety plan.

(2) When a case manager in the field encounters a new danger threat or other change in family dynamics that requires a safety plan modification prior to leaving the home.

(3) When a safety plan is modified based on a change in one of the five criteria for an in-home safety plan in paragraph 3-2 of this operating procedure.

c. The case consultation will include the following actions:

(1) Determine if the case manager is clearly able to describe and document how Impending Danger is manifesting in the home.

(2) Determine that the plan is the least intrusive and most appropriate.

(3) Determine if the parent(s)/legal guardian(s) were involved in the ongoing assessment.

(4) Assess how the Safety Plan is controlling and managing the identified danger threats while services are delivered.

11-6. FSFN/Documentation.

a. Within two business days of any safety plan monitoring activity, the primary child welfare professional will document in contact notes any assessment information requested or gathered, or action related to the assessment of safety plan sufficiency. The primary worker will use the FSFN Case Note page to:

(1) Document which case participants the note pertains to as well as required activities associated with a single contact.

(2) Document required face-to-face contacts including reasons not seen as well as any telephone contacts.

b. The primary child welfare professional will document modifications to any existing Safety Plan by terminating the current Safety Plan in FSFN and creating a new version. As information from the prior safety plan will pre-populate when a new safety plan is created, the date needs to be changed to capture the date of the modification as well as the changes to the plan being made. This will allow for a complete history of the safety plans. A significant safety plan modification which requires the creation of a new safety plan in FSFN includes the following:

(1) One or more new safety management services are being added to the plan.

(2) There is a substantial change in the level of intrusiveness of the plan (e.g., afterschool supervision decreases from 5 days a week to one day).

(3) There is a change in informal safety management providers.

c. When a new safety plan is created, the child welfare professional will upload the signed version of the updated plan into FSFN using the Safety Plan page within two business days of the plan’s creation.

d. The case manager will formally document an updated safety analysis when completing the FFA-Ongoing and any Progress Updates.

e. The supervisor or case manager will record supervisor case consultations about safety plans within two business days using Case Note functionality in FSFN.

# Chapter 12

## IMPLEMENT REUNIFICATION AND POST-PLACEMENT SUPERVISION

12-1. Purpose. Per s. 39.521(e)(9), F.S., the reunification decision evaluates the extent to which the circumstances and behavior identified in the Conditions for Return can now be met and if safety of the child(ren) can currently be managed using an in-home Safety Plan. The court may reunite a child with either parent, regardless of the custody arrangement at the time of the child's placement. Reasonable efforts require that any child with an out-of-home Safety Plan should be reunified as promptly as is safe and appropriate. Reunification is active as of the date the child returns to the home with an in-home Safety Plan.

12-2. Due Diligence to Achieve Reunification.

a. The case manager will clearly communicate and discuss the Conditions for Return to everyone involved in the case including the parent(s)/legal guardian(s), the court, attorneys, guardian ad litem, child (if appropriate), Tribe(s), etc., through regular court reports, case plan reviews, discussions, and other forms of communication.

b. The case manager is responsible for a constant and intense level of effort to achieve reunification through the following activities:

(1) Assist the family with meeting the Conditions for Return.

(2) Support the frequency and quality of family time that provides the parent(s)/legal guardian(s) with opportunities to demonstrate progress toward enhancing protective capacities.

(3) Know when the Conditions for Return have been met.

(4) Take actions to achieve reunification with development of an appropriate in-home Safety Plan.

c. The case manager should proceed with reunification planning when the following criteria for an in-home Safety Plan have been met:

(1) The parent(s)/legal guardian(s) are willing for an in-home Safety Plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

(2) The home environment is calm and consistent enough for an in-home Safety Plan to be implemented and for safety service providers to be in the home safely.

(3) Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.

(4) An in-home Safety Plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

(5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home Safety Plan and an assessment of the location and household members has been completed by the investigator, or the case manager has confirmed that the location provides a safe and reasonable setting. The location may include any of the following examples:

(a) A location that the parent(s)/legal guardian(s) own or are renting.

(b) The home of a family member or friend.

(c) A certified domestic violence center or treatment center that will allow the child(ren) to be reunified and will support an in-home Safety Plan.

d. Updated local criminal history checks have been completed on the parent(s)/legal guardian(s), and Florida and local criminal history checks, including required fingerprint submission for any household members 18 years of age or older. The analysis of these results must be captured in the Progress Update.

e. A Progress Update has been completed and contains documentation of criteria in paragraphs 12-2c(1)-(5) and 12-2d of this operating procedure.

f. A Supervisor Consultation has occurred.

12-3. Planning Conference Associated with Reunification.

a. Planning will occur at a safety planning conference with the parent(s)/legal guardian(s), treatment providers, foster parents and any safety plan providers. If a treatment provider is unable to attend in person or by other means, their input will be gathered prior to the conference. A family team meeting may be used for the purposes of planning reunification.

b. The following issues will be addressed:

(1) Review of the Progress Update to discuss the updated protective capacity assessment and safety analysis.

(2) Development of the in-home Safety Plan.

(3) Determination as to whether the child in care has any behaviors that pose a threat to self or others that need to be addressed.

(4) Determination as to what other actions and supports are necessary to transition the child to his/her parent(s)/legal guardian(s) care.

(5) Identification of supports and/or services necessary to assure a timely, smooth, and successful adjustment for the child and family after the transition occurs.

12-4. Implementation of Reunification.

a. The case manager will determine that based on the in-home Safety Plan developed at the reunification planning conference:

(1) Safety services are available and accessible at the level of effort required to assure safety in the home.

(2) Safety service providers are committed to participating in the in-home Safety Plan.

(3) The in-home Safety Plan will provide the proper level of intrusiveness and level of effort to manage safety threats.

(4) The child, the caregivers, other family members and any treatment providers are prepared for reunification.

(a) For the child, this includes agreement that the child's well-being, physical, mental and emotional health will not be endangered.

(b) For the parent, this includes agreement as to how the parent(s) will address the child's well-being, physical, mental and emotional needs.

b. If a case is court supervised, the case manager will conduct a staffing with CLS to prepare an appropriate pleading to the court for reunification. The court is required to review the conditions for return and determine whether the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home Safety Plan prepared or approved by the Department or Community-Based Care Lead Agency (Lead Agency) will not be detrimental to the child's safety, well-being, and physical, mental, and emotional health.

c. The case manager must implement the child's transition and reunification as ordered by the court. Action should begin to transition and reunify based upon the order of the court (verbal or written).

12-5. Post-Placement Supervision.

a. Within five business days after the child is reunified, the case manager and supervisor will confirm that the ongoing Safety Plan is sufficient.

b. Per s. 39.521(7), F.S., post placement supervision in court-supervised cases will be provided for no less than six (6) months after reunification with each parent or legal custodian from whom the child was removed.

c. The case manager will actively monitor and modify the in-home Safety Plan in accordance with paragraphs 11-2 and 11-3 of this operating procedure.

d. The case manager will continue to assess the parent(s)/legal guardian(s) progress in achieving change in accordance with CFOP 170-9, Chapter 6, Evaluating Family Progress.

e. The case manager should terminate a Safety Plan in accordance with Chapter 13 of this operating procedure when the Safety Plan is no longer necessary.

12-6. Supervisor Consultation and Approval.

a. The supervisor is responsible for case consultation focused on the family's progress to meet Conditions for Return and the information in the assessment supports the child safely returning to the parent(s)/legal guardian(s).

b. Prior to reunification, the case management supervisor has conducted a consultation with a program manager, or their designee and they concur that a reunification should occur.

c. The supervisor should consider the case manager's need for consultation in the following areas:

(1) The case manager's consistent monitoring and assessment of family progress in meeting the Conditions for Return. Is the child welfare professional focusing on behavioral change by caregivers, or compliance?

(2) Is the case manager providing reasonable methods of supporting the parent(s)/legal guardian(s) ability to achieve Conditions for Return?

(3) If there are differences of opinion regarding the parent(s)/legal guardian(s) level of progress, does the child welfare professional attempt to reconcile those differences?

(4) Is the child welfare professional open to considering a lack of progress based on system issues, such as:

(a) A Safety Plan that is inadequately designed?

(b) Service providers whose services are not adequate for the interventions needed?

(5) Is the child welfare professional assessing the behaviors and conditions that relate to the central issues of the danger threats and gaps in protective capacities?

(6) Is there a thoughtful distinction between all the central problems being resolved and enough of a change in caregiver conditions or capacities that an in-home Safety Plan can be implemented?

(7) Does the evaluation carried out by the child welfare professional reflect critical thinking and teamwork?

12-7. FSFN Documentation.

a. The child welfare professional or supervisor will record supervisory case consultations for reunification using the supervisory case consultation functionality in FSFN.

b. The case manager will use the Progress Update and Judicial Review in FSFN to update the safety analysis and document the evaluation of family progress.

c. The child's placement and removal episode will be end-dated, and the child's current living arrangement documented in FSFN when the child returns to the parent(s)/legal guardian(s) home.

d. The new in-home Safety Plan signed by all parties will be uploaded into FSFN to the Safety Plan page prior to the child's date of reunification.

# Chapter 13

## DISCONTINUE A SAFETY PLAN

13-1. Purpose. To provide standardized criteria used for the discontinuation of an agency-managed safety plan for families receiving case management supervision. Standardized criteria guard against safety plans being left in place when less intrusive actions are appropriate and, conversely, safeguard against a plan being terminated prematurely when the child remains unsafe.

13-2. Actions To Discontinue a Safety Plan.

a. A safety plan should be discontinued and a case should be closed when a determination has been made that the child is now safe based upon the following:

(1) The child's parent(s)/legal guardian(s) have substantially achieved all of the outcomes in the case plan pertaining to improved caregiver protective capacities and a safety plan is no longer necessary.

(2) A Progress Update has been completed that provides sufficient information and analysis that caregiver's protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).

(3) The child's parent(s)/legal guardian(s) have not achieved outcomes in a case plan, the relative/non-relative caregiver has a demonstrated history of protecting the child from the danger threats associated with the parent(s)/legal guardian(s) and either of the following have occurred:

(a) A relative or non-relative has obtained Temporary Custody pursuant to Chapter 751, F.S.

(b) The child has achieved a permanency goal under s. 39.621, F.S., pursuant to dependency court proceedings.

b. In cases involving court supervision, there must be a Progress Update that provides the following:

(1) Include the basis for requesting discontinuation.

(2) Indicate the involvement of the parent(s), legal custodian, or legal guardian and the child, if appropriate, in making the decision about discontinuation.

(3) Verification of successful change in identified behaviors and enhanced protective capacities including written input and comments from service providers about the proposed termination of services/supervision.

c. In cases where other agencies or persons, such as the guardian ad litem or citizen review panels, are involved with the family, these agencies or individuals must be provided with written notification when supervision is to be terminated or such recommendation is to be made to the court. This written notification must be documented in the case record.

13-3. Discontinuing a Safety Plan for Children Placed Out-of-State.

a. Discontinuation of a safety plan in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the following:

(1) The prior written concurrence of the receiving state Compact office before any action to terminate can be accomplished.

(2) Such other state's written concurrence must be placed in the case record upon receipt and a copy attached to the appropriate report to the court.

(3) An approved Progress Update.

b. The unit supervisor will not approve a judicial case for closure until the court terminates supervision and a copy of the termination order is in the case record.

13-4. Discontinuing a Safety Plan for Family Unable to Locate.

a. When the case manager has been unable to locate the family using all available sources of information, a Progress Update is prepared which documents all efforts made to locate the family.

b. A written order from the court releasing the Department from further supervision must be received prior to terminating court-ordered supervision/services.

13-5. Family with Unsafe Child(ren) Refuses to Participate in Safety and Case Planning.

a. A Supervisor Case Consultation must be conducted when a family is no longer willing to support a safety plan or to participate in a case plan. The purpose of the consultation is to help the case manager remain objective and analytical about case dynamics. The focus should be on the case manager's perceptions and behaviors, and role as a helper to facilitate family change.

(1) Help the case manager assess their level of engagement and potential ways to strengthen their efforts. The following issues should be discussed:

(a) Level of case manager's understanding and empathy with caregivers.

(b) Strategies to deal with resistance including coaching on interpersonal techniques. If the caregiver was openly hostile or rebellious, how did the case manager lower their authority and support self-determination?

(c) If the caregiver is apathetic and passively resistant to intervention, how did the case manager attempt to empower the caregiver?

(2) Help the case manager assess the current case plan for achieving change and potential ways to strengthen it. The following issues should be discussed:

(a) Is there agreement with the family as to child needs? Is there agreement with the caregiver as to what must change in order to meet the child's needs? If not, how could the child welfare professional revisit that discussion?

(b) Are case plan outcomes individualized and written using the caregiver's language? Are outcomes described in enough detail to provide benchmarks for change? Are the outcomes sequenced in a way to provide the caregiver with small, reasonable steps towards achieving success?

(c) What specific strategies are being used in the change process for this child and family? What are the suggestions of other team members for improving the change process?

(d) How well are resources matched to the strategies that are intended to meet needs and achieve planned outcomes?

(e) Are services that are being provided to child and family working well? If not, why not?

(f) Are other services necessary to protect the health and safety of the child or, when necessary, protect others from the child?

b. Are there any identified needs for changing service providers? If so, can a timely change be made?

c. A staffing with CLS, the primary child welfare professional responsible and the supervisor must be conducted when any of the following have occurred and the supervisor has conducted one or more consultations with the case manager to remedy the problem:

(1) CLS has determined that there is not legal sufficiency to file a petition.

(2) A petition has been filed and denied by the court.

d. During the staffing, participants will determine the following:

(1) The best options to re-engage the family.

(2) Determine whether there needs to be additional information gathering to improve an understanding of danger threats, when they are operating, and the analysis of caregiver protective capacities.

(3) Strategies and options to develop and implement an in-home safety plan.

13-6. Court Orders Case Closed Involving Unsafe Child.

a. The Supervisor will conduct a case consultation with the case manager to determine the most appropriate means for communication with the caregivers, family members, and team members as to the court's decision.

b. The child welfare professional will record all activities to communicate and implement the court's decision in FSFN.

13-7. Supervisor Consultation and Approval.

a. For discontinuation of a Present Danger Plan, the supervisor will review a completed Family Functioning Assessment-Investigation for sufficient information and analysis that caregiver protective capacities are adequate and danger threats have been eliminated or are being managed by the parent/legal guardian.

b. For discontinuation of a safety plan during on-going services, a Progress Update has been completed that provides sufficient information and analysis that caregiver protective capacities are adequate and danger threats have been eliminated or are being managed by the parent(s)/legal guardian(s).

13-8. FSFN Documentation.

a. Document the progress made toward alleviating danger by enhancing caregiver protective capacities, which resulted in Department intervention in a Progress Evaluation.

b. Document the Supervisor Consultation and approval.

c. The following FSFN resource is located on the FSFN “How Do I Guide” page: Safety Plan User Guide.

# Safety Planning Analysis

*Developed by ACTION for Child Protection, Inc. In-Service Training as part of in-service training on "Developing Safety Plans" under DCF Contract # LJ949.*

The purpose of this process is to analyze Impending Danger, family functioning, and family and community resources in order to produce a sufficient Safety Plan. This analysis depends on having collected sufficient pertinent, relevant information. This analysis occurs as a result of a mental and interpersonal process between caregivers, a family, a child welfare professional, a supervisor, family supports, and other people resources. The intention is to arrive at a decision regarding the most appropriate and least restrictive means for controlling and managing identified Impending Danger Threats and therefore assuring child safety.

There are several essential analysis questions that must be explored in order for investigators or case managers to have heightened confidence in the sufficiency of the Safety Plan. The Safety Plan Analysis questions are as follows:

**Question #1:**

**The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.**

*Willing to accept and cooperate* refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

**Justification for Use of an In-home Safety Plan:**

- Caregiver agrees to and goes along with an in-home safety plan;
- Caregiver has demonstrated willingness and cooperation in previous safety plans;
- Caregiver understands what is required to implement an in-home safety plan and agrees to allow others into the home at the level required;
- Caregiver avoids interfering with the in-home safety plan generally and safety service providers specifically;
- Caregiver is open to exploring in-home safety options;
- Caregiver can participate in discussions about child safety, safety management, and in-home safety planning;
- Caregiver does not reject or avoid involvement with the CPS;
- Caregiver is willing to consider what it would take to keep the child in the home;
- Caregiver is believable when communicating a willingness for cooperating with an in-home safety plan;

- Caregiver is open to the parameters of an in-home safety plan, arrangements and schedules, and safety service providers;

- Caregiver identifies him/herself as a primary caregiver for a child;

- Caregiver demonstrates an investment in having the child remain in the home;

- Caregiver [name] acknowledges the needed to become invested in intervention [can identify specifics such as services, schedules, etc.] and is actively taking steps to become positively involved [e.g. participating in the case plan], and in-home safety services can sufficiently manage behavior [describe specifically what behavior must be managed] that continues to exist;

- Caregivers are open to discussing the circumstances surrounding the child's injury, they are cooperative and actively engaged in intervention, and interactions between caregivers and the child indicate strong attachment, caregivers and are demonstrating progress toward achievement of treatment plan goals.

**Justification for Why an In-Home Safety Plan could NOT be Used:**

- Caregiver is argumentative and confrontational during discussions regarding the use of a safety plan;

- Caregiver demonstrates signs of fake cooperation;

- Caregiver has failed to cooperate with previous safety plans that resulted in children being unsafe;

- Caregiver pushes back and/or is not accepting when confronted with the realities of what an in-home safety plan would involve;

- Caregiver is openly and assertively hostile regarding the use of an in-home safety plan;

- Caregiver assertively justifies behavior and openly and adamantly rejects the need for a safety plan;

- Caregiver refuses access and/or only interacts minimally with the agency to avoid trouble;

- Caregiver expresses no willingness to do anything for the child;

- Caregiver expresses a desire to hurt the child and does not want the child around;

- Caregiver does not want to care for the child and feels no attachment;

- Caregiver thinks that he or she may or will hurt the child and requests placement.

**Question #2:**

**The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.**

*Calm and consistent* refers to the environment, its' routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

**Justification for Use of an In-Home Safety Plan Related to the Home Environment:**

- The home environment circumstances are consistent enough to be amenable to being organized and can be sufficiently controlled and managed by in-home safety services.
- While a family may experience a crisis from time to time, these do no disrupt in-home safety services and it is reasonable to expect that the in-home safety services can support crisis resolution.
- Overall home environment is consistent and predictable enough to accommodate In-home safety services at the required level (as planned); assure the personal safety of safety service providers; and allow and assure that safety services occur as planned.
- Caregiver or other family member behavior and emotions are not aggravated, erratic, extreme, all consuming and can be sufficiently controlled and managed by in-home safety services.
- Family and individual family member routines, schedules, and daily life support the ability to develop an in-home safety plan targeting specific days and times.
- The family situation is generally predictable from week to week.
- There is a reasonable understanding of how the family operates/manages on a routine basis so that safety services can effectively target and control Impending Danger when and how the Impending Danger occurs.
- The day-to-day dynamics of the home situation and interaction among family members has a reasonable level of reliability.
- There is a reasonable level of reliability that inhabitants, circumstances won't change without reasonable notice.

**Justification for Why an In-Home Safety Plan could NOT be Used Because of the Home Environment:**

- Chaotic home environment; disruptive; unpredictable; no routine and organization; numbers of people or families in-home creating a lack of stability; or other home environment issues which compromise use of safety service providers;
- Someone resides in the home who is directly threatening to the child;
- Unknown or questionable people (who could be a danger to a child or disrupt the in-home safety plan) have access to the household at any given time;
- Individuals who may be residing off and on in the home but who cannot be confirmed and/or accounted for because they have been avoiding contact;
- A child's injury has not been explained at the conclusion of the FFA and there is firm belief that someone in the home or associated with the home had opportunity and something to do with the injury. [A *qualification with respect to unexplained injuries and in-home safety plan is that consideration must be given to whether a protective adult can be available to the child at all times (e.g., caregivers, other children, other family members, others associated with the family.)]*

- There is no apparent structure or routine in the household that can be established on a day to day basis, and therefore an in-home safety plan cannot be developed to accommodate the inconsistency;

- In-home safety services cannot sufficiently target specific days and times when Impending Danger threats may become active, because negative conditions associated with Impending Danger are pervasive with no predictability;

- The interactions among family members are so unpredictable, chaotic and/or dangerous that in-home safety services cannot sufficiently control and manage behaviors on a consistent basis;

- Violence in the household is unchecked and/or fighting among family members/others in the household is pervasive OR totally unpredictable and therefore uncontrollable, and in-home safety services cannot sufficiently control the behavior OR there is a belief that safety service providers would not be safe;

- A child is extremely fearful of the home situation or people in the home or frequenting the home and this fear can be observed and attached to its source.

**Question #3:**

**Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.**

There are two focuses in this question, first being the examination of how an Impending Danger Threat exists and operates within a family and secondly the availability of resources.

Impending Danger: This emphasizes the importance of the *duration of an Impending Danger Threat*. Consideration should be given about whether a long-standing Impending Danger Threat is more deeply embedded in individual and family functioning, a more habitual way of behaving. Reasonably long-standing Impending Danger Threats could be harder to manage. The intensity of an Impending Danger Threat should be factored in. This means that duration of an Impending Danger Threat should be qualified by how intense it is operating. An Impending Danger Threat that is at onset but highly intense also could be difficult to manage.

The *frequency* of occurrence is directly related to defining when Safety Services and activities have to be in place. For instance, if an Impending Danger Threat occurs daily, Safety Management must be daily.

The more *predictable* an Impending Danger Threat is with respect to when it will occur and with what intensity, the more precise a Safety Plan can be. For instance, if violence in the home occurs every payday and the dad is drunk and highly aggressive, Safety Management must include someone in the home at that time that can deal with such a person or must separate the children from the home during that time. Impending Danger Threats that are not predictable are more difficult to manage since it is not clear when they will occur and perhaps with what intensity. *Unpredictable Impending Danger Threats* suggest conservative planning with higher level of effort or methods for monitoring conditions and circumstances associated with an Impending Danger Threat becoming active.

Are there specific times during the day, evening, night, etc. that might require “special attention” due to the way in which the Impending Danger Threat is occurring? This question is related to frequency and predictability, but reduces the judgment about occurrence down to *exact times that are of special concern* when an Impending Danger Threat is active and/or when no protective resource is in the

home. A sufficient Safety Plan assures that these special times are fully managed including any inconvenience for off office hours.

Do Impending Danger Threats prevent a caregiver from adequately functioning in primary roles (i.e., individual life management and parenting)? This question qualifies the *capacity of the caregiver*; it does not necessarily result in a conclusion obviating an In-Home Safety Plan. It does provide a judgment about how much can be expected of a caregiver in whatever Safety Plan option is selected.

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the Safety Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the *understanding of the manifestation of Impending Danger Threats.*

Safety Management Services are dependent upon the identified impending danger threat. *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

**Justification for Use of an In-Home Safety Plan:**

- Adequate resources are available to consider planning for an in-home safety response;
- Identified safety services that are available match up with how or when Impending Danger is occurring;
- Safety services and corresponding providers are logical given family circumstance and what specifically must be controlled, managed, or substituted for to assure child safety;
- There is confidence that safety service providers are open and understanding of their role for assisting with an in-home safety plan;
- There is confidence that safety service providers will be committed to assisting with an in-home safety plan;
- Safety service providers can be verfied as suitable and acceptable;
- Safety services are immediately available and accessible according to time and proximity.

**Justification for Why an In-Home Safety Plan could NOT be Used:**

- The are no in-home safety service resources available;
- Some safety service resources are available BUT the service that can be provided does not logically match up with the Impending Danger;
- Safety services are not fully accessible at the time necessary to sufficiently control and manage Impending Danger; and/or
- Safety service resources have been identified but have been determined to not be suitable.

**Question #4:**

**An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.**

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

It must be clear how Impending Danger Threats are manifested and operating in the family before a determination can be made regarding the type of Safety Plan required (i.e., In-Home Safety Plan, Out-of-Home Safety Plan or a combination of both). This emphasizes the significance of the First Safety Planning Analysis Question; it can be concluded that additional information collection and study is necessary if confidence doesn't exist concerning the understanding of the manifestation of Impending Danger Threats.

If indications are that Impending Danger Threats are constantly and totally incapacitating with respect to caregiver functioning, then an Out-of-Home Safety Plan is suggested. This calls for a professional judgment about the extent of the incapacitation.

**Justification for Use of an In-Home Safety Plan:**

- Caregiver has daily, reasonable intellectual functioning to sufficiently participate in an in-home safety plan;
- Limitations in caregiver's intellectual functioning can be sufficiently compensated for, controlled or managed by necessary in-home safety services;
- Caregivers are emotionally stable enough to sufficiently participate and cooperate with in-home safety services, including being reality oriented, able to generally track conversations and not a danger to self or others;
- Issues associated with out of control caregiver emotional functioning can be sufficienty controlled and managed on a consistent basis by others who can supervise and monitor;
- Limitations in caregiver physical abilities and functioning can be sufficiently compensated for and managed by necessary in-home safety services;
- Caregiver's attitudes, beliefs, perceptions may be negative and out of control BUT they are not extreme AND can be sufficiently supervised and monitored by safety services to assure child safety.

**Justification for Why an In-home Safety Plan could NOT be Used:**

- Caregivers are so cognitively limited that they cannot carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>
- Caregivers' physical limitations coupled with the child's specific vulnerabilities (age, size, special needs) result in not being able to carry out basic behaviors consistent with a child's essential needs <u>even with reasonable controls possible through an in-home safety plan;</u>

- A child has exceptional needs which the parents/caregivers cannot or will not meet and requirements to meet the child's needs are not possible within the home setting or through controls that can be established with an in-home safety plan;

- A caregiver's emotions and behaviors related to individual functioning are so insufficient and incapacitating, unpredictable, dangerous, etc., that they cannot do what is minimally required to support an in-home safety plan and there is no other adult who can be responsible at the required level to assist with supporting an in-home safety plan;

- A caregiver is totally out of touch with reality and is unwilling to agree to take steps to stabilize his or her and the behavior;

- A caregiver's emotional disturbance is extreme, pervasive and/or unpredictable thus making it uncontrollable with the use of an in-home safety plan;

- Caregivers' own needs are so pre-dominant and pre-imminent to a child's needs that they are completely consuming and void of any recognition or accounting for the child's needs, and in-home safety services would not be sufficient to compensate for the caregivers' behaviors, motivations, and limitations;

- Caregiver behavior is extreme and so out of control (constant/ completely unmanaged substance use, overwhelming depression, etc.) that in-home safety services cannot sufficiently control and manage the behavior as required to assure safety.

**Question # 5:**

**The parents/legal guardians have a physical location in which to implement an in-home safety plan.**

*Physical location* refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed and (2) caregivers live their full time.

Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live their full time, etc.).

**Justification for Use of an In-Home Safety Plan:**

- Residence has been established for sustained period;

- Caregivers have history of being able to maintain a place to live;

- Caregivers may have housing difficulties BUT there is no indication that repeated difficulties with maintaining housing is characteristic of larger adult fucntioning issues;

- Caregivers can be counted on to continue residing in current location;

- No indication that caregivers will flee;

- Residence (e.g., home, trailer, apartment, hotel, shelter situation- in specific cases) is sufficient to support the use of an in-home safety plan;

- Co-habitable situation (friends, immediate, or extended family) are acceptable depending on who others are who reside in the home;

- Minimal adequacy of the dwelling in terms of space, conditions, utilities, etc.

**Justification for Use of an Out-of-Home Safety Plan:**

- No residence;
- No stable residence;
- Living situation clearly transitional and unpredictable (not necessarily precluding the use of a shelter setting);
- Temporary arrangement with relatives or others that is likely to change;
- Residence is dangerous, unfit home, structurally hazardous;
- There are insufficient financial resources to provide and maintain living environment, and the lack of resources cannot be quickly compensated for with in-home safety services; and/or
- Caregivers are unable or unwilling to use family financial resources to provide a minimally adequate living situation and necessary protection and care for their children.

# Safety Management Provider Can and Will Protect the Child

The following are examples which should support the determination that a caregiver and any other informal or formal safety management provider can and will protect the child against danger threats. These examples reflect behaviors that the primary child welfare professional responsible should expect to observe in any individual being considered for a safety management service or who is being monitored as a provider in a safety plan.

- Caregiver/safety management provider has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.
- Caregiver/safety management provider has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.
- Caregiver/safety management provider can specifically articulate a plan to protect the child, such as the caregiver leaving with the child when a situation escalates, calling the police in the event a restraining order is violated, etc.
- Caregiver/safety management provider believes the child's report of maltreatment and is supportive of the child.
- Caregiver/safety management provider is physically able to intervene to protect the child.
- Caregiver/safety management provider does not have significant individual needs which might affect the safety of the child such as severe depression, lack of impulse control, medical needs, etc.
- Caregiver/safety management provider has asked, demanded, or expects the maltreating adult to leave the household and can assure the separation is maintained effectively.
- Caregiver/safety management provider has adequate resources necessary to meet the child's basic needs.
- Caregiver/safety management provider is capable of understanding the specific threat to the child and the need to protect.
- Caregiver/safety management provider has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.
- Caregiver/safety management provider is cooperating with the caseworker's efforts to provide services and assess the specific needs of the family.
- Caregiver/safety management provider is emotionally able to carry out a plan and/or to intervene to protect the child (caregiver not incapacitated by fear of maltreating person).
- Caregiver/safety management provider displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- Caregiver/safety management provider and child have a strong bond, and the caregiver is clear that the number one priority is the safety and well-being of the child.

- The caregiver/safety management provider consistently expresses belief that the maltreating person is in need of help, and he or she supports the maltreating person getting help. This is the caregiver's point of view without being prompted by the child welfare professional.

- While the caregiver/safety management provider may be having a difficult time believing the other person would maltreat the child, the caregiver describes the child as believable and trustworthy.

- Caregiver/safety management provider does not place responsibility on the child for the problems of the family.

# Conditions for Return (CFR)

*Developed by ACTION for Child Protection, Inc. In-Service Training as part of in-service training on "Developing Safety Plans" under DCF Contract #LJ949.*

If at the conclusion of the Family Functioning Assessment-Investigation, the Safety Planning Analysis results in a decision that an out-of-home safety plan is necessary to sufficiently manage child safety, the next immediate activity involves the supervisor and child welfare professional documenting explicitly what would be required in order for an in-home safety plan to be established and the child(ren) returned home.

The requirements (i.e., conditions that must exist) in order to return children to their caregivers are directly connected to the specific reasons/justification from the Safety Planning Analysis as to why an in-home safety plan could not be put into place at the conclusion of the FFA and/or maintained as a part of ongoing safety management.

These "conditions" for return statements are intended to delineate what is required in the home environment and of caregivers to be able to step down the level of intrusiveness for safety management and implement an in-home safety plan.

**Question #1:**

**The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.**

*Willing to accept and cooperate* refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing, nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan.

**Conditions for Return and Use of an In-Home Safety Plan:**

CFR statements associated with a caregiver's lack of acceptance and willingness to participate in developing an in-home safety plan should reflect what would be different in comparison to what was determined to be the justification for why an in-home safety plan could not be used.

Examples:

- *Caregiver [name] is open to having candid discussion about the reason for a safety plan and what the safety plan would involve regarding child [name] safety and the need for a safety plan;*
- *Caregiver [name] expresses genuine remorse about [specific maltreatment] toward child [name] and is willing to discuss the need for a safety plan;*
- *Caregiver [name] expresses a genuine interest in doing what is necessary to have the child [name] return to the home;*
- *Caregiver [name] is willing to allow for safety services in the home and demonstrates openness to cooperate with whatever level of involvement from safety service providers is required to assure child safety;*

- *Caregiver can talk about how he/she felt before when not being willing to cooperate with an in-home safety plan, and why/how he/she feels different.*

**Question #2:**

**The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.**

*Calm and consistent* refers to the environment, it's routine, how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

**Conditions for Return and Use of an In-Home Safety Plan:**

CFR statements associated with the home environment should reflect what would need to be different in comparison to what was determined to require an out-of-home safety plan.

Examples:

- *The home environment is consistent [describe what would be different] enough for in-home safety services to be put into place;*

- *Specific individuals [identify and describe what was problematic about certain people being in the home and threatening to child safety] no longer reside in the home and the caregiver's [name] commitment to keeping them out of the home is sufficiently supported by in-home safety services;*

- *Caregiver [name or other individual in the home] no longer expresses or behaves in such a way that reasonably will disrupt an in-home safety plan [describe specifically what would be different that was preventing in-home safety plan], expresses acceptance of the in-home safety plan and concern for child; and safety services are sufficient for monitoring and managing caregiver behavior as necessary;*

- *Specific triggers for violence in the home are understood and recognized by caregivers, and in-home safety services can sufficiently monitor and manage behavior to control impulsivity and prevent aggressiveness;*

- *Caregiver [name] acknowledges the need for self-management and is demonstrating evidence of increased impulse control and behavior management, and there is a judgment that in-home safety services can provide sufficient monitoring of family member interactions [describe specific what would be monitored in terms of situations and interactions] and manage behavior [describe what specific behavior must be managed];*

- *Child [name] no longer expresses fear of the home situation;*

- *Child [name] no longer expresses fear of being around the caregiver, and in-home safety services can be a sufficient social connection for the child to monitor his/her feelings and/or emotional reactions;*

- *There is enough of an understanding regarding the home environment, dynamics of family interactions and caregiver functioning that in-home safety services can sufficiently supervise and monitor the situation and/or manage behavior and/or manage stress and/or provide basic parenting assistance [describe specifically what safety services would be necessary];*

- *Caregiver [name] interactions with a child during visitation reveals a positive change in perception and attitude toward the child [describe specifically what change would be necessary to implement an in-home safety plan];*

- *Caregiver [name] has expressed a desire to improve the quality of the relationship with his/her child, and demonstrates enough notable progress toward having a change in perception and more positive interactions with the child that in-home safety services can sufficiently supervise and monitor the situation;*

- *The home environment is reasonably consistent on a day to day basis [describe what minimally reasonably consistent would look like for a particular family];*

- *There is an increased structure in the home environment and a general routine that makes it possible to plan for the use of in-home safety services;*

- *There is no indication that there are unknown, questionable or threatening people in and of the home on a routine or inconsistent basis;*

- *All individuals residing in the home are known to the agency, cooperative and open to intervention;*

- *There is an increased understanding of how Impending Danger [described negative condition that must be better understood] is manifested on a day to day basis, and there is a judgment that in-home safety services can be put into place at the times and level of effort required to assure child safety;*

- *There is an understanding regarding when Impending Danger is more likely to become active and in-home safety services can be put into place at the times and level of effort required to sufficiently control and manage out of control emotions, perceptions and/or behavior [describe specifically what would need to be controlled].*

**Question #3:**

**Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.**

Safety Management Services are dependent upon the identified impending danger threat. *Available* refers to services that exist in sufficient amount. *Access* refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.

**Conditions for Return and Use of an In-Home Safety Plan:**

CFR statements associated with the sufficiency of resources should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan. See the previous examples related to the justification for an in-home safety plan as a reference point for considering possible Conditions for Return related to sufficient resources.

Examples:

- *There are sufficient and suitable safety service resources at the level of effort necessary to manage behavior and/or provide social connections and/or provide basic parenting assistance etc. [identify what specific safety service you would need to manage safety in the home].*

**Question #4:**

**An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations.**

This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.

**Conditions for Return and Use of an In-Home Safety Plan:**

CFR statements associated with a caregiver's capacity should reflect what would need to be different in comparison to what was determined to be the justification for why an in-home safety plan would be insufficient.

Examples:

- *There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's cognitive limitations and provide basic parenting assistance at the level required to assure that the child [name] is protected and has basic needs met;*

- *There are sufficient safety service resources available and immediately accessible to compensate for a caregiver's physical limitation by providing basic parenting assistance to assure child [name] basic needs are met;*

- *There is a change in circumstances [describe specific change] whereby there are sufficient safety services [identify specific safety services] available and immediately accessible to assure that child [name] special needs can be managed with an in-home safety plan;*

- *Caregiver [name] emotions/ behaviors are stabilized [describe specifically what stabilized "looks like" for a caregiver] to the extent that in-home safety services are sufficient for effectively managing caregiver [name] behavior;*

- *Caregiver [name] is demonstrating progress toward [describe specifically what would need to be different- e.g., stabilizing emotionally; increased control of behavior] to the extent that in-home safety services are sufficient and immediately available for effectively managing caregiver behavior;*

- *Caregiver's [name] emotional functioning is stabilized and predictable enough for a sustained period of time [designate appropriate time] such that it will not disrupt an in-home safety plan;*

- *Caregiver's [name] substance use [or addiction] is stabilized and there is demonstration of increased self-control to avoid using [drugs/ alcohol] for a sustained period of time such that it will not disrupt an in-home safety plan;*

- *Caregiver [name] demonstrates increased emotional stability/ behavioral control [describe specifically what would be different] to the point where an in-home safety plan and safety management can assure child safety;*

- *Caregiver [name] acknowledges the need for having different expectations for child [name] that are more reasonable given his/her limitation, and there are sufficient in-home safety services to assist with modifying caregiver behavior and providing basic parenting assistance;*

- *Caregiver [name] can be relied upon to comply with; participate in; accept and cooperate with the schedules, activities and expectations in the in-home safety plan;*

- *Caregiver [name] will be at the home and/or will respond to phone and other kinds of contact as identified related to the specifics of the in-home safety plan;*

- *Caregiver [name] responds to safety providers in reasonable and accepting ways and in accordance with schedules and expectations in the in-home safety plan;*

- *Caregiver [name] is sufficiently able and responsible about managing his or her behavior consistent with and as required by specifics of the in-home safety plan;*

- *Caregiver [name] is tolerant of safety service providers, schedules, identified expectations, role and behavior of safety service providers that are spelled out in the in-home safety plan;*

- *Caregiver [name] is open and can set aside his or her personal choices; independence that conflicts with the in-home safety plan; wishes and preferences which are contrary to specific expectations/requirements of the in-home safety plan.*

**Question # 5:**

**The parents/legal guardians have a physical location in which to implement an in-home safety plan.**

*Physical location* refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed, and (2) caregivers live their full time. Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live their full time, etc.).

**Conditions for Return and Use of an In-Home Safety Plan:**

CFR statements associated with a caregiver's residence should reflect what would need to exist in comparison to what was determined to be the justification for an out-of-home safety plan.

Examples:

- *Caregiver [name] has a reliable, sustainable, consistent residence in which to put an in-home safety plan in place;*

- *Caregiver [name] maintains the residence and there is confidence that the living situation is sustainable;*

- *Caregiver [name] demonstrates the ability to maintain a sustainable, suitable, consistent residence [describe specifically on an individual case by case basis what would be a sufficient demonstration of a caregivers ability to maintain an adequate place to reside and implement an in-home safety plan];*

- *The condition of the residence is suitable and structurally adequate [describe what specifically about the condition of residence must be different] to safely put an in-home safety plan in place;*

- *Caregiver [name] has a reasonable plan for how his/she will use resources to maintain a stable residence.*

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 20, 2023

CF OPERATING PROCEDURE
NO. 170-9

# FAMILY ASSESSMENT AND CASE PLANNING

This operating procedure describes the core safety constructs and procedures that are used by case managers for purposes of family assessment, case planning and progress evaluation. This operating procedure focuses on the achievement of changes in the specific family conditions that will help children achieve lasting safety and permanency with parent(s)/legal guardian(s). While local systems of care and community resources may have different methods of operationalizing these procedures, the fundamental required actions to protect and intervene with unsafe children as outlined in this operating procedure are standardized across Florida to ensure that families receive consistent equality and fairness.

This operating procedure applies to all persons responsible for case management activities for families with unsafe children.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

KATHRYN WILLIAMS
Assistant Secretary for
Child and Family Well-Being

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Removed the third sentence in the opening paragraph. In Chapter 2, added a new subparagraph 2-3.a. and renumbered the subsequent subparagraphs. Removed references to the Center for Child Welfare throughout the CFOP.

This operating procedure supersedes CFOP 170-9 dated May 1, 2019.
OPR: Office of Child and Family Well-Being

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# Chapter 1

## STANDARDS FOR PREPARING FOR FAMILY ENGAGEMENT

1-1. Purpose. The purpose of standards for preparation activities is to ensure that the case manager becomes as informed as possible about information already known about the family, is able to assess the adequacy of the safety plan established, is able to identify information gaps and discrepancies that must be reconciled, and can identify strategies for family engagement. Adequate preparation will inform the case manager about the family's progress or challenges with current and past interventions. An adequate understanding of the family's involvement with, and response to, past and current intervention efforts is needed to identify what might already be known relative to the information domains, what gaps exist, and what more needs to be learned about the family.

1-2. Preparation Prior to Case Transfer. Prior to case transfer, the designee of the Community-Based Care Lead Agency or Case Management Organization (CMO) should accomplish as much preparation as possible regarding the information collection and safety decision making reflected in the FFA-Investigation (FFA-I) and any history in FSFN so that the transfer conference can be focused and purposeful. Upon notification of a case transfer conference, the following preparation activities should be completed by the designee to the extent possible in order to prepare for case transfer:

a. Review and evaluation of the documentation for the case. This review should include the FFA-Investigation, the Safety Analysis, the Safety Plan, and Conditions for Return when there is an out-of-home safety plan.

b. Identification of any questions regarding information sufficiency related to impending danger, the rationale for the safety plan, and level of intrusiveness for safety management. Action items to consider include:

(1) Develop questions to ask during the Case Transfer conference.

(2) Identify information that must be gathered prior to the completion of the FFA-Ongoing.

1-3. Preparation Activities after Case Transfer.

a. The case manager will complete preparation activities on any new case received to inform safety management and the development of the Family Functioning Assessment-Ongoing (FFA-O). To the extent possible, preparation activities will be completed prior to the initial meeting with the family.

b. Preparation activities include a review of case history including:

(1) Historical Information available in FSFN and other systems including any court orders.

(2) FFA-I completed by the investigator to ensure an understanding of:

(a) Danger threats and how they manifest in family.

(b) Caregiver protective capacities.

(c) Vulnerability of child(ren) to the danger threats.

(d) Safety Plan.

(e) Safety Analysis and Conditions for Return.

(f) The case manager's role in managing the safety plan, including the responsibilities for contact with the safety service providers.

(g) What is expected from each safety service provider.

(3) Household composition and dynamics.

(4) Parent(s)/legal guardian(s) and other adults with significant responsibility for the ongoing care and protection of the child.

(5) Which household members might have a role in the case plan, including any paramour of the caregiver, and how the individual's interaction with the parent or legal guardian can be assessed in the appropriate information domain.

(6) Information about parent(s)/legal guardian(s) and prospective parents of the children and how to contact them.

c. The case manager will identify special circumstances that are known to be impacting the family and any past interventions. Given any special circumstances, the case manager will identify whether any special expertise will be needed for this case. Special circumstances include but are not limited to:

(1) Domestic violence.

(2) Parent(s)/legal guardian(s) own childhood history of abuse.

(3) Substance abuse.

(4) Mental illness.

(5) Condition or circumstance of parent(s)/legal guardian(s) that will require assistance with verbal or written communication.

(6) Criminal behaviors and other factors impacting the parent(s)/legal guardian(s) abilities to be protective.

(7) Indicators that an infant or young child (birth to 36 months) may need a referral specifically for a developmental screening or other early intervention screening and assessment for possible developmental delays.

(8) Other special needs of children in the home (e.g., medical, mental, learning disabilities, or deaf and hard of hearing).

d. The case manager will plan the timing, location and circumstances of the parent(s)/legal guardian(s) contact based on what is learned about the family. Considerations for the first meeting with the family will include all of the following:

(1) Identify any family conditions or dynamics that may pose a personal safety threat. If threats are identified, discuss strategies for managing personal safety with supervisor before meeting arrangements with family are finalized.

(2) Determine if the meeting will be at the family home, the office, or a neutral setting.

(3) Determine if there might be a day of the week and time of day that would best allow the parents to focus on the meeting.

(4) When there is an adult involved in the household who is responsible for domestic violence, determine how to ensure a separate meeting with the other spouse or partner so that the interview is not compromised.

e. The case manager will identify professional records that should be obtained or interviews conducted with persons/professionals formerly involved with the parent/legal guardian to further understand what is known and what additional information needs to be learned as to:

(1) Past interventions associated with domestic violence.

(a) Has the caregiver been a perpetrator or survivor of coercive control and/or battering?

(b) If a perpetrator, what is the behavior, and is it escalating in frequency or severity? What interventions have been used in the past and were they effective?

(c) If a survivor, what actions did survivor take to ensure safety for self and child(ren)?

(d) How is the daily functioning of survivor impacted by perpetrator's behavior(s)?

(e) How is providing care and protection for child(ren) impacted by perpetrator's behavior(s)?

(f) Has the survivor and perpetrator received any services in the past? If so, what were the services intended to assist with?

(2) Past treatment for mental health or substance abuse.

(a) What is parent/legal guardian's diagnosis?

(b) What are symptoms of their condition?

(c) How is daily functioning is impacted?

(d) How is providing care and protection for child impacted?

(e) What treatment has worked successfully to manage the condition?

(3) Past treatment or interventions for child with special needs.

(a) What is the child's condition?

(b) How does it impact the child's daily functioning?

(c) How does it impact care of the child?

(d) What interventions have worked successfully to manage the condition?

1-4. Supervisor Consultation. During the preparation phase, the case manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

a. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.

b. Affirm the case manager's planned approach to engaging the family including any supports that may be needed.

c. Safety management concerns.

1-5. FSFN Documentation. The case manager will complete FSFN documentation as follows:

a. Any collateral interviews conducted to learn more about family conditions and/or needs will be documented in case notes by the case manager within 2 business days of the contact or call.

b. Any past evaluations, treatment notes and/or discharge summaries requested and/or received by the case manager will be documented in FSFN in accordance with confidentiality provisions in CFOP 170-1, Child Welfare Practice Model, Chapter 13.

c. Using case notes as a means to record time spent reviewing case history is an optional best practice.

Chapter 2

STANDARDS FOR INITIAL FAMILY ENGAGEMENT

2-1. Purpose. The purpose of standards for "Introduction" with parent(s)/legal guardian(s) is to focus on the importance of building a positive working relationship. A positive working relationship is critical to the case manager's ability to co-construct meaningful case plan outcomes, strategies for change, and to assess the progress of the family over time. The standards are designed to assist case managers with building rapport with parent(s)/legal guardian(s), learning about the family through interviews and observations, obtaining relevant information, and beginning to develop a trust-based working relationship.

2-2. Definitions.

a. "Family assessment" is an ongoing process that provides the case manager with information that informs the case manager's actions throughout the case. The family assessment is formally documented on a regular basis in FSFN as the agency's official position as to the current status of impending danger threats, child well-being, and safety analysis. On-going family assessment includes:

(1) Understanding the family dynamics and what conditions must change to achieve lasting child safety and permanency.

(2) Identifying changes in family dynamics that inform the need for changes in safety management.

(3) Gathering continuous feedback from the family and others as to what is working or not working to support the family change process.

(4) An understanding of the parent/legal guardian's internal motivation to change and its progression over time.

(5) Creating and evaluating case plan outcomes and associated actions to effectively address caregiver protective capacities and child needs.

b. "Working Agreement" is a mutual understanding between the case manager and the parent/legal guardian(s) as to how to effectively work together on the family assessment, case plan, and evaluating progress over time. It includes discussions as to when and where contacts will occur, how to contact the case manager and case manager's supervisor, how to contact the parent/legal guardian(s), and what to do if a meeting needs to be cancelled. This operating procedure does not require that a working agreement be in writing.

2-3. Family Engagement Standards for Introduction Activities.

a. The Department and its employees, contracted providers, and sub-contracted providers will not base child safety actions on stereotypes or generalizations about parents with disabilities, or on a parent's disability, diagnosis, or intelligence measures alone. These decisions are made through an individualized assessment of the parent with a disability and objective facts relating to the danger threats impacting the child. If necessary and reasonable, accommodations must be provided to ensure parents with disabilities can fully participate in the programs and services of the dependency system.

b. Initial discussions with the family should help transition the parent/legal guardian(s) from the investigation to ongoing services, including the parent/legal guardian(s)' sentiment about the circumstances surrounding their involvement with the Department. These initial meetings should provide families with opportunities to discuss their concerns, ask questions, and receive answers.

c. Several meetings might be required to achieve the purpose of introduction activities, especially for families with a history of child welfare system involvement or complex dynamics.

d. The following information gathering activities should occur in sequence to the extent possible. When the family initiates discussion that starts somewhere else on the list below, they are likely to be more engaged when the case manager allows that to happen.

(1) The first contact will focus on the safety plan and how it is working from the perspective of the child(ren) and the parent/legal guardian(s). The case manager and supervisor must confirm the sufficiency of the ongoing safety plan within five business days after the case is transferred from investigations or another case manager per the requirements in CFOP 170-1, Chapter 12.

(2) The case manager will be as prepared as possible to deal with the parent/legal guardian(s)' fear, worry, or anger. The parent/legal guardian(s) often will ask questions related to the intrusiveness of the safety plan, whether it is a child placed out of the home, a parent/legal guardian who has been asked to temporarily leave the home, or safety management providers coming into the home. In the first family contact, the case manager should:

(a) Explain the difference between a safety plan and a case plan.

(b) Establish the case manager's responsibility to manage the safety plan and how the case manager will achieve it, including the following:

1. Review a copy of the plan with the parent/legal guardian and determine if all the elements described in the plan are happening or not happening.

2. Gather parent/legal guardian(s)' feedback about the current safety plan.

3. If there are Conditions for Return, gather parent/legal guardian(s)' input as to what would need to happen to assist them with achieving the Conditions or, if one parent is separated from the child and home, ensure that the current safety plan covers visitation. Parent/legal guardian feedback on the visitation plan is critical.

4. Explain other activities the case manager will be doing to ensure that the safety plan is working dependably.

(3) If families have had past involvement with the child welfare system, the case manager will acknowledge that this is known and seek family perspectives about that experience.

(4) The case manager will learn general information about the children and any other persons in the household.

(5) The case manager will learn about the family's understanding and perspectives as to conditions and/or circumstances that led to current agency involvement.

(6) The case manager will explain what case management work with families usually involves (i.e., figuring out what needs to change for parents to close their case or regain responsibility for the care and safety of their children) and will develop a working agreement with the parent/legal guardian(s) that includes safe communication strategies when dynamics of domestic violence pose threats for the survivor and children in family.

(7) The case manager will establish a working agreement with the family which includes at least a statement that the parents will keep in contact every 14 calendar days with the case manager

or contracted case management agency regarding accurate contact information, status of case plan task completion, barriers to completion, and plans towards Conditions for Return if there is an out-of-home plan.

(8) If one or more of the parent/legal guardian(s) are unwilling to commit to the assessment process, the case manager should try to gain additional information and discuss with the parent(s) the reasons they are unwilling to participate in the process. The case manager should seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent/legal guardian and the case manager.

2-4. Supervisor Consultation.

a. Within five days following a case transfer, a supervisory consultation will occur to ensure the sufficiency of the safety plan.

b. The case manager should consider seeking a case consultation for any of the following issues based upon case dynamics:

(1) Discussion as to what was learned from the family and what additional information gathering is necessary to reconcile discrepancies or fill gaps.

(2) Discuss the level of family engagement and explore next steps.

(3) Ongoing safety management issues.

2-5. FSFN Documentation.

a. Within two business days, each contact with a family will be recorded by the case manager in case notes in FSFN, and any family team meetings or staffings will be documented using the FSFN meeting module.

b. The following FSFN resources are located on the FSFN "How Do I Guide" page:

(1) Notes – How Do I Guide.

(2) Meetings – How Do I Guide.

# Chapter 3

## ASSESSMENT OF CHILD FUNCTIONING

3-1. Purpose. The case manager is responsible for assessing child functioning which includes the specific indicators of child well-being. An assessment of child functioning is the basis for understanding how the parent(s) and/or caregiver(s) address any specific child needs. The child well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-O and Progress Updates. The child's strengths and needs will be assessed throughout the child's involvement with the child welfare system, establishing what must be addressed in a child's case plan. For a child who needs out-of-home placement, assessment of child functioning also includes the comprehensive information necessary to determine the most appropriate least restrictive placement match, or to stabilize a child already in a placement. In order to reduce negative child outcomes, considerations should be made regarding the proximity of placement to the removal home, the ability of the placement to meet the child's needs, and the recommendations of any child placement assessment.

3-2. Legal Authority.

a. Section 39.523(1)(a), Florida Statutes (F.S.).

b. Section 39.523(1)(b), F.S.

c. Section 39.523(2), F.S.

3-3. Definitions.

a. The "Child Functioning" domain is concerned with describing the child's general behavior, emotions, temperament, development, academic status, physical capacity, and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time (e.g., contact during investigation, time of maltreatment event, case manager's home visit, etc.). An assessment of child functioning must take into account the age of the child and/or any special needs or developmental delays. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, paragraph 2-4g for the full definition of child functioning.

b. The "Child Strengths and Needs" are a set of indicators directly related to a child's well-being and success. Each indicator is rated based upon information that is provided in the narrative description of child functioning. The ratings provide a way for the case manager to identify areas that need attention in the case plan and to measure changes over time. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, Core Safety Concepts, for the specific scaling criteria for each indicator that case managers will use each time the family assessment is updated. The child strength and needs indicators are the following:

(1) "Emotion/trauma" means the degree to which, consistent with age, ability, and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.

(2) "Behavior" means the degree to which, consistent with age, ability, and developmental level, the child is displaying appropriate coping and adapting behavior.

(3) "Development/Early Learning" means that the child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations (this applies to children under the age of 6 years old).

(4) “Academic Status” means the child, according to age and ability, is actively engaged in instructional activities; reading at grade level or IEP expectation level; and meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent or vocational program (this applies to children age 6 years and older).

(5) “Positive Peer/Adult Relationships” means that the child, according to age and ability, demonstrates adequate positive social relationships.

(6) “Family Relationships” means that the child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

(7) “Physical Health” means that the child is achieving and maintaining positive health status which includes physical, dental, audio, and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

(8) “Cultural Identity” means that important cultural factors such as race, class, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, and other forms of culture are appropriately considered in the child’s life.

(9) “Substance Awareness” means that the assessment of substance awareness is multi-dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s), as age appropriate.

(10) “Preparation for Adult Living Skill Development” means that the child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing, and other capacities necessary for functioning upon adulthood. This also includes adolescent sexual health and awareness (this applies only to children age 13 years and older).

3-4. Activities to Assess Child Functioning.

a. Whether children are in an out-of-home safety plan or remain with the parent(s) as part of an in-home safety plan, it is important for the case manager to first gather information from parent(s) as to the child’s functioning before interviewing the child(ren). The case manager must gather comprehensive information from the parent(s), child(ren), and other persons who know the child(ren). Comprehensive information includes, but is not limited to:

(1) The child’s strengths, including the activities the child enjoys; the family members, friends, or other persons the child likes to spend time with; and child’s positive traits.

(2) The child’s needs. This includes:

(a) the child’s day-to-day routines and need for supervision;

(b) special medical, mental, or behavioral needs including medications; and,

(c) developmental or academic needs.

(3) The abilities of the parent(s) to provide for the child’s needs, and issues that are a challenge.

(4) Any discrepancies between what the parent and others say versus the child's observed behaviors and what the child says (see Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives").

(5) When a child needs an out-of-home placement, the case manager must gather the following additional information:

(a) The child's preference for placement if the child is verbal or based on the case manager's observations of the child's behaviors or attachments to potential caregivers.

(b) The relatives and non-relatives who have a relationship with the child or with whom a relationship can be developed and who are willing and able to provide care for the child, including any special needs.

b. The following activities will be conducted to assess child functioning:

(1) Talk with the child's parents, the child, other caregivers, and persons who know the child, about child functioning including current well-being strengths and needs.

(2) Observe parent-child, sibling, and other family interactions to assess protective capacities and child needs. Examples include, but are not limited to:

(a) Child displays behaviors that seem to provoke strong reactions from parent or siblings.

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

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

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

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

(f) Child plays by himself or herself, or with siblings/friends age appropriately.

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

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

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

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

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

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

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

c. In order to determine if specific child needs are being adequately addressed and managed by the parent, the case manager will conduct the following activities:

(1) Obtain parental authorization to collect information from medical/mental health providers and schools. In non-judicial cases parental authorization is necessary. When children are in out-of-home care and parental authorization is not available, a court order will be sought.

(2) Obtain copies of the child's medical or treatment records.

(3) Contact the child's physician and other treatment providers to fully understand medical, mental, developmental conditions, or needs and the impact of such needs on the child's daily functioning and care.

(4) For all children in out-of-home care, a referral for a Comprehensive Behavioral Health Assessment (CBHA) must be made within seven days of removal. Requirements associated with the CBHA are provided in Rule 65C-28, Florida Administrative Code (F.A.C.). The case manager shall review and consider any interventions or services recommended in a CBHA.

(5) For children age 13 years and older, obtain and utilize assessments conducted to identify existing life skills and skills that need development.

d. When children need an out-of-home safety plan

(1) Per s. 39.523(2), F.S., the Community-Based Care Lead Agency or sub-contracted agency responsible for assessment and placement must convene a multi-disciplinary team staffing to review information known about the child and to choose the most appropriate available out-of-home placement.

(2) The case manager must document the child's preference for placement in the Child Functioning domain of the FFA-O.

(3) The case manager is responsible for reporting to the court as to the child's stability in the placement setting and the extent to which the placement is a good match to the child's needs. Even though the case manager may not have been responsible for the initial placement match, the case manager is responsible for the on-going assessment of the requirements specific to placement matching as outlined in Rule 65C-28.004, F.A.C.

3-5. Determining Child Needs to Include in Case Plan.

a. The case manager must complete an assessment of caregiver protective capacities before it can be determined whether the protective capacities or the parent(s)/legal guardian(s) are sufficient to address identified child needs.

b. The case manager will determine whether the child's developmental needs are being met. These needs include, physical health, cognitive, speech and language, socio-emotional development, and other well-being needs. These needs must be addressed with interventions and/or services in the case plan as follows:

(1) For the child with an in-home safety plan, do the parents' protective capacities include ability and willingness to tend to all child needs? If the parent(s) are able and willing to continue to address child needs, they do not need to be addressed in the case plan.

(2) For the child with an out-of-home plan, child well-being needs must be addressed in the case plan based on a ratings result of “C” or “D” in the FFA-O or Progress Update. See paragraph 2-7 of CFOP 170-1 for specific rating criteria.

(3) All children over the age of 13 years must have case plan outcomes that relate to the development of any life skills that have been identified as a need.

3-6. FSFN Documentation.

a. Within two business days, each contact is recorded by the case manager in case notes in FSFN to document information learned about child needs.

b. Within two business days, information gathered from other sources to inform the child needs assessment will be documented in case notes in FSFN. Records from evaluators or providers will be scanned into the FSFN file cabinet under the relevant Image Category and Image Type.

c. The case manager shall document any medical, mental health, or education information learned by using the medical and/or educational functionality in FSFN.

d. The case manager will document their assessment of functioning in the “child functioning” family assessment area of the FFA-O or Progress Update. The case manager will also provide a rating of each child strength or need in accordance with the ratings provided in CFOP 170-1, Chapter 2.

e. If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page. Any formal independent living skills assessment should be documented in the FSFN Independent Living Module. If there is other documentation, like a life skills development plan, it can be uploaded to the file cabinet under IL Plans.

f. The following FSFN resources are located on the FSFN “How Do I Guide” page:

(1) Education – How Do I Guide.

(2) Medical/Mental Health – How Do I Guide.

(3) Independent Living – How Do I Guide.

Chapter 4

# COMPLETING THE FAMILY FUNCTIONING ASSESSMENT – ONGOING (FAMILY ENGAGEMENT STANDARDS FOR EXPLORATION)

4-1. Purpose. The ultimate purpose of family engagement is to jointly explore with the parent(s) or legal guardian(s) what must change in order for the agency to close the case. The FFA-O is the Department's formal assessment that provides the basis for the case plan. The family engagement standards for exploration described in this procedure are intended to promote the case manager's interactions with parents/legal guardians in order to raise self-awareness, recognize and diffuse any parent resistance, and build constructive working relationships. The exploration standards facilitate deeper information gathering about adult functioning, parenting, caregiver protective capacities, and the relationship of all to the identified danger threats. The exploration stage lays the final groundwork for developing a family change strategy, including the child's need for a safe and permanent home.

4-2. Assessments Required.

a. The Family Assessment-Ongoing (FFA-O). The FFA-O must be completed within 30 calendar days of case transfer. The primary focus of the FFA-O is on the household of the parent(s)/legal guardian(s) responsible for danger threats that lead to an unsafe child as determined by a child protective investigation.

(1) The FFA-O will contain a current description of all household members as required in CFOP 170-1, paragraph 2-3, Focus of Family Assessment. In FSFN, the information that automatically populates from the FFA-I to the FFA-O is for ease of review by the case manager and should be deleted, edited, and/or added-to in order to provide a current and more in-depth assessment of the family's functioning.

(2) When there is a non-maltreating parent/legal guardian in a separate household the non-maltreating parent/legal guardian does not get added to either the FFA-I or FFA-O. However, information should be included in the FFA-O in the child functioning domain to describe the child's relationship with the non-maltreating parent/legal guardian. To the extent that the child has on-going contact with the other parent/legal guardian, information may be included in the parenting and discipline domains for the parent who is the focus of the FFA-O when it is relevant and important to know.

(3) When there is a parent/legal guardian in a separate household who, as a result of an investigation, has been found responsible for conditions that resulted in the child being unsafe (two maltreating households), a separate FFA-I and subsequent FFA-O for the other parent/legal guardian will be developed.

b. Other Parent Home Assessment (OPHA). When a child requires an out-of-home safety plan, AND only the removal parent/legal guardian has been found responsible for the unsafe child, an OPHA must be completed per requirements in CFOP 170-7, Chapter 5.

(1) If the OPHA was completed prior to case transfer, the case manager will conduct the following activities:

(a) Discuss the findings in the completed OPHA with the non-maltreating parent.

(b) Determine if there have been any changes in the parent/legal guardian's circumstances or goals with respect to the child(ren).

(c) When the child has been released to the parent/legal guardian as part of an out-of-home safety plan, assess the sufficiency of the safety plan and the parent/legal guardian's care of the child, including any specific child needs that need to be addressed.

(d) Update the OPHA as necessary if the parent/legal guardian's situation has changed or significant additional information is learned.

(2) If the OPHA was not completed due to the parent/legal guardian not being located prior to case transfer, the case manager will continue the diligent search to locate the parent/legal guardian until released by the court to complete the OPHA per requirements in CFOP 170-7, Safety Planning and Management, Chapter 5.

(3) A staffing with Children's Legal Services (CLS) must be held when the case manager and supervisor determine that there should not be any case plan goals, outcomes, or family time which involves the non-maltreating parent/legal guardian.

4-3. Activities to Assess Parent(s)/Legal Guardian(s).

a. The activities of the exploration stage are described in a logical sequence, but the order in which they occur is controlled by the specific circumstances of the case. The case manager must engage with the parent(s)/legal guardian(s) in a positive manner to gather additional information in the domain areas, understand danger threats, and develop a deeper understanding of caregiver protective capacities. When there is another parent in a separate household, information will be gathered from each parent to inform the FFA-O as well as the OPHA, when required.

b. The case manager will work with the parent(s)/legal guardian(s) to identify the diminished protective capacities which may have resulted in the identified danger threats. The case manager will:

(1) Explain information to parent(s)/legal guardian(s) about protective capacities.

(2) Encourage the parent(s)/legal guardian(s) to offer their perspective as to which diminished protective capacities led to an unsafe child. As necessary, the case manager should help the parents understand specifically what makes the child unsafe. Discuss with the family what the current family behaviors, conditions, and circumstances are that create danger threats. The case manager will explore the following through conversational interviewing:

(a) What has changed in the family that creates the unsafe situation.

(b) What has/hasn't worked in the past around that change.

(c) The information necessary to develop the information domains as outlined in CFOP 170-1, Chapter 2, paragraph 2-4.

(3) Reach agreement with the parent(s)/legal guardian(s) as to which diminished protective capacities directly impact child safety. If the parent(s) are unable or unwilling to offer their perspective, offer suggestions as to which protective capacities may be diminished and ask for feedback.

(4) Encourage the parent(s)/legal guardian(s) to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified danger threats. If the parent(s)/legal guardian(s) are unable/unwilling to offer their perspective, offer suggestions as to which protective capacities may be enhanced and ask for feedback.

(5) Explore what the parent(s)/legal guardian(s) might do to enhance protective capacities and improve diminished protective capacities.

c. The case manager should determine if an expert evaluation for either a parent/legal guardian(s) or the child is appropriate to help inform case plan outcomes when there is a specific condition or behavior that requires additional professional assessment, including situations such as:

(1) The parent(s)/legal guardian(s) or child is displaying unusual or bizarre behaviors that are indicative of emotional or behavioral problems, physical illness or disability, mental illness, trauma assessment, suicidal or homicidal ideation.

(2) Other conditions where there is a need for additional information regarding an individual's functioning in the area of the professional's specialized knowledge; or to develop a better understanding of whether the individual's functioning impacts his or her protective capacity or child functioning.

4-4. Develop Danger Statement.

a. The case manager will review with the parent(s)/legal guardian(s) the danger threats identified by the investigation and re-evaluate if the parent(s) are denying the presence of danger threats, are in partial agreement, or are in near complete agreement.

b. The case manager will co-construct the danger statement with parent(s)/legal guardian(s) when possible. The danger statement is a behaviorally based statement in very clear, non-judgmental language which states the following:

(1) What are the parent(s)'/legal guardian(s)' actions?

(2) What is the impact on the child?

(3) What are the case manager's ongoing concerns?

c. When there is no full agreement, the danger statement includes the case manager's concerns and who is not in agreement.

d. The case manager will ensure that the Danger Statement is written, to the fullest extent possible:

(1) Is simple enough so the youngest person in the family with the ability to comprehend understands.

(2) Is in the family's primary language as it serves as the framework for effective safety planning.

4-5. Establish Permanency Goal for Child. All case plans established for unsafe children, whether or not they are court supervised, will include the Department's permanency and placement goal(s) for the child(ren). The case manager should explain to the parent(s)/legal guardian(s), as well as any substitute caregiver(s) involved, the goals for the child that the Department has identified. Case plan

goal options are as follows:

a. “Maintain and strengthen” means to maintain the child with parent and strengthen the parent’s ability to fulfill their responsibilities.

(1) If a child has not been removed from a parent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.

(2) If a child has been removed from a parent and is placed with the parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.

(3) If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.

b. “Reunification” means the court has reviewed the Conditions for Return and determined the circumstances that caused the out-of-home placement and issues subsequently identified have been remedied to the extent that the return of the child to the home with an in-home safety plan prepared or approved by the Department will not be detrimental to the child’s safety, well-being, and physical, mental and emotional health.

c. “Adoption” means that a petition for termination of parental rights has been or will be filed.

d. “Permanent guardianship” of a dependent child under s. 39.6221, F.S.

e. Placement in another planned permanent living arrangement under s. 39.6241, F.S., under certain limited circumstances for children age 16 years and older.

f. Transition from licensed care to independent living for a young adult who satisfies the conditions outlined in s. 39.6251, F.S.

4-6. Establish Family Goal and Change Strategies.

a. The case manager will work with the parent(s)/legal guardian(s) to establish a mutually agreed-upon family goal and assess their motivation for change. This should happen after the protective capacities which resulted in the identified danger threats are better understood. The family goal should be established collaboratively with family members. When that is not possible, the case manager should provide some choices for the family that would be acceptable to the agency.

b. The family goal describes what the family hopes to accomplish in order to achieve the permanency goal that has been established for the child. The family goal statement:

(1) Describes agreement between the parent(s)/legal guardian(s) and the case manager about what must happen (to parent’s protective capacity) for the child’s safety to be sustained without the involvement of the agency.

(2) Is written in clear, everyday language.

(3) Describes the presence of new, observable behaviors or actions related to the children (rather than the absence of old, problematic behavior).

(4) The case manager should develop the family goal statement using the family's words, to the extent possible. A family goal is not a description of services or treatment which might be the method for achieving the goal.

c. After a family goal has been established, the case manager will gather information from the parent as to possible strategies for achieving the family goal as follows:

(1) Identify the family's resource network that might be willing and able to assist the parents in achieving the family goal.

(2) Explain to parent(s)/legal guardian(s) any next steps that the case manager will take to inform the completion of the FFA-O.

(3) Gather parent(s)'/legal guardian(s)' ideas about interventions, treatment, services.

(4) Explore parent(s)'/legal guardian(s)' concerns as to possible barriers.

(5) Seek consideration of case manager ideas that other family members or persons involved have suggested.

d. The case manager will assess the parent(s)'/legal guardian(s)' motivation to change after all of the activities to gather information from the family has been conducted, including work with the family to establish a family goal and change strategies. Knowing the stage of motivation a parent is currently experiencing will guide the case manager's efforts throughout the life of the case to help the parent(s)/legal guardian(s) move forward through the stages of change. See Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives."

4-7. Difficulty Engaging the Parent(s)/Legal Guardian(s).

a. When there are situations where the parent(s) are unable or unwilling to engage, or the case manager and the parent(s) disagree about the reason for the agency's involvement or what needs to change, it is the ongoing responsibility of the case manager to exhaust all efforts to move the case forward and to continue to actively seek the parent(s)' involvement.

b. The case manager will continue to make diligent efforts to engage the parent(s)/legal guardian(s) in the following ways:

(1) Work diligently to identify and overcome the barriers to the parent(s)'/legal guardian(s)' participation in family assessment and planning.

(2) Frequently and actively re-invite the parent(s)'/legal guardian(s)' participation.

(3) Continue to work toward establishing a partnership by stating the case manager's need for the parent(s)'/legal guardian(s)' perspectives, ideas and input.

(4) Obtain and review all relevant documentation for family strengths that might be the basis for further exploration with the family

(5) Interview other persons who know the parent(s)/legal guardian(s) to elicit their suggestions for engaging the parent.

(6) Obtain professional assessments and evaluations.

(7) Obtain professional input as to engagement approaches such as use of a substance abuse, domestic violence advocate, or mental health professional.

c. When the parent(s)/legal guardian(s) are incarcerated, the case manager will attempt to meet with the parent personally or, when necessary, through an Out of County services referral to gather information as to their understanding of the child's current status, the child's strengths and needs, their relationship with the child and how it is maintained, and the parent's plans for the future concerning the child.

4-8. Validate and Reconcile Information.

a. As necessary, the case manager will gather information from other persons and professionals to inform completion of the FFA-O.

b. The case manager will seek and validate information from others who know the family as to the behaviors, conditions, or circumstances that led to an unsafe child. This might include other case managers who worked with the family before if there was prior involvement. There may be other professionals who have had past or current involvement with the parent(s) or the child(ren), or current evaluations may be in the process of being completed, such as the CBHA. Activities to complete information gathering will include:

(1) Obtain and complete review any relevant documentation.

(2) Interview other involved persons.

4-9. Qualitative Indicators of Family Engagement. Indicators of effective family engagement are the following:

a. The parent(s)/legal guardian(s) believe that their feelings and concerns have been heard, respected, and considered.

b. The parent(s)/legal guardian(s) are invested in and committed to achieving a family goal and outcomes in a case plan.

c. The parent(s)/legal guardian(s) follow through and take the actions expected.

d. The parent(s)/legal guardians) have trust in the case manager and are open to hear feedback from the case manager as to concerns and non-negotiable expectations.

e. The parent(s)/legal guardian(s) and the case manager have a shared understanding of the danger threats in the family that must be addressed and are working toward the same goals and outcomes.

f. Whether or not it has not been possible to reach a shared understanding and agreement as to the reasons for the family's involvement; the case manager and the parent(s) are able to co-construct a case plan.

4-10. Supervisor Consultation and Approval.

a. At any point during the development of the FFA-O, if parents are highly resistant and/or are unwilling to engage with the case manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:

(1) Provide the case manager an opportunity to assess family dynamics and sources of resistance.

(2) Support the case manager in considering other efforts to engage and in determining next steps.

b. A supervisory consultation pertaining to the family assessment is required in all cases prior to approval of the family assessment.

4-11. Documenting the FFA-O.

a. After all activities in Chapters 3 and 4 of this operating procedure have been completed, the case manager is ready to complete and document family assessment findings. While facts gathered from the family and other sources are briefly documented in contact notes, the completed assessment provides a critical analysis of all facts gathered. It is important for the case manager to always review and update the child's record prior to documenting the family assessment. This ensures that the child's record is current and provides all of the relevant supporting documentation for the family assessment. The case manager will:

(1) Ensure that all chronological notes are current.

(2) Update information about case participants including their relationship to the child and contact information.

(3) Ensure that Living Arrangement or Placement information is current.

(4) Ensure that the most current safety plan is in the child's record.

(5) Update contact information as to other professionals and other persons who are involved with the child's case.

(6) Update the child's record to ensure it is current for:

(a) Accurate placement information (Living Arrangement or Out-of-Home Placement).

(b) Child's birth certificate and photograph.

(c) Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.

(d) Education information which includes current school information (case manager can enter school information which reflects past school attendance history), this section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, as well as diploma and certificate information

b. Document the Family Assessment. There are currently two methods for documenting a family assessment for maltreating parents:

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.

(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the FFA-O will be used.

c. The case manager will confirm that the parent(s)/legal guardian(s) whose behaviors need to change are the primary focus of the FFA-O and will determine which other persons will be associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, paragraph 2-3, “Focus of Family Assessment.”

d. The FFA-O will be pre-populated with information developed by the investigator. The case manager must develop a new description based on further information collected and assessed to provide a basis for the scaling of caregiver protective capacities, child strengths and needs, and the identification of case plan outcomes. The information developed by the investigator should be deleted and replaced with the case manager’s narrative FSFN will maintain the information developed in the original FFA-I and all domain information will also become part of each participant’s FSFN person record.

(1) The case manager will document the reason(s) for ongoing agency involvement. The danger statement which was crafted with the family will populate this section of the FFA-O.

(2) The case manager will complete the family assessment areas as follows:

(a) Information gathered and assessed about the maltreatment and surrounding circumstances by the child protective investigator (CPI) will automatically populate the FFA-O and will not be editable.

(b) Maltreatment and Surrounding Circumstances. In the “Additional Ongoing Information” section for the maltreatment and surrounding circumstances, the case manager will describe any new information learned about the incident or surrounding circumstances (e.g., the father had been prescribed medications and revealed to the case manager that he was not taking them at the time of the incident). If not already documented in the FFA-I, the case manager must add any findings and recommendations of a Child Protection Team (CPT). For all judicial cases, if the child was not evaluated by a CPT, the case manager must add a statement reflecting that no report exists.

(c) Child Functioning. Information gathered and assessed by the CPI about child functioning, for each child in the household, will automatically populate the FFA-O and be editable. The case manager will develop this section with analysis of new information learned from all sources about child strengths and needs. This section will support the scaling of child strengths and needs that the case manager will later complete in the FFA-O.

(d) Information gathered and assessed by the CPI about adult functioning for each parent and caregiver will automatically populate the FFA-O and be editable. The case manager will develop this section with analysis of new information learned from all sources about adult functioning. This section will support the scaling of caregiver protective capacities that the case manager will later complete in the FFA-O.

(e) Information gathered and assessed by the CPI about parenting practices, discipline, and child behavior management for each parent and caregiver will automatically populate the FFA-O and be editable. The case manager will develop this section with analysis of new information learned from all sources.

(3) The case manager will complete scaling of Caregiver Protective Capacities and Child Strengths and Needs using the 4 point scaling criteria provided in CFOP 170-1, Chapter 2, paragraphs 2-6 and 2-7. The case manager will make sure that there is sufficient information in the family assessment areas to support the capacity ratings. The scaling of caregiver protective capacities supports the case manager’s confirmation of the diminished protective capacities that will become the focus of the case plan. It is possible that the case manager’s further assessment will result in changes to the determinations documented in the FFA-I. Some caregiver protective capacities that the FFA-I

indicated were diminished may be determined to be adequate based on further information gathered and assessed. Likewise, some caregiver protective capacities that were identified as adequate in the FFA-I may be determined by the case manager to be diminished.

(4) The completed Safety Analysis must provide sufficient information to support how each of the five safety analysis criteria are met or not met. Refer to Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives," for a more in-depth discussion of Safety Analysis criteria and examples that demonstrate when the family behaviors or conditions for an in-home safety plan are met or not met.

(5) The case manager will document the "Family Change Strategy" developed with the family in the following areas:

(a) Family Goal.

(b) Ideas for change.

(c) Potential barriers.

(6) The case manager will update the safety analysis criteria to ensure that reasonable efforts are adequately reflected and:

(a) Update the safety plan as necessary.

(b) Modify Conditions for Return if needed.

e. The following FSFN resources are located on the FSFN "How Do I Guide" page:

(1) For basic information about documenting all case participants and their associated demographics, including a child's birth certificate and photo, refer to the Person Management – How Do I Guide.

(2) Information about updating a case in FSFN, including participants, splitting or merging a case can be found in the Maintain Case – How Do I Guide.

(3) For information about updating the placement pages in FSFN, refer to the Out-of-Home Placements – How Do I Guide.

(4) For information about the creation, completion and maintenance of a child's education record, refer to the Education – How Do I Guide.

(5) For information pertaining to life skills for children 13 and older, refer to the Independent Living – How Do I Guide.

(6) For information specific to the creation and completion of the FFA-O, refer to the FFA-Ongoing – How Do I Guide.

4-12. Filing the FFA-O with Dependency Court. An FFA-O must be filed with the court when a case plan is filed. The case manager must submit the completed FFA-O to CLS at least five business days prior to the following time frames for court filing per s. 39.521(1)(a), F.S.;

a. Not less than 72 hours before the disposition hearing if the disposition hearing occurs on or after the 60th day after the date the child was placed in out-of-home care.

b. Not less than 72 hours before the case plan acceptance hearing, if the disposition hearing occurs before the 60th day after the date the child was placed in out-of-home care and a case plan has not been submitted pursuant to this paragraph, or if the court does not approve the case plan at the disposition hearing.

c. The court may grant an exception to the requirement for an FFA-O upon finding that all the family and child information required by s. 39.521(2), F.S., is available in an FFA-I filed with the court. The case manager is still required to complete the FFA-O.

# Chapter 5

## CASE PLANNING TO SUPPORT FAMILY CHANGE

5-1. Purpose. The case plan is a formal agreement that is co-constructed with parent(s)/legal guardian(s). The case plan creates a specific road map for the changes that need to occur in order for a child to be safe in the parent(s)'/legal guardian(s)' care without any outside supervision and how those changes will be facilitated. The case plan defines actions that the parent(s)/legal guardian(s), the Department, and other parties will take. The case plan establishes goals, outcomes, resources needed, and delineates who is responsible for the cost of services. For court cases involving the placement of a child out of the home, case planning is also used to ensure that statutory requirements are being addressed to help achieve permanency and child well-being.

5-2. Family Engagement Standards for Preparing to Build a Case Plan for Change. The purpose of family engagement standards for building a case plan with families is that parent(s) are more likely to succeed with making the changes that are vital to their child's safety and well-being when they are well-engaged in the case planning process. It is the case manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required.

a. The case manager must make continuous efforts to engage the parent(s)/legal guardian(s) whether the case is non-judicial or judicial.

b. Closely linked to effective family engagement are the use of the family's resource network and the creation of a family team. All of the persons involved with the family, the resource network and professionals, need to function as a unified team to engage the family and to collaborate in assessment, case planning, and on-going monitoring activities.

c. The case manager will explain to the parent(s)/legal guardian(s):

(1) The purpose of a case plan.

(2) The benefits to the parent(s)/legal guardian(s) and the agency to work together to build the plan.

(3) The plan will describe what the parent(s)/legal guardian(s) will do, as well as other team members to support the parent.

(4) The agency and the parent(s)/legal guardian(s) will monitor how the plan is working and determine when it needs to be modified.

(5) Explain the expectation to make every reasonable effort to help the child achieve permanency with their family within time limits set by the Florida legislature that require parents/legal guardians to make substantial progress to achieve permanency for the child within 12 months.

d. The case manager will explore with the parent(s)/legal guardian(s) whether extended family members or others might be resources to participate in a family team meeting to develop a case plan. Based on the family team meeting model that the case manager's agency uses, the case manager will:

(1) Explain the agency's use of family team meetings.

(2) Explain how team meetings work.

(3) Determine who the family would like to invite to their team meeting.

5-3. Co-Constructing a Case Plan with Parent(s)/Legal Guardian(s) and Child(ren).

a. The case manager will co-construct the case plan with parent(s)/legal guardian(s). Per s. 39.6011(1)(a), F.S., the case plan must be developed in a face-to-face conference with the parent(s)/legal guardian(s) of the child, any court-appointed guardian ad litem, and if appropriate, the child and temporary custodian of the child. Family Team Conferencing, utilizing a trained facilitator, is considered best practice.

b. In cases involving intimate partner violence, the case manager will discuss with the survivor any safety precautions necessary for the case plan conference, including whether it should be held jointly with the perpetrator.

c. The case manager should discuss with the family who they would like to invite to the meeting, including the possible benefits of having any of the children in the family participate in the meeting.

d. Children, when age appropriate, must be allowed to actively participate in the development of their own case plan, as well as any revision or addition to the plan. Their participation in the actual case plan conference should be based on discussions and feedback from the child and parent(s)/legal guardian(s).

(1) The child may find it helpful to include persons of their choice in discussions about the child's needs and case plan options to address those needs. Up to two members of the case planning team may be chosen by the child unless the case manager, after consultation with a supervisor, believes that such individual(s) would not act in the best interests of the child [reference section 475(1)(B) (42 U.S.C. 675(1)(B)].

(2) Per s. 39.6035, F.S., children who are age 17 years and older must participate in the development of the transition plan which must be approved by the court before the child's 18th birthday.

e. Prior to a case plan conference, the case manager should discuss with the parent(s)/legal guardian(s) and children, if attending the conference:

(1) What will occur during the conference.

(2) The requirement in s. 39.521(1), F.S. for any person responsible for Substance Misuse or a Substance Exposed Newborn per CFOP 170-4, a substance abuse disorder evaluation and participation in services recommended by the evaluation must be included in the case plan.

(3) What the agency, parent(s)/legal guardians, and children, if attending the conference, hope to accomplish at the conference.

(4) Possible family conflicts that might arise and ways to ensure that all family members can freely participate.

(5) To the extent possible, the date, time, and location of the case plan conference.

f. The following are the recommended steps to achieve consensus with the family and their team:

(1) Case planning conferences should:

(a) Review the strengths of each parent/legal guardian including the protective capacities that are working well.

(b) Review the strengths of each child in the family.

(c) Review what progress the parent has already made.

(2) The family goal and the Department goal for the child will be presented to the team and discussed. For the cases involving a child in out-of-home care, the use of a concurrent goal should also be discussed per the requirements in Chapter 4 of this operating procedure.

(3) The case manager is responsible for re-stating the identified diminished protective capacities as an outcome, an observable, sustained change in behavior, condition, or circumstance.

(4) The team will review, discuss, and agree on the case plan outcomes. The outcomes must reflect the:

(a) The changed behavior, condition, or circumstance of the parent.

(b) Child needs that require case planning. For the child in out-of-home care, the case plan must ensure that the child's well-being needs, including stability in the placement, are met.

(5) The team should work with the parent(s)/legal guardian(s) to identify the services and activities which the parents believe are the best match for them, and what is the best set of first steps they are ready to tackle. This includes:

(a) Discuss any barriers to the chosen actions, services, and activities.

(b) Identify special considerations that may be considered barriers and solutions that need to be addressed (e.g., parent work schedule, incarceration, correctional facilities).

(c) Identify language or cultural considerations.

(d) Identify what needs to be in place for the parents to achieve change, such as transportation, child care, housing, funding, or other external factors that might prevent access; include services that may or may not be available through the correctional facilities, and any facility regulations.

(e) Discuss and determine solutions to barriers.

(6) The team will determine appropriate case plan actions, tasks and services, and completion dates to achieve outcomes. The case manager will explore with the parent(s)/legal guardian(s) the choices, if any, of interventions (e.g., supports, treatment providers, other services) that are available and that may be helpful to achieving the outcomes established.

(a) The team will determine service or treatment needs of the parent(s)/legal guardian(s) and child based on information, including consideration of evaluations or professional assessments that have been gathered up to this point. If the child is younger than school age, any records from a child care program, early education program, or preschool program including attendance requirements should be assessed.

(b) Services that are necessary for case plan tasks need to have descriptions as follows:

1. The type of services or treatment.

2. The date the service or referral for the service will be provided.

3. The date by which the parent/legal guardian must complete each task.

4. The frequency of services or treatment provided.

5. The location of the delivery of the services.

6. The provider responsible for the services or treatment.

7. Whether the parent/legal guardian is responsible for the cost of any services in the plan.

(7) In all cases, the case plan must include the minimum number of face-to-face meetings to be held each month between the parents and the case manager to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements.

(8) In cases that include incarcerated parents, case managers are to confirm with a point of contact of the institution regarding a list of available and unavailable services. A confirmation of communication and list of services or lack thereof should be attached to the case plan.

(9) Judicial case plans and any amendments must be approved by the court. Any court-ordered changes to the case plan must be updated in FSFN.

(10) The case plan must be signed by all parties, except that the signature of a child may be waived if the child is not of an age or capacity to participate in the case-planning process.

5-4. Case Plan Outcomes/Tasks for Non-Maltreating Parent(s)/Legal Guardian(s).

a. Outcomes for parent(s)/legal guardian(s) who have been assessed using the OPHA will be based on agreement with the parent to the fullest extent possible as to what will help the parent achieve the concurrent permanency goal that has been established for the child.

b. FSFN functionality is designed to allow the case manager to create case plan outcomes and tasks for a non-maltreating parent, based on the OPHA. In such cases, one case plan worksheet will be used to document the outcomes and tasks for both the maltreating and the non-maltreating parent(s).

5-5. Supervisor Consultation and Approval.

a. There must be a minimum of one consultation, specific to the case plan, prior to the supervisor’s approval of a case plan.

b. The case manager should consider seeking supervisor consultation when needed to explore issues and provide feedback regarding progress and/or challenges in achieving:

(1) Family partnership, collaboration, and self-determination.

(2) Use of least intrusive approaches and services that encourage a progressive move toward restoring parents’ responsibility for child safety whenever it is safe and appropriate to do so.

(3) Obtaining culturally relevant and individualized services and interventions.

(4) Assisting parent(s)/legal guardian(s) with the process of change (including normalizing ‘resistance’), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents’ hesitancy to make change, and effective ways to assist the parents to continue to make positive steps toward change.

(5) Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.

(6) Providing direction about whether an immediate protective action should be taken to manage a child's safety if the case manager or supervisor becomes aware of a circumstance when a child is unsafe.

5-6. FSFN Documentation.

a. Meetings with parent(s)/legal guardian(s) or the child and other persons to co-construct a case plan should be documented on the Meetings page in FSFN. Any documents created at the meeting or about the meeting may be scanned into FSFN and attached to the Meeting page. The actual documentation of a case plan using FSFN functionality may occur during a meeting with the family or afterwards.

(1) The FFA-O, Family Change section will be used to document parent and child input including concerns.

(2) Case notes should document notification to the child regarding the child's choice to choose members of the case planning team.

(3) The documentation of a case plan begins with the creation of a case plan worksheet. If a non-maltreating parent who resides in a different household needs tasks in the plan, they are added directly to the maltreating parent's case plan worksheet.

(4) The case must be split when maltreating parents living in separate households and have other children as a result of new relationships. A separate case shell, FFA-O, and Case Plan must be developed to ensure confidentiality of new family units and children.

(5) The case plan type selected in FSFN will determine the information that must be captured on the seven tabs in the Case Plan Worksheet (Judicial, Non-Judicial In-Home, Non-Judicial Out-of-Home). Judicial out-of-home cases will require completion and/or updating the additional pages provided in FSFN.

(6) Case Plan Worksheets depend on correct information in FSFN as to parties to the case plan; the case manager should ensure that demographics in the FSFN record are updated and accurate including:

(a) Names, including spelling, dates of birth, addresses, role of persons.

(b) Professional contacts.

(c) Family Support Network contacts.

(7) For out-of-home cases, the child's Placement module in FSFN should be current and accurate to support information that pre-fills the case plan worksheet or supports information in it. Most of the following information can be edited when accessed through the Case Plan Worksheet; however, the case manager will need to refresh the Case Plan Worksheet when information is updated on another page associated to the case plan worksheet.

(a) Summary placement information is derived from the placement pages. Although the case manager may not be the person who enters the information, the case manager should ensure that the information is accurate as it will populate the case plan submitted to the court and is also the basis for contract outcome measures. The case manager should review the begin and

end dates for the current removal episode and any placement changes associated with current removal episode.

(b) Completed and current information in the Department of Revenue (DOR) Child Support Record.

(c) The case manager should ensure that information in the child's functioning domain is aligned with:

1. Completed and accurate information on the Medical/Mental Health page. Ensure information is current as the Case Plan Worksheet will require a summary as to the child's current medical, dental, and/or mental health issues, treatments, and diagnoses.

2. Completed and accurate information on the Education page. A narrative is required when the child is not performing on grade level. If the child is receiving an Exceptional Student Education (ESE) and does not have an appointed education surrogate, the case manager will need to provide a narrative explanation.

3. If the child has a Master Trust, the current account balance will need to be recorded. If the child needs a Master Trust established, the case manager must identify a date when the trust will be established.

(8) The case manager will create a Case Plan Worksheet. FSFN Case Plan Worksheet Functionality is designed to support changes throughout the life of any case including the need for multiple children with the same parent/legal guardian to have one case plan. The Case Plan Worksheet is able to follow the child(ren) from the delivery of services through non-court or court-supervised in-home cases, dependency, foster care, and/or the termination of rights of the parents. Case Plan Worksheets are never "frozen" in FSFN. When changes to the case plan are needed, the Case Plan Worksheet allows for ease of case plan updates.

(a) Information in the FFA-O that will pre-fill the Case Plan Worksheet:

1. The Family Change Strategy, including the Danger Statement, Family Goal, Ideas and Potential Barriers.

2. Child needs as well as caregiver protective capacities that have been rated as a "C" or "D" will display on the Case Plan Worksheet so that relevant case plan outcomes can be created.

(b) The case manager will enter outcomes, tasks, and persons responsible for the tasks. If a service referral request is needed, the case manager will complete the following information using the Case Plan Worksheet:

1. Responsible Party for Cost.

2. Location of Delivery of Services.

3. Date of Referral.

4. Frequency of Service.

5. Services Category.

6. Sub-services category.

(9) The case manager will select the type of case plan to be created, non-judicial or judicial, from the Case Plan Worksheet page.

(a) The supervisor is expected to provide a case consultation and approval of any Case Plan. Judicial Case Plans should be approved by the supervisor prior to submission to court.

(b) The supervisor consultation will be recorded as a supervisor consultation in Case Notes.

(c) Once the Non-Judicial Case Plan has been approved by the supervisor or the Judicial Case Plan has been accepted by the court, the supervisor will approve the document which will "freeze" that document. This will ensure that there is a record of the case plan as approved on that date. If changes are needed at any time to the case plan, the case manager will make changes on the Case Plan worksheet in order to produce a new legal document.

b. A copy of the final case plan that has been signed by the parent(s)/legal guardian(s) should be scanned and uploaded in FSFN. A copy of the signature page only is not sufficient legal documentation when it is not attached to the case plan the parent/legal guardian signed.

(1) Non-Judicial Plans which have been approved by the supervisor are uploaded directly to the File Cabinet in Ongoing Services.

(2) Judicial Plans approved by the court are uploaded to the File Cabinet using the Legal Page.

c. The following FSFN resource is located on the FSFN "How Do I Guide" page: Case Plan Worksheet – How Do I Guide.

# Chapter 6

## EVALUATING FAMILY PROGRESS

6-1. Purpose. Evaluating family progress is a collaborative review and conclusion about enhanced caregiver protective capacities and child needs. The evaluation includes information from the case manager, parent(s)/legal guardian(s), temporary caregivers, treatment providers and others who are a part of the remediation process. The evaluation of family progress should be continuous and result in timely modifications to safety plans and case plans as progress, or lack thereof, is made. Sufficient evaluation of family progress is critical to achieving permanency goals for children in accordance with established timeframes. The evaluation of family progress is documented in Progress Updates which provide the agency's formal justification and record for the current safety plan and all case plan actions. Per requirements in s. 39.701, F.S., judicial reviews must be conducted by the court at a minimum of every six months from the date of a child's removal to review the child's status as to placement stability, progress towards permanency, and other aspects of well-being.

6-2. Purposeful Case Management Contacts.

a. Contacts are one of the primary methods used by case managers to evaluate family progress as well as to evaluate the sufficiency of a safety plan. Contacts regarding safety management are outlined in CFOP 170-7, Chapter 11, paragraph 11-2, "Monitoring Responsibilities."

(1) The case manager will make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. The primary case manager is responsible for monitoring that the child's needs, as defined in Chapter 3 of this operating procedure, are being met whether the child remains with a parent/legal guardian or is in an out-of-home placement.

(2) At least every 90 days, or more frequently if warranted based on the safety plan, the case manager shall make an unannounced visit to the child's current place of residence.

(3) Contacts with parent(s)/legal guardian(s) must occur at a minimum every 30 days. The frequency of face-to-face contact with parent(s) should be driven by safety management as well as what the case manager needs to achieve as a result of the contact. When meetings with parent(s) occur at least every 30 days or more frequently, the case manager is better able to assist parent(s) with moving through the stages of change and progressing towards goal achievement. Refer to Appendix A to this operating procedure, "Progress Evaluation Facilitative Objectives," for further discussion as to the progress evaluation objectives with parent(s), children, and providers.

(4) When a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.

(5) When non-maltreating parent(s)/legal guardian(s) have outcomes and/or tasks that have been added to the case plan, face-to-face contacts shall be every 30 days.

(6) When an out-of-county services case manager is responsible for courtesy supervision or when another case manager conducts the contact with the child or parent on behalf of the primary worker, the primary case manager remains responsible for reviewing the contacts made to determine the quality of the contact and addressing any concerns.

b. The case manager is responsible for ongoing communication and collaboration with the family, team members involved, and the court to effectively evaluate family progress. If the case plan is targeting the correct issues and casework practice reflects consistent efforts to engage the family and

the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the case plan remain appropriate or have been met and whether the strategies, services, and interventions are working effectively or not to achieve lasting child safety or permanency.

c. The case manager is responsible for helping the parent(s)/legal guardian(s) and the team identify how to measure change in behavior, family conditions, or dynamics. This includes:

(1) Identify how the other persons, including any out-of-county services workers involved in the case plan, will determine if adequate progress is being made.

(2) Explain to the parent(s)/legal guardian(s) that every service provider involved in the case plan will be asked to provide certain information including:

(a) Notify the agency immediately when it is believed a child is in danger or threat of harm.

(b) Provide updates to the parent(s)/legal guardian(s) about progress or lack thereof in meeting outcomes or in meeting the child or family's needs at the time of parent contacts.

(3) Identify expectations for when team meetings will occur and what the team will address.

(4) Follow local operating procedures for periodic team meetings with the parent(s)/legal guardian(s), providers, and the family resource network to discuss progress towards case plan goals, and any safety plan and case plan modifications needed.

d. Monitoring activities of the case manager to evaluate family progress include, but are not limited to:

(1) For the child, gathering information to determine whether the child's medical, mental health, and/or developmental needs are being adequately addressed by the parent(s)/legal guardian(s) and the parents and/or any other caregivers are getting the child to necessary appointments and accessing identified resources. This includes the following:

(a) Have a conversation with a verbal child; the focus of the conversation should be the child's feelings regarding his or her safety in the home or current placement.

(b) Getting feedback from the child as to whether they are visiting the persons that they wish to see, with adequate frequency and quality of the visitation setting, and transportation arrangements.

(c) Providing the child with information that is age-appropriate as to the progress of their parent(s)/legal guardian(s), case plan goals and outcomes.

(d) Assessing the quality of the child's placement setting in terms of meeting their basic needs for care including routine health care and supervision.

(e) Assessing whether the child's special medical or mental health and educational needs are being adequately addressed. Additional information may be needed from treatment providers or other persons to assess the whether the child's special medical and mental health needs are being adequately addressed. The child's school attendance, review of school records, and any educational assessment may be necessary to ensure the child's educational needs are being met. If the child is younger than school age, developmental needs shall be addressed through an

assessment should be conducted of any records from a child care program, early education program, or preschool program, including attendance requirements.

(f) Determining whether the out-of-home caregiver for the child has any needs for support, including services or training that might be critical to the child's placement stability.

(2) The case manager must complete the following actions to evaluate the current status of caregiver's protective capacities and to confirm the sufficiency of any safety plan. These actions will be a combination of in-home visits, parent contacts for the child in an out-of-home plan, and on-going communication with any current safety plan providers.

(a) Have face-to-face contact with parent(s)/legal guardian(s) and any non-maltreating parent or alternate caregivers that a child has been released to or placed with.

(b) Provide the parent(s)/legal guardian(s) with information as to their progress towards achieving case plan outcomes. Feedback should begin with the positive findings and praise, reinforcement, and encouragement. When information has been gathered from providers, other team members, or the case manager's own observations and concerns that reflect a lack of progress, it is the obligation of the case manager to share that information as well. The case manager should explore the caregiver's perception as to the quality of treatment services including any barriers, interpersonal conflicts, or other safety management or case management challenges.

(c) Assess whether there have been any changes in the parent(s)/legal guardian(s) conditions, attitude, ability or willingness to support the current in-home plan, or to create an in-home plan to achieve reunification.

(d) Determine whether the parent(s)/legal guardian(s) continue to be cooperative, or would now be cooperative, with safety services necessary for an in-home safety plan as evidenced by:

1. The parent(s)/legal guardian(s) is agreeable to the safety services necessary for an in-home safety plan.

2. The parent(s)/legal guardian(s) is cooperative with all participants in the safety plan.

3. The parent(s)/legal guardian(s) is participating as expected in the actions and the time requirements of the ongoing safety and case plan.

4. The parent(s)/legal guardian(s) is meeting the expectations detailed in the ongoing safety plan.

5. Whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.

6. Determine whether the condition of the child is satisfactory and danger threats to the child are being actively managed.

6-3. When a New Progress Update Is Required.

a. Case notes will be used to document new information learned through family contacts and other activities that will be taken into consideration when the family assessment is formally updated and documented. Reports from treatment providers and evaluations received will be scanned into the FSFN

file cabinet under the relevant Image Category and Image Type to ensure that the child's record is current.

b. A new Progress Update will be created in FSFN at a minimum every 90 days from the approval date of the FFA-O or last Progress Update. A new Progress Update will be created sooner when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a formal re-evaluation of protective capacities and child needs. Such times include, but are not limited to:

(1) When safety management has resulted in a decision to remove a child from home.

(2) At the birth or death of a sibling.

(3) Upon the addition of a new family member, including intimate partners.

(4) Before changing the case plan to include unsupervised visits.

(5) Before recommending or implementing reunification as Conditions for Return are met.

(6) Before a recommendation for case closure.

(7) When a case has been dismissed by the court.

c. The case manager shall seek a supervisory case consultation to review case dynamics when case circumstances include any of the following. The case consultation will determine if a Progress Update should be completed prior to the 90-day period based on the discretion of the supervisor.

(1) When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.

(2) When an emergency change in a child's out-of-home safety plan placement is needed.

(3) When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan is needed.

(4) After any review (i.e., judicial, administrative, state, or county QA) recommends or directs that changes be made.

(5) At receipt of a new investigation or report of domestic violence in the home.

d. Before every required judicial review hearing or citizen review panel hearing, the Progress Update must also include pertinent details relating to the child that includes, but is not limited to:

(1) Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.

(2) A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement, any concerns for the stability of the placement, and what efforts have been undertaken to ensure the child's stability.

(3) The amount of fees assessed and collected from parent(s)/legal guardian(s) during the period of time being reported.

(4) The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

(5) The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.

(6) The number of times a child's educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.

(7) If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

(8) Copies of all medical, psychological, and educational records that support or indicate a change is needed to the terms of the case plan, and that have been produced concerning the parent(s)/legal guardian(s) or any caregiver since the last judicial review hearing.

(9) Copies of the child's current health, mental health, and education records.

(10) When children are in out-of-home care, visitation and family time opportunities are evaluated for quality and frequency using the ratings in CFOP 170-1, Chapter 2, "Core Safety Concepts." The case manager should determine if the frequency and quality of family time arrangements need to be modified to provide more sufficient opportunities to meet any of the following or other objectives:

(a) Provide an opportunity for parent(s)/legal guardian(s) to practice new skills and if using a parenting coach, to acquire new skills and improve parent-child interactions.

(b) Provide critical information about parental capacity to safely meet the needs of their child in a less restricted form of family time such as unsupervised or overnight visitation.

(c) Ease the pain and potential damage of separation for all.

(d) Help the child to eliminate self-blame for removal.

(e) Support the child's adjustment to a new caregiver's home.

(f) Reinforce the parent(s)'/legal guardian(s)' motivation to change.

(g) Offer a potentially therapeutic intervention, rather than just "a visit."

(h) Provide a unique opportunity for the parent(s)/legal guardian(s) to observe the parenting skills of foster parents who are willing to co-parent.

(i) Help parent(s)/legal guardian(s) gain confidence in their ability to care for their child.

(j) Provide opportunities for parent(s)/legal guardian(s) to be up-to-date on their child's developmental, educational, therapeutic, and medical needs as well as their child's religious and community activities.

(k) Family time may provide an opportunity to heal damaged or unhealthy relationships between the parent(s)/legal guardian(s) and other family members who may be caregivers.

(11) In all court supervised cases, the case manager is required to provide the court with an overall evaluation of case plan compliance at each judicial review. The overall case plan compliance evaluation will be based on the case manager's assessment of progress on all of the outcomes, and when a child is in out-of-home care, the quality and frequency of family time. The case manager will choose from the following:

(a) The parent(s)/legal guardian(s), though able to do so, did not comply substantially with the case plan, and the agency recommendations;

(b) The parent(s)/legal guardian(s) did substantially comply with the case plan; or,

(c) The parent(s)/legal guardian(s) has partially complied with the case plan, with a summary of what has been partially completed, additional progress needed, and the agency recommendations.

(12) In out-of-home cases, a statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents must be provided to the court along with the Progress Update.

6-4. Progress Updates for Dependent Children 17 Years Old.

a. At the first judicial review hearing held subsequent to the child's 17th birthday, the Department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later.

b. For any child that may meet the requirements for appointment of a guardian pursuant to Chapter 744, F.S., or a guardian advocate pursuant to s. 393.12, F.S., the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad item; the temporary custodian of the child; and the parent(s)/legal guardian(s), if parental rights have not been terminated.

c. At the judicial review hearing, if the court determines pursuant to Chapter 744, F.S., that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child and that no less restrictive decision making assistance will meet the child's needs:

(1) The Department shall complete a multidisciplinary report which must include, but is not limited to, a psychosocial evaluation and educational report if such a report has not been completed within the previous two years.

(2) The Department shall identify one or more individuals who are willing to serve as the guardian advocate pursuant to s. 393.12, F.S., or as the plenary or limited guardian pursuant to Chapter 744, F.S. Any other interested parties or participants may make efforts to identify such a guardian advocate, limited guardian, or plenary guardian. The child's biological or adoptive family members, including the child's parent(s)/legal guardian(s), if the parental rights have not been terminated, may not be considered for service as the plenary or limited guardian unless the court enters a written order finding that such an appointment is in the child's best interests.

6-5. Actions Following Progress Updates. Based on the Progress Update as to the progress that parent(s)/legal guardian(s) are making as well as any changes in the status of children, the case manager will determine whether any changes are needed to:

a. The safety plan.

b. Case plan goal(s).

c. Case plan outcomes.

d. Case plan activities and tasks.

e. Case plan services provided and/or service providers.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for a case consultation and the approval of any completed Progress Update.

6-7. FSFN Documentation.

a. The child's record in FSFN should be updated with new information, including the completion of all contact notes. This ensures that the child's record is current and provides all of the relevant supporting documentation for a new Progress Update. The child's case record in FSFN should be reviewed and updated as follows:

(1) Ensure that all chronological notes are current.

(2) Update information about case participants including their relationship to the child and contact information.

(3) Ensure that Living Arrangement/Child Placement information is correct and that most current safety plan is in the child's record.

(4) Update Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.

(5) Update Education information which includes current school information (case manager can enter school information which reflects past school attendance history). This section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, as well as diploma and certificate information.

b. It is important for the case manager to always create a new Progress Update in FSFN in order to document the current assessment. This will ensure that prior versions of the Progress Update remain intact. When a new Progress Update is created, it will prefill with information from the most recent version which should be edited and updated to provide current progress information.

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.

(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the FFA-O and Progress Update will be used.

(3) The case manager will confirm that the parent(s)/legal guardian(s) whose behaviors need to change are the primary focus of the Progress Update and will determine which other persons

will be associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, paragraph 2-3, “Focus of Family Assessment.”

(4) When a new Progress Update is created, it will be pre-populated with information already entered in any previous FFA-O or Progress Update for ease of review. The case manager will delete, edit, and add information to compose a new description, based on further information gathered and assessed which will support any progress or change in protective capacities and the child needs. The new Progress Update prepared by the case manager will provide a current status description for child functioning, adult functioning, parenting approach and discipline: based upon case manager observations, conversations, and information gathered from other team members involved including all service providers. The status description will provide:

(a) A description of what each family assessment area (child functioning, adult functioning, parenting, and discipline) looks like currently based on assessment information gathered from the different sources which are included.

(b) When pertinent for an in-home case, and for all out-of-home cases, the case manager is responsible for incorporating a summary of relevant information about the child’s educational status, medical/mental health, and independent living skills into the child functioning domain.

(c) The information in the family assessment areas should support the case manager’s scaling of Caregiver Protective Capacities and Child Strengths and Needs.

c. The case manager will ensure that information received from any of the parent(s)/legal guardian(s) treatment providers informs their current assessment of protective capacities. If there have been improvements or a decline in any of the protective capacity ratings, the basis for those changes must be described in the information domains, current status descriptions.

d. The case manager will update the scaling of Caregiver Protective Capacities using the ratings in CFOP 170-1, Florida’s Child Welfare Practice Model, Chapter 2, “Core Safety Concepts,” and establish the baseline ratings for any new parent/legal guardian. If there is a diminished capacity rating of “C” or “D” that will not be addressed in the case plan, the reasons need to be provided.

e. For any new household members who have significant caregiver responsibilities, the case manager will provide assessment information specific to that person and rate their caregiver protective capacities.

f. The case manager will ensure that information received from any of the child’s treatment providers and out-of-home caregivers informs their current assessment of child strengths and needs. The case manager should update the scaling of “Child Strengths and Needs” indicators using the ratings in CFOP 170-1, Chapter 2, “Core Safety Concepts,” and establish the baseline ratings for any new child in the home.

(1) If a child has a need that is scaled at a “C” or “D” there should be a narrative description as to whether or not the parent(s)/legal guardian(s) is adequately meeting the need.

(2) When parent(s)/legal guardian(s) with an in-home safety plan are adequately meeting child needs, they do not need to be addressed in the case plan.

g. A new Safety Analysis should be written to justify and document why current safety services should continue, if less intrusive safety actions are feasible, if the Conditions for Return should be modified, or if other actions to achieve a lasting safety resolution are needed.

h. Each time a Progress Update is completed, each case plan outcome will be evaluated to determine the extent to which the parent(s)/legal guardian(s) is making progress. The case manager will rate progress with each outcome using the ratings provided in CFOP 170-1, Chapter 2, paragraph 2-12. Given progress, or lack thereof, case plan outcomes might need to be adjusted.

i. FSFN functionality is designed to support the case manager in preparing a Judicial Social Study Report (JSSR) that meets all of the statutory requirements. The case manager will complete the Judicial Review Worksheet in FSFN to capture additional information for court cases involving a child in out-of-home care. FSFN will create a final JSSR for the court that pulls all necessary information from both the Progress Update and Judicial Review Worksheet.

j. The following FSFN resources are located on the FSFN “How Do I Guide” page:

(1) Progress Update – How Do I Guide.

(2) Judicial Review Worksheet – How Do I Guide.

Chapter 7

# MODIFYING A CASE PLAN

7-1. Purpose. Progress Updates will provide a concise, current understanding of the child and family's status and progress so that the current case plan outcomes, interventions and services can be evaluated for their continued appropriateness. The knowledge gained from ongoing assessments will be used to update the case plan to create a self-correcting process that leads to finding what works for the child and family. The case plan will be modified when outcomes are met, strategies are determined to be ineffective, and/or new needs or circumstances arise.

7-2. Team Meeting to Develop Case Plan Modifications.

a. The family team should play a central role in conducting a review of the current case plan's effectiveness. Reviews might also be conducted through an internal staffing or a judicial hearing.

b. Case plan reviews should result in agreement as to:

(1) How is the child and family doing? Has their situation changed? What is the progress that has been achieved in enhancing caregiver protective capacities?

(2) What is the status of impending danger safety influences?

(3) Has there been progress in achieving conditions for return?

(4) Has there been a change in parent(s)/legal guardian(s) motivational readiness?

(5) Have new child or parent(s)/legal guardian(s) needs emerged?

(6) For the child in out-of-home care, are there emerging needs of the caregiver in order to ensure child stability?

(7) Are supports and services being delivered as planned? Are providers dependable?

(8) How well are the mix, match, and sequence of supports and services working?

(9) How well do these arrangements actually fit the child and family?

(10) Are advance arrangements for any child transitions being identified and accomplished?

(11) Are desired results for child and parent(s)/legal guardian(s) being produced?

(12) What things in case plan need to be changed in order to improve results desires?

c. When children are in out-of-home care, reviews will consider whether visits and appropriate interactions are occurring now? If so, are visits:

(1) Frequently occurring?

(2) Therapeutically appropriate?

(3) Conducive to relationship building with parent(s)/legal guardian(s) and siblings?

(4) Located in a convenient and least restrictive setting?

(5) Rescheduled in a timely manner?

(6) Increasing in frequency and duration and decreasing in supervision, if appropriate?

(7) Being used to assess reunification appropriateness?

(8) Providing mentoring opportunities for parent(s)/legal guardian(s)?

(9) Are other forms of family contact, interactions, or connecting strategies being used (e.g., phone calls, letters, family photos, tapes, Skype, recordable book, life books) when appropriate?

(10) Is there an effort to integrate the parent(s)/legal guardian(s) into other beneficial connections (e.g., participation in doctor's appointments, teacher conferences at school, sporting events, etc.)?

(11) What steps are being provided to encourage contact between children and incarcerated parent(s)/legal guardian(s) when appropriate?

d. The key decisions and range of options that will be considered and identified at a review meeting include:

(1) Modifying the case plan outcomes, actions, tasks and/or services to ensure time and resources are not wasted on a flawed strategy.

(2) Reunification of the children and family with an in-home safety plan.

(3) Changing the visitation plan to improve the quality and/or frequency of visits.

(4) Changing the permanency goal if adequate progress is not made.

(5) Increasing court and casework activity to ensure an alternate plan for permanence (e.g., adoption, transfer of guardianship) is secured.

(6) Seeking and/or renewing a commitment from parent(s)/legal guardian(s) to actively participate in change-oriented services.

(7) Closing the case when a safety plan is no longer required.

e. A Progress Update must be completed to justify changes necessary to a case plan. Any new assessment information that results from a case plan review meeting will be included in the Progress Update.

f. A court-supervised case plan may be amended upon approval of the court.

g. Case plan amendments must include service interventions that are the least intrusive into the life of the parent(s)/legal guardian(s) and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child’s safety and well-being needs.

7-3. Supervisor Consultation and Approval. The supervisor will approve any modifications to the case plan.

7-4. FSFN Documentation.

a. When a case plan is modified, the case manager must ensure that the child's record is updated to support all information gathering activities including any case review conducted.

b. A Progress Update will provide the information gathered and assessed which is the basis for the case plan modification(s).

# Chapter 8

# OUT OF COUNTY SERVICES

(Publication Pending)

# Chapter 9

## SAFE CASE CLOSURE

9-1. Purpose. To ensure that there is standardized criteria for the closure of child welfare cases that involved an unsafe child.

9-2. Requirements for Closure.

a. A case should be closed when a determination has been made that the child's safety plan is no longer necessary per CFOP 170-7, Chapter 13, "Discontinue a Safety Plan" and the child has also achieved a permanency goal. When reunification cannot be achieved, the case will not be closed until legal custody of the child has been established through court proceedings.

b. If a child is not safe, the case may be closed only when all of the following remedies have been attempted:

(1) Per paragraph 4-7 of this operating procedure, "Difficulty Engaging the Parent(s)/Legal Guardian(s)." All reasonable efforts to engage the parent(s)/legal guardian(s) have been made.

(2) Per CFOP 170-7, Chapter 1, paragraph 1-8, "Staffings with Children's Legal Services." Staffings have been held and consensus has been reached or the dispute resolution process has been completed.

c. In every case, there must be a Progress Update that provides the justification for closure.

(1) Any providers that are continuing to work with the family will be notified as to case closure.

(2) Termination of services in those cases where a Florida child has been legally placed into another state (the receiving state) pursuant to the Interstate Compact on the Placement of Children requires the prior written concurrence of the receiving state Compact office before any action to terminate supervision and/or jurisdiction can be accomplished. Such other state's written concurrence must, when received, be placed in the case record and a copy attached to the appropriate report to the court.

d. The supervisor must ensure that cases in which the court has ordered supervision are not closed until an order has been entered by the court terminating supervision and a copy has been placed in the case record. Local procedures may allow the Living Arrangement/Placement to be end dated and the child system information "deactivated" as the child and family are no longer receiving services; however, the case cannot be formally closed until the order is received and placed into the file.

9-3. Supervisor Consultation and Approval. After a case consultation, a supervisor may approve case closure. Consultation will be provided to the case manager to explore issues and provide feedback regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

9-4. FSFN Documentation. The progress made toward resolving the problems which resulted in Department intervention will be documented in an updated Progress Update.

# Chapter 10

## SUPERVISOR CONSULTATION AND APPROVAL REQUIREMENTS

10-1. Purpose. The following provides a summary of required supervisor approvals and case consultations. Discussion points for required and optional supervisor case consultations are offered given the many different case dynamics that case managers may seek assistance with.

10-2. Supervisor Consultations Defined. Supervisor consultations are guided discussions at specific points in the case management process that apply the child welfare practice model criteria focused on promoting effective practice and decision-making. Effective supervisor consultations provide modeling of strength-based interviewing, encouraging case manager input and ideas; and offering feedback. Case consultations provide the supervisor opportunities to learn about the quality of practice of the case managers assigned to them. This includes understanding the interpersonal skills that their case managers use to engage families, knowing how to build and use effective family teams, critically thinking and assessing family dynamics throughout the life of a case, and ultimately which case managers need additional support and professional development.

10-3. Supervisor Consultation General Requirements. Supervisors are expected to have significant expertise to provide consultation around the child welfare practice model including the foundational skills that case managers must have. Supervisor consultation includes:

a. Supervisory activities to provide case consultation include field support (by phone or in person), direct observations of case management interviews, consultations in the office, active modeling and coaching.

b. Supervisor consultations promote and develop the case manager's understanding of their responsibilities, skills, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services.

c. Through case consultations the supervisor is able to assess case manager skills and determine what supports are needed. Throughout the on-going services, the supervisor will consult with the case manager to support their skill development as to:

(1) Their approach to family engagement.

(2) Due diligence with gathering and documenting information this is sufficient, valid and reconciled.

(3) Case manager's critical thinking and analysis.

(4) Case manager's concerns and areas of help needed.

(5) Use of other team members for the case to increase understanding and/or actions needed.

d. Supervisor consultation is required for the approval of family functioning assessments; safety plans; and case plans and progress assessment. Supervisor consultation should be provided more frequently based on the case manager's request for assistance or when the supervisor has identified that more support with a complex case is needed regarding progress and/or challenges in achieving case plan outcomes or permanency goals.

e. Supervisor consultation should occur in such a way that there is a balance between assuring that expectations for caseworker accountability are met while at the same time respecting and

supporting the learning and growth of case managers. Supervisors should recognize that they are most effective at improving caseworker and family outcomes when:

(1) He/she brings a “big picture” meaning to the job for casework staff;

(2) He/she is able to instill a sense of ownership and commitment among casework staff for achieving standards for intervention;

(3) He/she communicates clear expectations for casework practice and provides guidance to staff in a collegial way; and,

(4) He/she is able to build competency, support independence and promote critical thinking among casework staff.

f. A supervisor consultation associated with the approval of a case manager’s work includes the expectation that the supervisor is reviewing for the case manager’s due diligence in gathering and documenting sufficient information that is the basis for major decisions impacting child safety and well-being.

10-4. Oversight of Safety Plan Management. Consultations provided as required, or requested by the case manager, throughout the duration of the case should include focus on how the safety plan is controlling for the danger threat(s) and whether it is the least intrusive necessary. When children are in an out-of-home safety plan, the focus is on continuous evaluation of the Conditions for Return.

a. Approval of Safety Plans. Within five business days of case transfer, the supervisor will conduct a consultation with the case manager to affirm that the safety plan is reasonable and adequate. The supervisor will determine that:

(1) The case manager is clearly able to describe and document how Impending Danger is manifested in the home.

(a) How long has the family condition been concerning or problematic?

(b) How often is the negative condition actively a problem or affecting caregiver performance?

(c) What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?

(d) What stimulates or causes the threat to child safety to become active?

(e) How is the child vulnerable to the threat?

(2) The plan is the least intrusive and most appropriate.

(3) The parent(s)/legal guardian(s) were involved in the assessment.

(4) It is clear how the Safety Plan is controlling and managing Impending Danger.

(5) The Safety Plan is clear and sufficient to manage the identified danger threats while case management and services are implemented.

b. Within 5 days of any safety plan modification, the supervisor will conduct a consultation with the case manager for purposes of affirming the safety plan. The supervisor will determine that:

(1) The case manager is clearly able to justify the need for the level of intrusiveness by Safety Analysis criteria.

(2) The parent(s)/legal guardian(s) were involved in the assessment.

(3) It is clear how the plan will control and manage impending danger.

(4) The case manager is clearly able to describe in documentation how Impending Danger is manifested in the home.

(5) The plan is the least intrusive and most appropriate.

c. A Supervisor Consultation will be conducted to review and approve/deny an “Other Parent Home Assessment” to ensure that it conforms to the requirements in CFOP 170-7, Chapter 6.

(1) Sufficient information, including background screening, was gathered in a face-to-face interview with the parent(s)/legal guardian(s) and a walk through of their residence, including information which supports a decision to release, or not release, a child with their parent.

(2) Discuss case planning around reasons for denial of release of child or areas of support needed.

d. A Supervisor Consultation will be conducted to approve a home study of a family-made arrangement. The Supervisor will affirm that:

(1) The parents/legal guardians made the decision as to the family arranged caregivers, not the primary worker.

(2) It is clear how the family arranged caregivers will control and manage the danger threat(s).

(3) Appropriate interviews, background checks and assessment of caregivers have been completed the supervisor is able to affirm that the caregivers in a family-made arrangement are reasonable and adequate.

(4) When changes to an in-home safety plan are necessary and a family arrangement occurs during the course of case management, supervisors are required to consult with a manager, manager designee or consultative team.

e. The following are examples of questions the supervisor might use to explore the case manager’s case preparation activities:

(1) Do we understand how and when the danger threat manifests well enough to be able to plan around it?

(a) What must be controlled?

(b) How can it be controlled?

(c) Why can’t it be controlled in the home?

(d) Can anyone other than the caregiver control it?

(e) Can anyone substitute for the caregiver?

(f) Can home or family circumstances be adjusted?

(g) What are the attitudes, capacities and willingness of the caregivers?

(2) Do we understand what must change to meet Conditions for Return? Are the conditions written clearly? Conditions for Return should:

(a) Focus on what will control impending threats.

(b) Justify against the safety planning analysis:

1. Calmness and consistency of home environment.

2. Willingness and capacity of caregivers.

3. Kinds of in-home safety actions and safety services needed.

4. Suitability of resources and people.

(3) Have Conditions for Return been met and can an in-home safety plan be implemented?

(a) The home environment is stable enough to sustain the use of an in-home safety plan.

(b) Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.

(c) Safety services are available and accessible at the level of effort required to assure safety in the home.

(d) Safety service providers are committed to participating in the in-home safety plan.

(e) The in-home safety plan will provide the proper level of intrusiveness and level of effort to manage safety threats. There have been specific changes in family circumstances and/or protective capacities that would allow for the use of an in-home safety plan.

(f) What progress toward improving diminished caregiver protective capacities has been made?

(g) What changes in the circumstances within the family, home or among caregivers?

(4) Evaluation as to sufficiency of the current safety plan and if it can be less intrusive or needs to be more intrusive?

(a) Is the safety plan the least intrusive means that can effectively manage all danger threats occurring within the family?

(b) Evaluate the level of commitment and alignment of the safety resources, do they understand the threat, are they aligned with the child/agency, are they able to act to protect the child?

(c) How do the safety action keep the child safe?

(d) Are the actions specific including the person responsible for each task, when the task will start, how often the task will happen, who the resources or people who will help?

(e) What level of safety management is needed to adequately oversee the safety plan to ensure it is working as designed to keep the child safe?

(f) Evaluate whether all safety service providers understand their role, expectations and how often follow up will occur

10-5. Approval of Family Functioning Assessment-Ongoing.

a. A supervisor consultation which focuses on the family assessment is required in all cases prior to approval of the FFA-Ongoing**.**

b. The supervisor consultation will seek to support the case manager in an assessment of their skills as well as their assessment of the family as follows:

(1) Identify the ways in which the case manager attempted to gain parent(s)/legal guardian(s) involvement, partnership, and mutual agreement in the process of protective capacity assessment.

(2) Identify what strengths (enhanced protective capacities) the case manager was able to identify and build on, and how that was communicated to the parent(s)/legal guardian(s).

(3) Identify which specific diminished protective capacities has the case manager identified that are most related to the identified danger threats and how that was communicated to the parent(s)/legal guardian(s).

(4) Identify whether the case manager can articulate, observable, measurable changes that will lead to sustained child safety.

(5) Confirm with case managers that the outcomes, when achieved, will likely result in an increase of protective capacities and/or reduce or eliminate or manage danger threats such that agency intervention will no longer be necessary to manage child safety.

(6) Identify staff needing additional support and/or complex cases that will require intensive supervisory support. Establish clear direction as to when future case consultations should occur.

(7) Assist the case manager when the case manager experiences challenges in reaching a mutually agreed upon decision with the parent(s)/legal guardian(s) about outcomes or interventions.

10-6. Approval of Case Plans.

a. There must be a minimum of one supervisor consultation, specific to the case plan, prior to approval of a case plan.

b. The supervisor consultation should be provided to the case manager to explore issues and provide feedback regarding progress and/or challenges in achieving:

(1) Family partnership, collaboration, and self-determination.

(2) Use of least intrusive approaches and services that encourage a progressive move toward restoring parent(s)/legal guardian(s) responsibility for child safety whenever it is safe and appropriate to do so.

(3) Obtaining culturally relevant and individualized services and interventions.

(4) Assisting parent(s)/legal guardian(s) with the process of change (including normalizing 'resistance'), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents' hesitancy to make change, and effective ways to assist the parent(s)/legal guardian(s) to continue to make positive steps toward change.

(5) Achieving appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists.

(6) Providing direction about whether an immediate protective action should be taken to manage a child's safety if the case manager or supervisor becomes aware of a circumstance when a child is unsafe.

c. If parent(s)/legal guardian(s) are still highly resistant and/or are unwilling to engage with the case manager during or at the conclusion of the exploration stage, a supervisor consultation is required to:

(1) Provide the case manager with an opportunity to assess family dynamics and sources of resistance.

(2) Support the case manager in considering other efforts to engage the parent(s)/legal guardian(s) and in determining next steps.

10-7. Approval of Progress Updates. Supervisor consultations provided to support the case manager's adequate evaluation of family progress are of the utmost importance in determining the direction of ongoing intervention. Supervisor consultation should be provided to the case manager as needed to explore issues, promote the case manager's critical thinking, and provide feedback.

a. The supervisor is responsible for the approval of any completed Progress Update. A Progress Update will be completed at a minimum every 90 days or at times when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a re-evaluation of protective capacities and child needs. Such times include but are not limited to the following:

(1) When safety management has resulted in a decision to remove a child from home.

(2) At the birth or death of a sibling.

(3) Upon the addition of a new family member, including intimate partners.

(4) Before recommending or implementing reunification as Conditions for Return are met.

(5) Before a recommendation for case closure.

(6) When case has been dismissed by court.

b. The supervisor should consider the case manager's need for consultation in the following areas:

(1) The case manager's consistent monitoring and assessment of family progress:

(2) Is the child welfare professional focusing on behavioral change by caregivers or compliance?

(3) Is the child welfare professional focused on understanding the child's well-being needs so that they can determine whether those needs are being addressed by the parent(s)/legal guardian(s) or out-of-home caregiver?

(4) Do the child welfare professional's methods for gathering information and measuring progress include the appropriate parties (e.g., parent(s)/legal guardian(s), substitute caregivers, children, service providers, etc.)?

(5) For the child in out-of-home care, is the child welfare professional focused on any indicators that a child's placement may be in danger of disrupting, and actions are necessary to ensure the child's stability?

(6) The case manager's consistent assessment as to whether the activities of the team members and the case plan strategies are effectively supporting the family change process:

(a) If reunification (with an in-home safety plan) is considered feasible, is there a corresponding increase of casework activity to thoroughly plan for this?

(b) Is the level of visit frequency and other monitoring that the case manager (and others) has with the family post-reunification sufficient to assure that the safety plan is working dependably?

(c) What specific strategies are being used in the change process for this child and family?

(d) If there are differences of opinion regarding the level of progress, does the child welfare professional attempt to reconcile those differences?

(e) Is the child welfare professional open to considering a lack of progress as connected to:

1. A lack of parental involvement in the plan's creation?

2. A poorly conceived intervention strategy?

3. Service providers whose services are not adequate for the interventions needed?

(f) Are the behaviors and conditions that are measured related to the central issues: the danger threats and gaps in protective capacities?

(g) Is there a thoughtful distinction made between all the central problems being resolved and enough of a change that an in-home safety plan can be implemented (and sustained while further change occurs)?

(h) Is this step of evaluating and considering effectiveness of strategy carried out by the child welfare professional as a deliberate *process*, or does it have characteristics of collecting reports and filling out required forms?

10-8. Required Consultations at Critical Junctures. The case manager is required to seek a supervisor consultation to review case dynamics when case circumstances include any of the following. The supervisor consultation may also determine if a Progress Update should be completed prior to the 90 day period; however, that will be based on the discretion of the supervisor.

a. When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.

b. When an emergency change in a child's out-of-home safety plan placement is needed.

c. When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan seems indicated.

d. After any review (i.e., judicial, administrative, State, or County QA) recommends or directs that changes be made.

e. At receipt of a new investigation or report of domestic violence in the home

f. There are new Children in an Open Case. Supervisor consultation will be provided to ensure the child welfare professional's due diligence in:

(1) Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.

(2) Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.

(3) The supervisor should participate in family team meetings or staffing to the extent possible to support decision making as to modifications necessary to the current safety plan or case plan.

10-9. Approval of Case Plan Modifications.

a. Supervisors will provide a consultation prior to approving modifications to a case plan.

b. The Supervisor should develop an understanding of the following questions with regard to the quality of the case plans under their purview:

(1) How frequently is the plan's effectiveness evaluated by the case manager?

(2) Is there a genuine concurrent plan that is being actively pursued and sustained in the event that change is not likely in a timely way?

(3) How well are resources matched to the strategies that are to meet needs and achieve planned outcomes?

(4) Are services that are being provided to child and family working well? If not, why not?

(5) Are any and all urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?

(6) Are there any identified needs for changing service providers to better meet a need? If so, can the change be made timely so there's continuity of service? If change was needed, why, and can new service engaged timely?

10-10. Approval of Safe Case Closure. A supervisor consultation to approve case closure is for the purpose of ensuring that safety and permanency have been achieved.

10-11. Consultations for Case Preparation Activities. Supervisor consultations that may be provided to assist the case manager with preparation activities should involve a wide array of considerations, including but not limited to the following:

a. Determine the need for case manager's safety.

b. Allow case manager the opportunity to ask questions.

c. Facilitate discussion as to what is already known and what additional information gathering is necessary to reconcile or fill gaps.

d. Affirm the case manager's approach to engaging the family.

e. Affirm that the case manager has the skills necessary or determines what supports are needed.

f. To the extent practical, supervisor consultation related to preparation activities should be considered with a face-to-face or telephonic consultation between the supervisor or designee and the case manager when a case involves:

(1) Life threatening injuries or a child fatality.

(2) Severe domestic violence perpetrated against a parent (bite marks, attempted strangulation, assault of pregnant mother, injuries requiring medical treatment, threats of homicide or suicide).

(3) Potential danger to the case manager.

(4) "High profile" participants (Department/Community Based Lead Agency/sheriff staff, public officials or celebrities, etc.).

(5) All cases assigned to a provisionally certified case manager.

g. The following are examples of questions the supervisor might use to explore the case manager's case preparation activities:

(1) What significant gaps in information does the Case management Case Manager identify in FFA? Does the Case Management Case Manager believe that the gaps in information may have implications for child safety?

(2) Is it clear to you as the supervisor what the impending danger is in the family and why specific impending danger threats were selected?

(3) If you and the Case Manager have any questions regarding the justification for identified impending danger threats, consider how case information meets the impending danger definitions and determine specific questions to ask the previous worker during the transfer meeting.

(4) Does your Case Manager clearly understand how impending danger is occurring in the case? Prior to initiating the Case Management Introduction Stage, it is critical that your Case Manager is able to articulate a clear understanding regarding identified impending danger.

(5) Based on an understanding of impending danger and the Safety Analysis, what is your Case Manager's judgement regarding the sufficiency of the Safety Plan?

(6) Is the Safety Plan least intrusive and most appropriate as reflected in the Safety Analysis?

(7) If an In-Home Safety Plan was developed by the CPI, does the In-Home Safety Plan seem appropriate?

(8) Does Safety Analysis seem to confirm the use of a particular type of Safety Plan?

(9) Do safety services and/or safety service providers match up with the way that safety influences exist in the family?

(10) Consider the need to make adjustments to the Safety Plan (as indicated).

(11) What is already known about the family in terms of past child welfare investigations and services that are documented in FSFN? What additional information might be obtained from any prior caseworkers or service providers? If prior involvement of the family was recent or extensive, should there be a staffing with past professionals involved?

(12) Which individuals are likely to know the family well enough to provide information on an on-going basis during case management about child and adult functioning, general parenting and disciplinary and behavior management practices?

(13) Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs next interviews line of questioning, etc.)?

(14) Are there any discernible patterns of 'out-of-control' behaviors (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the Case Manager should have a heightened awareness of and knowledge as to how to approach intervention?

(15) Is there a need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to meeting the family?

(16) When, where, and with whom will the Case Manager initiate contact?

(17) Based on what we know from the FFA, are there any implications with respect to how we should engage this family? Are caregivers likely to express resistance to the process? What are the implications for how the Case Manager should consider intervening?

(18) Are there specifics to the safety plan that will need attention prior to or during the introductory meeting? How does the Case Manager plan on addressing safety management issues? Are there indications that a safety plan may need to be adjusted?

(19) Is there any need for the Case Manager to be accompanied by another child welfare professional or supervisor?

10-12. Supervisor Consultation Introduction Activities. Supervisor consultation that may be provided after the case manager's introductory meeting with the family should provide the case manager an opportunity to discuss with the supervisor their approach to engaging the family.

a. What did the case manager do that they feel worked well and why?

b. What does the case manager wish they had done differently and why?

c. What does the case manager plan to do next to continue building family engagement and trust?

d. Examples of questions the supervisor might ask include the following:

(1) Were there elements of the introduction that were missed and will need additional attention in subsequent meetings?

(2) Did the case manager get pulled away from the "client orientation" aspect of the Introduction Stage?

(3) Was the case manager able to clearly articulate their role, and how do they know caregivers understood?

(4) To what extent does your staff feel that they were able to build partnership with caregivers?

(5) How did they describe/discuss the impending danger? What were the caregivers' reactions to the reason why the case was opened?

(6) How did they feel about conducting the interview?

(7) What did they find frustrating?

(8) Did they get stuck at any point?

(9) What did they do really well, and what might they do better next time?

(10) How can you help make this process easier or more understandable?

10-13. Supervisor Consultation about Child Needs. Supervisor consultation may be provided to support the case manager in identifying any experts and/or resources that might be beneficial in evaluating or addressing child needs. A supervisor consultation for exploration of child strengths and needs might provide the case manager an opportunity to consult with the supervisor as to:

a. Child strengths and needs.

b. How such needs impact child's daily functioning.

c. Impact on care and supervision of child.

d. Whether the parent/legal guardian(s) and other involved caregiver(s) understand and are attending to identified child needs.

e. Any supportive services that parent(s)/legal guardian(s) or caregiver needs.

f. Case managers concerns and areas of help needed.

g. Consultation necessary with other team members to achieve stability of the child's placement.

10-14. Supervisor Consultation about Protective Capacities. Supervisor consultation and coaching that may be provided for those case managers who need additional support and coaching with family exploration activities related to caregiver protective capacities may accomplish any of the following:

a. Provide the case manager an opportunity to consult with the supervisor as to their approach to engaging the family through exploration activities.

(1) What does the case manager feel worked well and why.

(2) What does the case manager wish he/she had done differently and why.

(3) What does the case manager plan to do next to continue building family engagement and trust.

b. Provide the case manager and opportunity to present and discuss any of the following:

(1) Danger Statement.

(2) Conditions for Return.

(3) Safety Plan.

(4) Caregiver protective capacities that are a strength or are diminished.

(5) Assessment of family goal, input for case plan, perceived barriers.

(6) Resources or support needed from supervisor.

(7) Next steps.

10-15. FSFN Documentation of Supervisor Consultations.

a. The Supervisor will use the Supervisor Consultation page to document all required consultations with case managers that associated with the FFA-O or Progress Update.

b. The Supervisor will use the Case Notes page as follows:

(1) **Review, Supervisor.** Use this note type for required monthly or quarterly case reviews. If review also serves the dual purpose of a required supervisor consultation, both note types may be selected.

(2) **Supervisor Consultation.** Use this note type for consultations associated with safety management, Judicial Reviews, Case Planning activities and any required "2nd Tier" consultations.

c. The notes for a case consultation will provide at least the following information:

(1) Type of consultation in terms of:

(a) Face-to-face.

(b) Telephonic.

(c) Field observation.

(d) Other venues.

(2) Which safety constructs and related criteria were focus of consultation, such as but not limited to:

(a) Present danger elements.

(b) Impending danger threshold criteria.

(c) Type of danger threat.

(d) Information sufficiency criteria.

(3) Indicate whether review included related documentation.

(4) Statement which describes Supervisor’s appraisal, such as but not limited to:

(a) Concur or do not concur with assessment of safety construct, actions taken, next steps, etc.

(b) Concur or do not concur with information sufficiency.

(c) A description of expectations as to follow-up actions by the case manager

## Appendix A: Progress Evaluation Facilitative Objectives

| | Information Sources | Facilitative Objectives and Assessment Content |
|---|---|---|
| **MINIMUM MONTHLY CONTACTS** | **Parent(s)/Legal Guardian(s)**<br>*Child Welfare Professional maintains acceptable amount of contact with caregivers to reinforce working relationship and facilitate change* | • Reinforce engagement and collaboration<br>• Support Caregiver Self-Determination<br>• Accurate perception of conditions resulting in Impending Danger<br>• Emphasize what must change related to diminished Caregiver Protective Capacities<br>• Encourage accurate perception, agreement, and/or continued commitment regarding Outcomes for Change (enhanced Caregiver Protective Capacities)<br>• Support caregiver involvement in addressing and meeting the needs of children<br>• Address caregiver motivational readiness for change<br>• Assess the sufficiency of in-home safety plans<br>• Consider the potential for a less intrusive safety plan<br>• Consider the need to step up the level of intrusiveness of the safety plan |
| **MINIMUM MONTHLY CONTACTS** | **Children**<br>*Child Welfare Professionals maintain acceptable amount of contact to effectively manage child safety and assure that the needs of children are met. It is important that contact with children coincide with the scheduling of the progress evaluation.* | • Assess child safety<br>• Elicit impressions from children regarding safety plan sufficiency<br>• Assess the needs of children<br>• Consider progress being made in addressing the needs of children |
| **MINIMUM MONTHLY CONTACTS** | **Case Plan Service Providers**<br>*Child Welfare Professional maintains Reasonable Contact with Service Providers to facilitate change* | • The approach to change oriented service provision<br>• Evaluate efforts made by change service providers to address outcomes<br>• Evaluate efforts being made by caregivers to address case plan outcomes<br>• Evaluate caregiver participation in change oriented services<br>• Consider barriers to service provision and/or barriers to change<br>• Elicit feedback regarding changes that might influence safety plan sufficiency |
| **MINIMUM MONTHLY CONTACTS** | **Safety Plan Service Providers**<br>*Child Welfare Professional maintains an acceptable amount of contact with safety plan service providers to assure continued safety plan sufficiency* | • Evaluate changes that could influence the sufficiency of safety plan<br>• Verify the amount and frequency of safety services<br>• Determine continued commitment of safety plan service providers<br>• Consider the need for adjustment to the safety plan |

| | | |
|---|---|---|
| **PROGRESS EVALUATION TEAM MEETING** | **Case Plan Team:**<br>**Caregivers**<br>**Change Service Providers**<br>**Safety Plan Service Providers**<br>**Children (as appropriate)** | Objectives include reaching conclusions regarding the following:<br>• Effectiveness of the case plan<br>• Sufficiency of the Safety Plan<br>• Progress toward achieving case plan outcomes<br>• The need for revising the Safety Plan<br>• The need for revising the case plan<br><br>Specific discussions with family and team members should include:<br>• Status of impending danger safety influences;<br>• Progress in enhancing caregiver protective capacities;<br>• Existing caregiver protective capacities that support change;<br>• Specific indicators for measuring observable behavioral change;<br>• Progress in achieving conditions for return (reunification);<br>• Safety planning analysis related to the least intrusive provision of protection and the sufficiency of safety plans;<br>• Caregiver motivational readiness;<br>• Caregiver participation in case plan service delivery;<br>• Addressing child needs;<br>• Anticipated date by which the child will return home or achieve another identified permanency outcome; and<br>• Effectiveness of case plans services and verification that case plan services are occurring as directed.<br>• Assessment of family visitation and need for change to visitation plan |
| **TEAM MEETI NG FOLLOW-UP** | **Parent(s)/Legal Guardian(s)**<br><br>*Child Welfare Professional follows up with caregivers to debrief review revisions to the safety plan and/or case plan as applicable* | • Review the conclusions regarding the status of progress related to enhancing Caregiver Protective Capacities.<br>• Discuss and confirm revisions to the safety plan.** If progress evaluation resulted in a determination to proceed with reunification, begin planning when and how the reunification process will occur.<br>• Discuss and confirm revisions to the case plan.<br>• Emphasize how revisions to the case plan are intended to address outcomes for change.<br>• Seek and/or renew a commitment from caregivers to actively participate in change-oriented services. |