



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

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

DATE: October 16, 2025

TO: Florida Abuse Hotline
Child Protection Directors
Community-Based Care Lead Agency CEOs

FROM: Brooke Bass, Assistant Secretary for Child & Family Well-Being

SUBJECT: Updates to CFOP 170-4: Child Maltreatment Matrix; and 170-11, Chapter 6: Normalcy

PURPOSE: This memorandum serves to inform all Florida Abuse Hotline staff and child welfare professionals of updates to CFOP 170-4: Child Maltreatment Matrix; and 170-11, Chapter 6: Normalcy, based on Chapter 2025-167, Laws of Florida (SB 1286) as it relates to the definitions of “harm” in Chapter 39, F.S., and the criminal definition of “neglect of a child” in s. 827.03(01)(e), F.S.

BACKGROUND: Chapter 2025-167, Laws of Florida (SB 1286) changes the statute definitions of “harm” and “neglect of a child” to clarify that leaving a child unsupervised constitutes harm or neglect only if it results in the child being unable to care for their own needs, subjected to obvious danger of which the child’s caregiver knew or should have known, or is unable to exercise reasonable judgment to avoid serious harm during a crisis. The law also adds language stating that leaving a child without an adult, unsupervised, should not be construed to restrict a caregiver from allowing a child of sufficient maturity and physical condition to engage in independent activities, unless it constitutes reckless endangerment. Such activities include, but are not limited to, traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, and remaining at home or another location for a reasonable period.

Harm:

Amends s. 39.01(37), F.S., revising the definition of "harm" to a child's health or welfare. It clarifies that leaving a child without supervision is only considered harmful if the child is subjected to obvious danger that the caregiver knew or should have known about, or the child cannot exercise reasonable judgment to avoid serious harm when responding to physical or emotional crises.

The law explicitly allows caregivers to permit sufficiently mature children to engage in independent unsupervised activities, including traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home for reasonable periods of time. These activities would only be considered harmful if allowing them constitutes conduct so reckless as to endanger the health or safety of the child. The law also makes the same provisions for the definition of neglect within the context of the definition of harm.

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Neglect of a child:

Amends s. 827.03(1)(e), F.S., revising the definition of "neglect of a child" in criminal statutes by:

1. Adding a "willful" standard, requiring that a caregiver's failure to provide necessary care be willful rather than merely negligent.
2. Excluding from the definition of neglect situations where caregivers allow children to engage in independent activities unless such permission constitutes "willful and wanton conduct that endangers the health or safety of the child".

INFORMATION TO FLORIDA ABUSE HOTLINE STAFF AND CHILD WELFARE PROFESSIONALS:

- Hotline staff should gather detailed information from reporters to determine whether the statutory requirements described above are met.
- Child welfare professionals should fully assess a child's ability to care for their own needs, exposure to obvious danger, and capacity to exercise reasonable judgment in a crisis.
- Caregivers should not be restricted from allowing children of sufficient maturity and physical condition to engage in independent activities unless doing so constitutes reckless or willful endangerment

ACTION REQUIRED: Please share this memorandum with all staff responsible for assessing child abuse/neglect reports at the Florida Abuse Hotline and all child welfare professionals.

CONTACT INFORMATION: If you have any questions regarding this memo please contact Roberto A. Mendoza, CPI Policy Specialist, at Roberto.Mendoza1@myflfamilies.com

cc: Community Directors
Grainne O'Sullivan, Director of Children's Legal Services

CF OPERATING PROCEDURE
NO. 170-4

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, October 16, 2025

Child Welfare

CHILD MALTREATMENT INDEX

1. **Purpose.** The purpose of the Child Maltreatment Index (Index) is to guide consistent and accurate decision-making by both the Florida Abuse Hotline (Hotline) counselors and field investigation staff. The standards include a definition of each specific maltreatment, factors to consider in the assessment of each maltreatment, frequently correlated maltreatments, excluding factors and the specific documentation needed to verify a maltreatment.
2. **Scope.** The Index applies to all reports received at the Hotline and all child protective investigations conducted under Chapter 39, Florida Statutes (F.S.).
3. **Definitions.** For the purposes of this operating procedure, the following definitions shall apply:
 - a. **Abandonment.** A situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this definition, "establish or maintain a substantial and positive relationship" includes, but is not limited to: frequent and regular contact with the child through frequent and regular visitation; frequent and regular communication to or with the child; and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term does not include a surrendered newborn infant as described in s. [383.50](#), F.S., a "child in need of services" as defined in s. [984.03](#), F.S., or a "family in need of services" as defined in s. [984.03](#), F.S. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment (s. [39.01](#), F.S.).
 - b. **Abuse.** Any willful act or threatened act that results in any physical, mental or sexual abuse, injury or harm that causes or is likely to cause a child's physical, mental or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child (s. [39.01](#), F.S.).
 - c. **Allegation.** A statement by a reporter to the Hotline that a specific harm or threatened harm to a child has occurred or is suspected to occur. (Rule [65C-30.001](#), Florida Administrative Code (F.A.C.))
 - d. **Harm.** To a child's health or welfare can occur when any person (s. [39.01](#), F.S.):
 1. Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity (multiple number or large variety) of the injury; and the type of trauma inflicted. Such injury includes, but is not limited to:

(a) Willful acts that produce the following specific injuries:

1. Sprains, dislocations, or cartilage damage.
2. Bone or skull fractures.
3. Brain or spinal cord damage.
4. Intracranial hemorrhage or injury to other internal organs.
5. Asphyxiation, suffocation or drowning.
6. Injury resulting from the use of a deadly weapon.
7. Burns or scalding.
8. Cuts, lacerations, punctures or bites.
9. Permanent or temporary disfigurement.
10. Permanent or temporary loss or impairment of a body part or

function.

(b) As used in this subparagraph, the term willful refers to the intent to perform an action not to the intent to achieve a result of to cause injury.

(2) Purposely giving a child poison, alcohol, drugs, or other substances that substantially affect the child's behavior, motor coordination, or judgment or that result in sickness or internal injury. For the purposes of this subparagraph, the term "drugs" means prescription drugs not prescribed for the child or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II of s. [893.03](#), F.S.

(3) Leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs, is subjected to obvious danger of which the child's caregiver knew or should have known, or is unable to exercise reasonable judgement to avoid serious harm to himself or others in responding to any kind of physical or emotional crisis. This subparagraph may not be construed to restrict a caregiver from allowing a child of sufficient maturity and physical condition from engaging in independent unsupervised activities, including, but not limited to, traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home or any other location for a reasonable period of time, unless allowing such activities constitutes conduct that is so reckless as to endanger the health of safety of the child.

(4) Inappropriate or excessively harsh disciplinary action that is likely to result in physical injury, mental injury as defined in this section, or emotional injury. The significance of any injury must be evaluated in light of the following factors: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted. Corporal discipline is considered excessive or abusive when it results in any of the following or other similar injuries:

- (a) Sprains, dislocations, or cartilage damage.
- (b) Bone or skull fractures.

- (c) Brain or spinal cord damage.
- (d) Intracranial hemorrhage or injury to other internal organs.
- (e) Asphyxiation, suffocation, or drowning.
- (f) Injury resulting from the use of a deadly weapon.
- (g) Burns or scalding.
- (h) Cuts, lacerations, punctures or bites.
- (i) Permanent or temporary disfigurement.
- (j) Permanent or temporary loss or impairment of a body part or function.
- (k) Significant bruises or welts.

(5) Commits or allows to be committed sexual battery, as defined in s. [794.011](#), F.S., or lewd or lascivious acts, as defined in Chapter [800](#), F.S., against the child.

(6) Allows, encourages or forces the sexual exploitation of a child, which includes allowing, encouraging or forcing a child to:

- (a) Solicit for or engage in prostitution; or,
- (b) Engage in a sexual performance, as defined by s. [827.071](#), F.S.; or,
- (c) Exploits a child or allows a child to be exploited, as provided in s. [450.151](#),

F.S.

(7) Abandons the child. Within the context of the definition of “harm,” the term “abandoned the child” or “abandonment of the child” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this paragraph, “establish or maintain a substantial and positive relationship” includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term “abandoned” does not include a surrendered infant as described in s. [383.50](#), F.S., a child in need of services as defined in Chapter [984](#), F.S., or a family in need of services as defined in Chapter [984](#), F.S. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child’s welfare can support a finding of abandonment.

(8) Neglects the child. Within the context of the definition of “harm,” the term “neglects the child” means that the parent or other person responsible for the child’s welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so; however, the term does not include a caregiver allowing a child to engage in independent and unsupervised activities unless allowing such activities constitutes reckless conduct that endangers the health or safety of the child. Such independent and unsupervised activities include, but are not limited to, traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home or any other location for a reasonable period of time. A

parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone, but such an exception does not:

(a) Eliminate the requirement that such a case be reported to the Department;

(b) Prevent the Department from investigating such a case; or,

(c) Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician, as defined in s. [39.01](#), F.S., or treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

(9) Exposes a child to a controlled substance or alcohol. As used in this definition, the term “controlled substance” means prescription drugs not prescribed for the parent or not administered as prescribed and controlled substances as outlined in Schedule I or Schedule II of s. [893.03](#), F.S. Exposure to a controlled substance or alcohol is established by:

(a) A test, administered at birth, which indicated that the child’s blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or,

(b) Evidence of extensive, abusive and chronic use of a controlled substance or alcohol by a parent to the extent that the parent’s ability to provide supervision and care for the child has been or is likely to be severely compromised.

(10) Uses mechanical devices, unreasonable restraints or extended periods of isolation to control a child.

(11) Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child.

(12) Negligently fails to protect a child in his or her care from inflicted physical, mental or sexual injury caused by the acts of another.

(13) Has allowed a child’s sibling to die as a result of abuse, abandonment or neglect.

(14) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian or caregiver was fleeing from a situation involving domestic violence.

e. Maltreatment. Behavior that is harmful and destructive to a child’s cognitive, social, emotional or physical development (Rule [65C-30.001](#), F.A.C.). For the purposes of this Index, “maltreatment” is the harm that occurred as the result of the maltreating behavior. There are 27 maltreatments that align with the statutory definitions of abuse, neglect and abandonment.

f. Neglect. When a child is deprived of or is allowed to be deprived of necessary food, clothing, shelter or medical treatment, or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental or emotional health to be significantly impaired or to be in danger of being significantly impaired (s. [39.01](#), F.S).

(1) Neglect of a child includes acts or omissions.

(2) The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person.

(3) A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician or other qualified health care provider; or;

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization.

g. Finding. The determination of whether there is a preponderance of credible evidence supporting the reported harm or threat of harm for each alleged maltreatment (Rule [65C-30.001](#), F.A.C.).

h. Reasonable Person. A hypothetical person used as a legal standard, especially to determine whether someone acted with negligence; specifically, a person who exercises the degree of attention, knowledge, intelligence and judgment that society requires of its members for the protection of their own and of others' interests. The reasonable person acts sensibly, does things without serious delay, and takes proper but not excessive precautions.

1. Objective. The Child Maltreatment Index incorporates the mandates of state law, administrative code rules and operating procedures applicable to reports of child abuse, abandonment or neglect.

2. Utilization. The Index is a tool to be used by both Hotline counselors and child protective investigators to guide consistent and accurate decision-making.

a. The maltreatment assignment and findings should be based upon the definitions contained in the Index and related to the information obtained by the Hotline counselor and child protective investigator.

(1) Hotline Counselors. The Index supports standard definitions and descriptions of specific types of harm to use in determining whether the reported information meets the criteria for acceptance of an investigation or special conditions report.

(2) Child Protective Investigators (CPI). The Index supports standard definitions and descriptions of specific types of harm to use in determining whether the reported information meets the criteria for verifying child maltreatment.

b. The utilization of the Index enables staff to make informed decisions about the most crucial steps in the investigation process to guide consistent and accurate decision-making related to the determination of findings, which are:

(1) Assessing whether injury or harm exists;

(2) Assessing the nature and severity of reported harm; and,

(3) Determining if the necessary documentation and evidence are present to support all maltreatment findings.

3. Findings.

a. Based upon the Index, the findings are derived from the information obtained during the investigation. Types of documentation that support making an accurate finding are noted in each of the specific maltreatments.

b. Upon completion of the investigation, investigators will reach a determination regarding each of the alleged maltreatments. This determination will be based upon whether information gathered from interviews, records reviews, and observations during the investigation and assessment constitute credible evidence of child abuse, abandonment or neglect by a parent, a legal custodian or, in the absence of the parent or legal custodian, the caregiver.

(1) The findings for each maltreatment type are entered into Comprehensive Child Welfare Information System (CCWIS) as follows:

(a) "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.

(b) "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.

(c) "No Indicators" is used when there is no credible evidence to support that the specific harm was the result of abuse, abandonment or neglect.

(2) "Preponderance" means the greater weight of the evidence is more likely than not to have occurred.

(3) "Credible Evidence" means evidence that is worthy of belief; trustworthy evidence.

c. Applying the same criteria to qualify as an allegation at Intake, investigators must also add additional maltreatments in the same household of focus that are assessed during the course of an investigation. There should be no call to the Hotline to add maltreatments to an existing Intake under investigation, except for an allegation of "Death" (Rule [65C-29.002](#), F.A.C.).

d. Although the Hotline uses the maltreatment "Threatened Harm" only for narrowly defined situations, investigators may add this maltreatment to an investigation when they are unable to document existing harm specific to any maltreatment type, but the information gathered and documentation reviewed yields a preponderance of evidence that the child is at real, significant and plausible threat of harm.

4. Maltreatments. There are 27 separate maltreatment types that can be assigned to an abuse or neglect report. Each report of abuse, abandonment or neglect must contain at least one of the following maltreatment types. There is no limit to the number of maltreatment types that may be included in a report.

Abandonment
 Asphyxiation
 Bizarre Punishment
 Bone Fracture
 Burns
 Death
 Environmental Hazards

Internal Injuries
 Intimate Partner Violence Threatens Child
 Medical Neglect
 Mental Injury
 Physical Injury
 Sexual Abuse: Sexual Battery
 Sexual Abuse: Sexual Exploitation

Failure to Protect	Sexual Abuse: Sexual Molestation
Failure to Thrive/Malnutrition/Dehydration	Substance-Exposed Newborn
Household Violence Threatens Child	Substance Misuse
Human Trafficking – CSEC	Substance Misuse – Alcohol
Human Trafficking – Labor	Substance Misuse – Illicit Drugs
Inadequate Supervision	Substance Misuse – Prescription Drugs
	Threatened Harm

5. Special Conditions Referrals: No Alleged Maltreatment Identified at Intake. There are certain special conditions reported to the Hotline that do not meet the criteria for an investigation but require a response by the Department or community-based care (CBC) child welfare professional to assess the need for ameliorative services. The four categories of these reports are defined below. Instructions on the processing of these report types are included in this Index.

a. Caregiver(s) Unavailable. Situations in which the parent(s), legal guardian(s) or caregiver(s) has been incarcerated, hospitalized or has died, and immediate plans must be made for the child(ren)'s care. This referral type also includes situations in which children are unable or unwilling to provide information about their parent(s), legal guardian(s) or caregiver(s) (s. [39.201](#), F.S.).

b. Child on Child Sexual Abuse. Situations of juvenile sexual abuse or inappropriate sexual behavior between two children.

(1) “Juvenile Sexual Abuse” means any sexual behavior by a child (17 years and under) that occurs without consent, without equality, or as a result of coercion. For the purpose of this paragraph, the following definitions apply:

(a) “Coercion” means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

(b) “Equality” means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

(c) “Consent” means an agreement, including all of the following:

1. Understanding what is proposed based on age, maturity, developmental level, functioning and experience.

2. Knowledge of societal standards for what is being proposed.

3. Awareness of potential consequences and alternatives.

4. Assumption that agreement or disagreement will be accepted equally.

5. Voluntary decision.

6. Mental competence.

(2) Juvenile sexual behavior ranges from noncontact sexual behavior, such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs, to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and various other sexual and sexually aggressive acts (s. [39.01](#), F.S., and Rule [65C-29.007](#), F.A.C.).

c. Foster Care Referral. Situations that involve possible licensing violations or regulatory infractions for children in emergency shelter or out of home placements, and concerns related to placement disruptions, case plan or safety plan violations for children under the supervision of the department, and community-based care lead agencies or their subcontracted case management providers. They do not contain allegations of abuse, neglect or abandonment. This also applies to individuals over the age of 18 who are placed in the home through extended foster care (Rule [65C-29.006](#), F.A.C.).

d. Parent Needs Assistance. Any call received from a parent or legal custodian seeking assistance for himself or herself which does not meet the criteria for being a report of child abuse, abandonment or neglect may be accepted by the Hotline for response to ameliorate a potential future risk of harm to a child (s. [39.201](#), F.S.).

BY DIRECTION OF THE SECRETARY:

BROOKE BASS
Assistant Secretary for
Child and Family Well-Being

Child Maltreatment Index

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Abandonment

Section [39.01](#), F.S.

Definition:

“Abandoned” or “abandonment” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this operating procedure, “establish or maintain a substantial and positive relationship” includes frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child.

The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian or caregiver responsible for a child’s welfare may support a finding of abandonment.

Examples of Abandonment as a maltreatment:

- Leaving a child with no apparent intention of returning
- Leaving a child with an appropriate caregiver, but failing to resume care of the child as agreed, and the caregiver cannot or will not continue to care for the child
- Refusing to resume care of a child after a family arranged placement breaks down or upon a formal discharge of the child from an institutional or facility setting

Assessing for Maltreatment

Information to inform maltreatment assessment:

- If there is another adult in the home, does the reporter think this adult household member has the ability to protect the child?
- What is the current location of the parent(s), legal guardian(s) or caregiver(s)? Assess and provide detail.
- What is known about the child’s needs and how those needs are being met?
- What, if any, is the established authority to provide care for the child?
- What arrangements did the parent or legal guardian make for the support, care and needs of the child? Assess if arrangements continue to be appropriate.
- Were the initial arrangements made by the parent meant to be temporary? Assess for duration established and ability of caretaker to continue to provide for care of the child.
- If the arrangements for the child are not appropriate, assess parental ability and/or willingness to make other arrangements for the child’s care, supervision and protection.
- Assess the parent/legal guardian relationship during absence. Determine the frequency of contact with the child and assess the parent/legal guardian’s relationship with the child, both prior to the absence and during the absence.
- Assess conditions surrounding the parent/legal guardian’s absence. Include information regarding parental functioning.
- Is the parent/legal guardian unwilling or unable to provide care for the child? Detail how the parent/legal guardian is functioning and effects on the ability/willingness to care for the child. (Medical conditions, incarceration, unmanaged mental health, substance misuse, etc.)
- Assess for prior history of parent/legal guardian, including history of providing care.
- Are there known relatives or friends of the family who can provide information? Solicit names and contact information.

Assessing for Frequently Associated Maltreatments:

- Assess for Inadequate Supervision if the parent/legal guardian left the child with a caretaker and the parent/legal guardian was aware the caretaker cannot/will not provide care for the child.
- Assess for Failure to Protect if the parent/legal guardian knowingly left the child with a caretaker(s) who is known to be unsafe, resulting in harm or significant threat of harm to children.

Excluding Factors:

- According to s. [39.01](#), F.S., absent any allegations of abuse or neglect, Abandonment does not include:
 - A “surrendered newborn infant” as described in s. [383.50](#), F.S.
 - A child who a licensed physician reasonably believes is approximately 7 days old or younger at the time the child is left at a hospital, emergency medical services station, or fire station.
 - A situation in which the only allegation is that the caregiver is late picking up the child from school, daycare or parental custody exchange.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify a maltreatment, the preponderance of credible evidence will establish that the parent or caregiver has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child. This can be documented through:

- Interview of the alleged child victim
- Interview of the Parents/Legal Guardians, Alleged Perpetrator
- Interview of Household Members
- Interviews with Witnesses/Collateral Contacts
- Analysis of any reports and interviews from law enforcement
- Analysis of prior history to assess for the parent’s absence in the child’s life
- Documentation of the parent’s contact with the child. Assess for frequency, quality and duration.
- Documentation of the CPI and the family’s efforts to locate the missing parent
- Information contained in the Maltreatment and Nature of Maltreatment domains are sufficient.

Asphyxiation/Suffocation/Drowning

Section [39.01](#), F.S.

Definition:

A willful act that results in any of the following specific injuries:

Asphyxiation: Unconsciousness or death resulting from lack of oxygen.

Suffocation: To impede breathing by strangling, smothering or other mechanical means.

Drowning: To suffocate by immersion in water or another liquid.

“Willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury. Section [39.01](#), F.S.

Examples of Asphyxiation/Suffocation/Drowning as a Maltreatment:

- Intentionally drowning a child
- Strangling a child
- Holding an object forcibly over a child’s mouth, restricting breathing
- Putting a child’s head in a toilet bowl, which impedes the child’s breathing

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- Was the child intentionally choked, suffocated or drowned, regardless of whether a physical injury was present?
- Was the child’s breathing impaired due to any of these actions?
- What was the caregiver’s physical and mental state prior to, during and after the incident?
- What was the child’s physical and mental state prior to, during and after the incident?
(Examples: partial or total loss of consciousness, physical injuries to the child, hospitalization or emergency room treatment)

Frequently Associated Maltreatments:

- Assess for “Physical Injury” if there were physical injuries to the child.
- Assess for “Medical Neglect” if any resulting injuries should have received medical treatment and did not.
- Assess for “Bizarre Punishment” if the parent/legal guardian’s intent was to punish the child.
- Assess for “Internal Injuries” if the child has brain damage from asphyxiation, suffocation or strangulation.
- Assess for “Bone Fracture” if there were fractured or broken bones (e.g., ribs that may puncture lungs).

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify a maltreatment, the preponderance of credible evidence will establish that the parent/caregiver intentionally restricted the child’s breathing through a willful act. This can be documented through:

- Interview of alleged child victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from Law Enforcement
- Assessment of the Child Protection Team

- Prior history with the family as it relates to the current maltreatment and family conditions
- Photographic evidence if any physical injuries that are present
- Documentation of the Medical Examiner's findings if the child died
- Documentation and review of medical records pertaining to the incident
- Review of "911" tapes and recordings of phone calls or conversations from the jail, if available.
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

Bizarre Punishment

Section [39.01](#), F.S.

Definition:

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

“Willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury. Section [39.01](#), F.S.

Confinement: Unreasonable restriction of a child’s mobility, actions or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain in a closely confined area, which restricts physical movement.

Torture: Deliberately and/or systematically inflicting unusual or bizarre, brutal or cruel treatment and/or severe physical pain as a means of punishment or coercion. This may be a one-time bizarre act as well as a pattern of actions.

Inappropriate/excessive use of restraints or isolation: This is the use of physical or mechanical restraint of a child when there is no threat of injury by the child against himself or herself or to another person; or when the method of restraint or degree of force utilized is not appropriate for the situation (e.g., handcuffs, belts, ropes, etc.).

Examples of Bizarre Punishment as a Maltreatment:

- Tying one or more limbs to a bed.
- Tying a child’s hands behind his or her back.
- Forcing a child into a cage.
- Forcing a child to kneel on objects that cause pain (e.g., rice, salt or gravel)
- Tying the child’s penis to stop bed-wetting.
- Using instruments to inflict physical pain and suffering (e.g., such bizarre and extreme instruments as chains, knives, tasers, etc.).
- Using restraints as a means of confining the child, refusing access to food, water and use of facilities.
- Locking a child in a closet or small room.
- Confining the child in physical environments that deprives the child of access to food/water and prevents access to others, including during times of emergencies, such as a fire.
- Forcing excessive physical exertion.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member has the ability to protect the child?
- What was the frequency and duration of the alleged maltreatment?
- What is the child’s current physical, mental and emotional condition?
- What is the child’s age and needs?
- What were the parent/legal guardian’s actions, responses, and mental and physical state, both during the incident and currently?
- Assess whether the actions were repetitive, increased, prolonged and/or severe.

- What was the parent/legal guardian's reasoning and intent for this action?
- If the child was confined, what was the location and approximate size of the confinement area?
- Did the child have access to assistance, heat and ventilation considerations, presence of lighting and bathroom facilities?
- What were the circumstances regarding the use of restraints?
- What were the physical and emotional effects on the child?
- What was the parent/legal guardian's perception of the need to use restraints?
- Did the child have access to food and water?

Frequently Associated Maltreatments:

- Assess for "Mental Injury" or "Physical Injury" resulting from bizarre punishment.
- Assess for "Medical Neglect" for injuries that should have received medical treatment but did not.
- Assess for "Failure to Protect" if other parent/legal guardian in the household is aware of the parent/legal guardian's actions and fails to provide for protection, despite ability to do so.
- Assess for "Failure to Thrive/Malnutrition/Dehydration" if child has medical manifestations that are a result of deprivation of food and water.
- Assess for "Inadequate Supervision" instead, if the parent/legal guardian is utilizing confinement as a means of providing for supervision of the child while the parent/legal guardian is absent from the home.
- If a child death has occurred due to the confinement, restraint and/or torture, add "Death."

Excluding Factors:

- Brief, unsupervised confinements, such as "time-out," would not constitute Bizarre Punishment.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify a maltreatment, the preponderance of credible evidence will establish that the parent/caregiver intentionally inflicted intense physical or mental pain, suffering, or agony that is repetitive, prolonged or severe, or that the parent/caregiver subjected the child to confinement, torture and/or inappropriate/excessive use of restraints or isolation. This can be documented through:

- Interview of Victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family as it relates to the current maltreatment and family conditions
- Assessment of the Child Protection Team, if referred
- Photographic evidence (if any) of the injuries or environment that appear related to the incident
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

For Institutional Investigations:

- Review documentation from any facility incident reports.
- Consider and analyze state standards and licensing requirements in relation to the action taken.
- Consult with the local Agency for Health Care Administration (AHCA) and/or the Department's Program Office for Substance Abuse and Mental Health (SAMH) regarding the seclusion and restraint licensing standards to determine if the use was within the scope of what is required and allowed.
- Obtain the professional opinion of a physician, psychiatrist or other mental health professional if the caregiver(s) or facility employee contends that confinement or physical restraint was recommended by a medical professional. This opinion must take into account whether the extent of the action was within the limits of the recommendation.

- Review “911” tapes and recordings of phone calls or conversations from the jail, if available.
- Review videos from within the institution.

Bone Fracture

Section [39.01](#), F.S.

Definition:

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

“Willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury. Section [39.01](#), F.S.

Examples of Bone Fracture as a Maltreatment:

- A child receives a broken bone after being slammed onto the ground by a parent
- A child receives a skull fracture as a result of the caregiver throwing him/her into a crib
- A child receives a broken bone after a parent deliberately stomps the child’s leg/arm/hand
- A child receives a broken bone after a parent hits the child with an object
- A child goes to the emergency room with a broken bone and the parents/caregivers are unable or unwilling to explain the cause of the injury
- A medical provider believes that the explanation provided for the broken bone is inconsistent with the type or severity of the injury.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- What is the explanation given for the injury?
- Is the injury unexplained or is the injury inconsistent with the explanation provided?
- Are there conflicting statements for how the injury was obtained?
- Is there a similar pattern of incidents involving the child, siblings or other children associated with the caregiver?
- What was the reaction and demeanor of the caregiver during the incident or when the history was being taken?

Frequently Associated Maltreatments:

- If the bone fracture occurred as the result of neglect, the maltreatment should apply to the type of neglect (for instance, “Inadequate Supervision” or “Environmental Hazards”).
- For injuries involving broken teeth, assess for “Physical Injury.”
- Assess for “Medical Neglect” for injuries that should have received medical treatment, but did not.
- Assess for “Failure to Protect” if another parent/legal guardian in the household is aware of the parent/legal guardian’s actions and fails to provide for protection, despite the ability to do so.
- Assess for “Inadequate Supervision” if the fracture occurred as a result of the parent/legal guardian or caregiver’s failure to provide adequate supervision for the child. Consider the age of the child and the necessity for supervision.

Excluding Factors:

- Accidental bone fractures that are not alleged to be inflicted or the result of inadequate supervision do not constitute “Bone Fracture” as a maltreatment.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the broken bone was the result of a willful act by the parent/caregiver. This can be documented through:

- Interview of alleged child victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family as it relates to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Obtaining and analyzing any medical reports to assess for prior injuries, location of fracture, the number of fractures and the aging of fractures
- Photographic evidence (if any) of the injuries or environment that appears related to the incident
- Assessment of the child's development, age and mobility
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

Burns

Section [39.01](#), F.S.

Definition:

A burn is a tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents from the willful action of the caregiver(s). Intentionally burning a child is a controlled and premeditated action.

“Willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury. Section [39.01](#), F.S.

- First Degree (Superficial): Burns or damage limited to the outer layers of the skin.
- Second Degree (Partial Thickness): Burns or damage that extend through the outer layer of the skin into the inner layer. Blistering generally will occur within 24 hours.
- Third Degree (Full Thickness): Burns in which the skin or underlying tissues are charred or destroyed.

Examples of Maltreatment:

- Child submersed in a tub of hot water as punishment for soiling his clothes
- Scalds of the hands or feet, often symmetrical with clear lines of demarcation (e.g., “stocking- glove pattern”), suggesting the extremities were forcibly immersed and held in hot liquid
- Isolated burns of the buttocks or perineum and genitalia or the characteristic doughnut-shaped burn of the buttocks, which in children can hardly ever be produced by accidental means
- Multiple scars in various stages of healing
- One or multiple small, circular burns, in various stages of healing, indicative of wounds created by a cigarette
- Burns inside the lips and on the tongue, with a V-pattern toward the chest, with spared areas near the crease of the mouth and chin, indicative of being forced to drink hot liquid
- Branding
- Oral commissure burn (assess for Inadequate Supervision)

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- What is the location on the body, size and description of the burn?
- What was the explanation given of how the injury occurred?
- Is the explanation for the burn consistent with the injury?
- Is the burn of an unknown origin, and does it appear to have been inflicted?
- Why does the person reporting believe it appears to have been inflicted vs. accidental?
- Are there conflicting explanations for the burn? Provide detail.
- Is there a pattern of similar incidents involving the child, siblings, or other children associated with the caregiver(s)?
- What was the reaction and demeanor of the caregiver(s) after the incident? Gather information regarding the parent/legal guardian actions, responses, mental and physical state during the incident and currently.
- What are the circumstances surrounding the incident that caused the injury? What happened just before and just after the incident?
- What is the child’s explanation for how the burn occurred?

Frequently Associated Maltreatments:

- Assess for “Inadequate Supervision” instead of “Burns” if the injury was not the result of a willful action.
- Assess for “Physical Injury” for rug, rope or abrasion “burns.”
- Assess for “Medical Neglect” if any resulting injuries should have received medical treatment and did not.

Excluding Factors:

- Accidental burns that were not alleged to be inflicted and in cases when no supervision issues are suspected do not constitute “Burns” as maltreatment.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify a maltreatment, the preponderance of credible evidence will establish that the parent/caregiver willfully inflicted a burn to a child. This can be documented through:

- Interview of alleged child victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family as it relates to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Documentation of physical objects that fit the burn pattern (including photographs)
- Medical reports and analysis of the medical reports
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

Death

Definition:

Death is the permanent cessation of all vital bodily functions, which includes: irreversible cessation of cerebral function, spontaneous function of the respiratory system, spontaneous function of the circulatory system, and the final and irreversible cessation of perceptible heart beat and respiration. In order to assign the maltreatment code of death, it must be alleged that the death is the result of abuse or neglect, except in the following circumstances:

- When a child under the age of 5 is found deceased outside of a medical facility and there is no information that the child had been treated for a medical problem that could have caused the death and no clear reason for trauma (such as being the victim of a car accident), the Hotline will accept an intake of "Death," with a secondary maltreatment of "Inadequate Supervision."
- When a child has died in the hospital, and it is suspected that the cause of death or the reason for the hospitalization was abuse or neglect, or if the circumstances surrounding the death are unclear, an intake of "Death" will be accepted with a secondary maltreatment of "Inadequate Supervision." When the reporter has no suspicion that the hospitalization or subsequent death was the result of abuse or neglect, and after a review of the presented facts and prior history there is no cause to suspect maltreatment, then no intake will be generated.
- When a child has died as a result of injuries from a vehicular accident in which the *parent* or *legal guardian*, while being the driver or the passenger in a motor vehicle, fails to ensure his or her child(ren) is placed in a legally required child restraint device.

"Death" is an outcome of an act or failure to act, not an actual maltreatment, and therefore cannot be a stand-alone "allegation/maltreatment." A primary causative maltreatment(s) which is believed or suspected to have caused or contributed to the death should be fully assessed.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- Has the child been declared deceased? What is the suspected cause and manner?
- How is the death suspected to have been a direct result of abuse (willful act) by a caregiver(s)?
- How is the death suspected to have been a direct result of neglect (failure to act) by a caregiver(s)?
- What is the most appropriate primary maltreatment?
- What was the caregiver(s)'s demeanor at the time of the child's death? Gather information regarding the parent/legal guardian actions, responses, mental and physical state during the incident and currently.
- Was there a delay in calling 911 or seeking medical treatment for the child?
- Did the caregiver's psychological or emotional health, substance misuse, or violence in the home directly or significantly contribute to the child's death?
- Is the parent/legal guardian or caregiver's explanation of the death consistent with the cause of death, including the type of primary maltreatment, location, and severity? Does the medical opinion support the parent/legal guardian or caregiver's explanation of the cause of death?
- Have any other children in the family died prior to this child's death? If so, what were the circumstances?
- Did the child have a pre-existing illness or medical condition? If so, was there any abuse or neglect associated with the pre-existing illness or medical condition?
- If the reporter is a medical professional, what is the person's medical opinion of the cause of

death? If the reporter is not a medical professional, are there any medical professionals available to provide a medical opinion at the time of the report?

Frequently Associated Maltreatments:

- Assess for “Medical Neglect” when the child’s death could have been prevented by timely medical attention and treatment.
- For reports of death due to neglect, the Hotline will assess for the appropriate primary maltreatment to add (e.g., “Environmental Hazards,” “Inadequate Supervision,” “Medical Neglect,” etc.).
- For reports of death due to abuse, the Hotline will assess for the appropriate primary maltreatment to add (“Physical Injury,” “Burns,” “Asphyxiation/Drowning/Suffocation,” “Internal Injuries,” etc.).

Excluding Factors:

- When a reporter is providing a documented cause of death that is not related to abuse or neglect (for example, a hospital calling in a child who died of leukemia because the hospital’s policy is to call in all child deaths), such a situation does not constitute “Death” as maltreatment.
- When a reporter indicates that the child death has been previously reported and investigated, and a Hotline record search locates the prior report in CCWIS, such a situation does not constitute a new “Death” maltreatment.
- It is not appropriate to add “Death” as an allegation to an open investigation or an open case in which the family is receiving Family Support or Case Management services when the cause of death is clearly attributable to a pre-existing medical condition or non-preventable accident. In these cases, simply update the person information screen with the date of death.
- The child’s death or the incident that led to the death must have occurred in Florida for a maltreatment of “Death” to be used.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child died due to abuse, neglect or abandonment and will require an additional maltreatment code to be verified as well. This can be documented through:

- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team on the surviving children only (Mandatory Referral)
- Photographic evidence (if any) of the injuries or environment that appears related to the incident
- Documentation from the Medical Examiner
- Information obtained from medical records for the child prior to the child’s death
- Information obtained from Emergency Medical Services or other first responders
- Drug screen results
- A detailed timeline of events tied to the caregiver(s)’s activities preceding the death, at the time of the death, and after the child’s death
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

Environmental Hazards

Section [39.01](#), F.S.

Definition:

Environmental hazards are living conditions or situations that create a significant threat to a child's immediate safety or longer term physical, mental or emotional health due to the actions or non-actions of the caregiver. This includes hazardous conditions and inadequate shelter, clothing or food.

Environmental hazards generally are a symptom of deeper, underlying problems with a caregiver's neglect and lack of stimulation. Further evaluation of the caregiver(s) is warranted to determine underlying causes and to determine the significance and impact on child's safety.

- **Hazardous Conditions/Drug Labs:** The sale, distribution or manufacturing of drugs from a child's residence or in the child's presence. The living conditions could seriously endanger a child's physical, mental or emotional health.
- **Inadequate/Hazardous Shelter:** The child's living conditions are unsanitary or dangerous to the point that they pose a significant threat to the child's safety or health, as the result of the caregiver(s)'s failure to take action to correct the conditions.
- **Inadequate Clothing:** The periodic or continuing failure to provide adequate clothing, which creates a serious threat to the child's immediate safety or long-term health and well-being, despite the caregiver being reasonably financially able to do so. This maltreatment is not a measure of style, fashion or quantity, but is meant to ensure that a child has sufficient clothing for his/her health and well-being.
- **Inadequate Food:** The caregiver(s) has failed to provide or have available adequate amounts of food that, if permitted to continue, is likely to threaten the child's safety, health, development or functioning.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

A condition may be a significant and serious threat to a younger child (which would qualify for an allegation) but would not be a significant or serious threat to an older child (which would not qualify for an allegation).

- What is the child's: age; medical condition; behavioral, mental or emotional status; developmental disabilities; and/or physical handicaps?
- Has the child's personal appearance deteriorated, including visible or documented weight loss, medical conditions exacerbated by hazards in the home, excessive absences from school and/or daycare?
- Does the parent/legal guardian or caregiver have the resources to provide for adequate shelter, food and clothing? Is the parent/legal guardian or caregiver using those resources for other things (drugs, gambling, etc.) aside from the child's needs?
- Has the caregiver been offered resources or services to improve the circumstances? Were the services accepted by the family? What was the outcome?
- Does the parent/legal guardian or caregiver refuse to provide for food, shelter or clothing despite the ability to do so?
- Has the alleged environmental hazard or condition caused or created a significant danger threat to the child that has or may cause impairment to the child's physical, mental or emotional health, due to the actions or non-actions of the caregiver?
- Is the caregiver's developmental, physical or emotional status a contributing factor?

Clothing:

- Weather conditions, predictability of weather conditions, and parental and child developmental awareness of environmental conditions

- Child displays symptoms of maltreatment due to inadequate clothing (such as having frostbite or extreme sunburn).
- Does the child consistently present with dirty, unkempt, ill-fitted clothing to a level that impacts the child's functioning?

Hazardous Conditions/Drug Labs:

- Drugs are being manufactured within the home.
- Drugs are being distributed within the home and the persons within the home pose a threat of danger to the children in the home due to the distribution.
- Children were present in the home during manufacturing and/or reside in a home where manufacturing activities occur frequently.
- Manufacturing or cultivating of the drugs results in dangerous conditions within the home due to the byproducts produced during manufacturing.
- Chemicals within the home used for manufacturing pose a serious danger threat based upon their toxicity and lethality.

Inadequate/Hazardous Shelter:

- Current status of household utilities. If service has been disrupted, consider the duration of disruption and cause of disruption, associated with medical need of a child (apnea monitor, heart monitor, etc.).
- Description of living environment, including child's space
- Egress is identified and is accessible by household members.
- Age and developmental status of the children
- Access within the home is secured for children who are not developmentally and/or physically able to navigate barriers/safety hazards within the home.
- Parent/legal guardian or caretaker is/is not aware of the home conditions.
- Parent/legal guardian or caretaker has accessed resources to assist in obtaining and/or maintaining shelter.
- Is there a history of hazardous conditions within the home?
- The home/floor is littered pervasively with human or animal feces, and the children are young and crawling on the floor.
- Dangerous or toxic items accessible to children (e.g., weapons, toxic chemicals, cleaning products, etc.)
- Unstable furniture that poses a tip-over hazard

Inadequate Food:

- Has the child been stealing or hoarding food? Is the child asking others for food excessively?
- Does the child appear emaciated given the child's age, height and weight?

Frequently Associated Maltreatments:

- Accept a "Parent Needs Assistance" referral when parent self-reports homelessness and requests assistance caring for his/her child(ren).
- Assess for "Medical Neglect" and "Substance Misuse" when a child is exposed to toxic chemicals or drugs from a home drug lab.
- Assess for "Sexual Abuse" in cases of drug homes, due to the chaotic nature and presence of frequent, unknown visitors to the home.

Excluding Factors:

- An allegation of homelessness in and of itself is not a sufficient reason to accept a report of "Environmental Hazards." The information obtained from the reporter must be thoroughly assessed by the Hotline counselor to make the determination that homelessness is creating a significant threat to child safety.
- The simple absence of food in the home does not, in and of itself, rise to the level of neglect.

Reports of “no food” need to be thoroughly assessed for availability, frequency, duration, other contributing factors, other means of sustenance (eating at school, with family, etc.) before making a determination that inadequate food is creating or likely to soon create a significant threat to child safety.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child’s living conditions or situations create a significant threat to the child’s immediate safety or long-term physical, mental or emotional health, due to the actions or non-actions of the caregiver. This can be documented through:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals, which may include school teachers, neighbors and the landlord
- Analysis of reports and interviews from law enforcement
- Prior history with the family related to the current maltreatment, similar patterns and family conditions
- Documentation, including photos, of the investigator’s observations of the child and environment
- Determination of how much control the parent/caregiver has over the conditions (for example, is the landlord trying to control infestations or make repairs?)
- Documentation or information obtained from other agencies, such as Department of Health, Animal Control, etc.
- Sufficient information contained in the Maltreatment and Nature of Maltreatment domains.

Failure to Protect

Section [39.01](#), F.S.

Definition:

Failure to Protect is failing to protect a child from inflicted physical or mental injury, including failing to protect a child from sexual abuse or exploitation caused by the acts of another. Failure to Protect can include making a child unavailable for the purpose of impeding or avoiding a protective investigation.

Examples of Failure to Protect:

- A caregiver allowing a child to have contact with someone who has previously sexually abused the child when not required by court order to allow contact.
- A parent allowing someone to physically or sexually abuse his/her child when the parent has the ability to prevent the abuse.
- A child victim's parent/legal guardian knew about danger in the other household where maltreatment occurred and did not take actions to protect the child.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member has the ability to protect the child?
- Did the caregiver(s) have the ability to intervene and prevent the harm but did not do so?
- Although the caregiver has the ability to prevent access, is the caregiver(s) continually allowing a paramour or other person access to the child and/or household, and the person's presence is unsafe for the child?
- What knowledge did the caregiver(s)/alleged perpetrator have of prior incidents of abuse or neglect of their child or of other children by the person believed to be a threat to the child?
- Where was the caregiver(s) during the incident?
- Is there a pattern of similar incidents of injury involving this child, siblings or caregiver(s) that would cause a reasonable person to be suspicious of abuse?
- Did the caregiver attempt to impede an investigation by taking the child?

Frequently Associated Maltreatments:

- If there are other types of abuse or neglect that were allegedly committed or omitted (act or failure to act) by a caregiver(s), select those maltreatments in addition to "Failure to Protect."

Excluding Factors:

- Hotline counselors should not add the "Failure to Protect" maltreatment to intakes involving allegations of domestic violence or intimate partner violence.
- The addition of "Failure to Protect" onto intimate partner violence intakes requires verification of the domestic violence victim's active participation in the abuse of the child and is not appropriate as an allegation simply because the victim is still with the perpetrator or the perpetrator is still in the home.

Assessing for Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the parent/caregiver has negligently failed to protect a child when reasonably able to do so. This can be documented through:

- Interview of the alleged child victim
- Interview of Alleged Perpetrator (coordinate with law enforcement, if involved)

- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports, call-outs and interviews from law enforcement or State Attorney's Office
- Psychological reports on the caregiver(s) or other professional reports or specialized interviews, preferably from the Child Protection Team
- The Child Protective Investigator may add the "Failure to Protect" maltreatment on reports also verified for "Intimate Partner Violence Threatens Child" that have resulted in harm to the child only after collaborating with the supervisor for appropriateness.

Failure to Thrive/Malnutrition/Dehydration

Definition:

“Failure to Thrive” is a serious, diagnosed, medical condition that is most often seen in young children. The child’s weight, length and head circumference, adjusted for gestational age, falls significantly short of the normal lower parameters of typical children of that age. The child’s developmental milestones may also be affected by Failure to Thrive, but weight for length is the primary measure.

Malnutrition, like Failure to Thrive, is a serious, diagnosed, medical condition. The child’s weight and length fall significantly below the lower normal parameters for the child’s age, usually resultant from inadequate intake of protein and/or calories. In some cases, there is an organic cause, such as a medical condition, a genetic error of metabolism or brain damage. Other cases are caused by severe physical and emotional neglect.

Dehydration is caused by inadequate intake of fluids or by excessive loss of fluids, as with severe diarrhea.

For a report to be accepted as “Failure to Thrive/Malnutrition/Dehydration,” the allegations must come from medical or nursing personnel and cannot be due to an organic cause.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- What is the child’s current weight and length? On the standard growth chart, in what percentile is the child currently for length, height and weight?
- How does the reporter describe the parent-child relationship? Are there additional concerns about physical or emotional neglect? Describe.
- Is the child not growing or has the child lost weight? If so, does the reporter believe this is due to the child being fed insufficient amounts of food due to the parent/caregiver’s unmanaged mental health, substance misuse, or cognitive/intellectual/developmental or general parenting knowledge deficiency? Or does the reporter believe this is due to a disturbed parent-child relationship?
- How serious are the child’s physical conditions and current health problem?
- What are the child’s physical conditions and the seriousness of the current health problem?
- Has appropriate nutrition, hydration, medication or other medically indicated treatment been withheld from the child? Describe knowledge and observations that lead the reporter to this determination.
- What leads the reporter to believe the child’s weight loss is due to the child being fed insufficient amounts of food to sustain health and wellness?
- Over what period of time has the weight loss occurred?
- Has there been a decrease in the child’s lean body mass or fat? Describe in detail.
- Has there been a change in the child’s general appearance, such as thinning hair, paleness, aged skin and/or bulging abdomen? Describe.
- Is the child frequently and repeatedly deprived of meals or frequently and repeatedly fed insufficient amounts of food to sustain health?
- Has there been a change in the child’s behavior (e.g., decreased school performance, alteration in consciousness, lack of interest to external stimuli, etc.)? Describe in detail and how this change is associated with parental/caregiver abuse or neglect.
- What is the parent/caregiver’s explanation for the child’s health and condition resulting in a Malnutrition diagnosis?
- What is the follow-up medical care recommended and the aftercare/discharge plan?

- Is the caller a medical professional? Has the child been diagnosed with Failure to Thrive or Malnutrition?
- Is the caller able to identify that the Failure to Thrive or Malnutrition is non-organic?

Frequently Associated Maltreatments:

- Use the “Failure to Thrive” and “Malnutrition” maltreatment only when the allegation is made by a physician or someone reporting on behalf of a physician.
- Is the child frequently and repeatedly deprived of meals or frequently and repeatedly fed insufficient amounts of food to sustain health, resulting in the Malnutrition diagnosis? If the medical assessment does not support a Malnutrition diagnosis, consider assessing for “Environmental Hazards – Inadequate Food.”
- If the child had symptoms that would compel a reasonable person to seek medical care and treatment was not sought, also assess for “Medical Neglect.”
- Assess for “Bizarre Punishment” if the caregiver is withholding the child’s food for punishment.

Excluding Factors:

- Frequently feeding a child “fast food” does not constitute “Malnutrition” unless the child has a medical condition requiring a special diet, and the child’s nutritional needs are not being met.
- Assess for “Environmental Hazards” if the reporter is not a medical professional or does not have the proper medical documentation.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the parent/caregiver, although able to do so, has failed to provide adequate food to the child **and** the child has been diagnosed as Malnourished or Failure to Thrive. This can be supported through the following:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Documentation of the family’s ability to obtain appropriate nutrition for the child
- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on the nutrition that was provided to the alleged victim and the underlying, contributing factors, such as the age, intellectual capacity, general parenting knowledge of the parent(s), substance abuse of the parent, unmanaged mental health, etc.
- Analysis and review of all medical records
- Review and documentation of any psychological examinations of the caregiver(s) if available.

Household Violence Threatens Child

Section [39.01](#), F.S.

Definition:

Household Violence refers to situations in which household members engage in any violent behavior that demonstrates a wanton disregard for a child's safety and/or could reasonably result in injury to the child.

"Wanton disregard" occurs when an alleged perpetrator disregards or lacks capacity to discharge his or her responsibility to provide care to the child. *Wanton disregard* means that an alleged perpetrator has failed to take action in a situation that a reasonable person would know is dangerous in that it subjects a child to an imminent, real and substantial threat of harm and creates a real or plausible threat to child safety.

Examples:

- Household violence involves physical and/or verbal assault on a parent or household member in the presence of a child; the child witnesses the activity and is fearful for his/her own or others' safety as a result.
- Household violence is occurring, and a child is assaulted.
- Household violence is occurring, and a child may be attempting to intervene.
- Household violence is occurring, and a child could be inadvertently harmed by the violence or by intervening during the acts, even though the child may not be the actual target of the violence.

Note: Whether the child is present in the room or home during the alleged incident should not ever be the sole determining factor for accepting or verifying this allegation. This allegation must be fully assessed with regard to present and impending danger given the totality of the information reported, known and determined.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member is able to protect the child?
- Have there been any unreported or reported incidents of violence?
- Are there any current or historic protective orders or injunctions? Analyze the details regarding the current or historic protective orders or injunctions.
- Where were the children during the incident(s)?
- Were the children injured as a result of the incident(s)?
- Were weapons used or present during the incident(s)?
- What were the child's physical and emotional conditions during and after the incident(s)?
- Are there any injuries present for any household members, including children? Include severity and location of the injuries.
- Is there any arrest history?

Frequently Associated Maltreatments:

- If a weapon was used during the violent episode and the child was injured with the weapon, also assess for "Physical Injury."
- If a child sustained an injury due to intervening or proximity during a violent episode between other members of the household, also assess for "Physical Injury."
- The only time the alleged perpetrator for this maltreatment can be under 18 is when that minor child is the parent. If the child is attacking an adult in the home, assess for a special conditions "Parent Needs Assistance" referral.

- If assessing for Household Violence and the incident occurred between intimate partners, the assessment must demonstrate that there are no examples of coercive control occurring in the relationship.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the caregiver has engaged in violent behavior that demonstrates a wanton disregard for a child's safety and/or could reasonably result in injury to the child, or that the caregiver's actions have caused or could cause the child's physical, mental or emotional health to be significantly impaired. This can be documented through:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family related to the current maltreatment and family conditions
- Observation and documentation of the parent/legal guardian's actions and parent/legal guardian's demeanor following the incident
- Collection and analysis of any injunctions or reports from the court system
- Analysis of local law enforcement's prior responses to the home
- Documentation and communication from the State Attorney's Office of any current or past criminal charges
- Review and documentation of psychological examinations
- Assessment and documentation of any significant negative impacts on the child's daily routines, functioning, development, emotional state, educational and medical needs.
- Observations and interactions between the parents, caregivers and other participants in the incident(s) (if any). Focus should be on their interactions, explanations about the incident(s), and an evaluation of the extent, duration, significance and pattern of the violence, with an assessment of the child's present and impending danger in relation to the behavior of the adult caregiver who is responsible.
- Interview of witnesses of the past or current incidents
- Assessment and documentation of the lethality of the situation (strangling, escalating incidents, threats to kill, weapons used, mental/emotional state, pattern, severity, duration, etc.).

Note:

- The arrest of a caregiver should not be the sole evidence used to support or refute a finding of maltreatment. Child protective investigations must assess the broader family dynamics that impact the care and safety of children, not the narrower scope of Florida's criminal code for domestic violence (section [741.28](#), Florida Statutes), which provides for law enforcement responses and investigations.

Human Trafficking – CSEC

(CSEC = Commercial Sexual Exploitation of Children)
Sections [409.1754](#), [409.1678](#) and [39.524](#), F.S.

Definition:

Human Trafficking – Commercial Sexual Exploitation of a Child (CSEC) is the use of any person under the age of 18 for sexual purposes in exchange for anything of value, including money, goods or services, or the promise of anything of value, including money, goods or services.

Victims of trafficking, whether Labor or CSEC, rarely self-disclose. You cannot rely solely on an admission from this victim to support findings. Choice is an illusion when discussing human trafficking. While it may appear that victims have opportunities to leave or ask for help, often the threats, the psychological and emotional manipulation, and the lack of appropriate support systems prevent the child from leaving the situation and often drive the victim back to her/his trafficker, even when the victim is no longer in the situation for a period of time.

Examples of Human Trafficking – CSEC:

- **Renegade/Survival Sex:** There is no third party. No pimp. The victim may “broker” exchanges for a sexual act independently. There may be an exchange of a sexual act for money, food, housing, clothing, etc. Any exchange of a sexual act for any tangible thing, or the promise of a tangible thing, is human trafficking.
- **Pimp Trafficking:** There is a third party who is “brokering” the exchanges of the sexual act for a tangible item, typically money. Pimps can be any age and any gender, and they come from all types of backgrounds.
- **Gang Trafficking:** The trafficking is a source of generating money for the gang, and the gang member is involved in the trafficking of the victim. This might be a local, state, national or transnational gang. A gang is defined as “An association of three or more individuals whose purpose, in part, is to engage in criminal activity.”
- **Familial Trafficking:** This is the use or exchange by a family member of a child under 18 for sexual purposes in exchange for or with the promise of anything of value, including money, goods or services.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- Does the child have attendance issues in school?
- Have there been frequent runaway episodes?
- Does the child have a pattern of running away?
- Does the child have “masking criminal charges” (e.g. battery, petty theft)?
- Does the child have a history of abuse or sexual abuse in her/his home of origin?
- Does the child have an older paramour?
- Does the child have involvement with law enforcement for alleged prostitution or human trafficking?
- Does the child show indications of having access to services or products she/he cannot afford (e.g., designer purses, nail and hair services, cell phones, etc.)?
- Does the child have a history of sexual exploitation?
- Does the child have tattoos or indications of branding?
- Has the child been advertised online, such as backpage.com?
- Does the child’s online social presence indicate drug use, sexually explicit photos, gang signs or excessive smart phone activity?

Note:

- If the victim is under the age of 18, there is not a requirement for force, fraud or coercion.
- No individual under the age of 18 can consent to an act of prostitution. If the individual is under the age of 18, it is automatically human trafficking.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify a maltreatment, the information collected would need to show that a child under the age of 18 was used for sexual purposes in exchange for something of value, which can include money, goods or services, or the promise of something of value, such as money, goods or services. This can be established through the following:

- Interview and observation of the alleged child victim
- Interview of Parents, Foster Parents, Household Members/Witnesses/Collaterals
- Documentation from interview and/or observation of the caregiver(s) (if available) and other children in the home with the caregiver(s).
- Documentation from interviewing witnesses to the incident or persons who know the child or caregiver(s) well.
- Documentation that the child has engaged in prostitution or commercial sex acts, which can also be web-based.
- Documentation from any law enforcement reports and interviews and/or from the Juvenile Assessment Center.
- Information obtained from the U.S. Department of Health and Human Services for international victims.
- Legal documentation, such as birth certificates, visas, divorce papers, school records, etc.
- Review and analysis of a completed Human Trafficking Screening Tool (Section [409.1754](#), F.S., and Chapter [65C-43](#), F.A.C.)

Human Trafficking – Labor

Definition:

The recruitment, harboring, transportation, provision, or obtaining of a child for labor or services for the purpose of subjecting that person to child labor, involuntary servitude, peonage (where someone is held against his/her will to pay off a debt), debt bondage, or slavery.

NOTE: Per s. 787.06, F.S., coercion is not required to be present in labor trafficking cases involving children and youth under the age of 18.

There are several forms of exploitative practices linked to labor trafficking, including bonded labor, forced labor and child labor.

Bonded labor, or debt bondage, is probably the least known form of labor trafficking today, and yet it is the most widely used method of enslaving people. Victims become bonded laborers when their labor is demanded as a means of repayment for a loan or service in which its terms and conditions have not been defined or in which the value of the victims' services as reasonably assessed is not applied toward the liquidation of the debt. The value of their work is greater than the original sum of money "borrowed."

Forced labor is a situation in which victims are forced to work against his or her own will, under the threat of violence or some other form of punishment, their freedom is restricted and a degree of ownership is exerted. Forms of forced labor can include domestic servitude; agricultural labor; sweatshop factory labor; janitorial, food service and other service industry labor; and begging/panhandling.

Child labor is a form of work that is likely to be hazardous to the health and/or physical, mental, spiritual, moral or social development of children and can interfere with their education. There are various venues of child labor including, but not limited to, debt bondage, recruitment for armed conflict, agricultural work, the illegal drug trade, the illegal arms trade and other illicit activities around the world.

Examples of Human Trafficking – Labor:

- Labor trafficking can include bonded labor or debt bondage (where a child incurs a debt he or she is never able to pay off), or involuntary domestic servitude (where a child is forced to work in someone's home for long hours with little or no pay).
- Peddling is a prevalent yet lesser known form of child labor, where children sell cheap goods, such as candy, magazines or other trinkets, often going door-to-door or standing on street corners or in parks, regardless of weather conditions and may be without access to food, water or facilities.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

Assess for the totality of the information in determining if there is recruitment, harboring, transportation, provision, or obtaining of a child for labor or services for the purpose of subjecting that person to child labor, involuntary servitude, peonage (where someone is held against his/her will to pay off a debt), debt bondage, or slavery.

- Are children being provided what they were promised (e.g., food, wages, water, etc.)?
- In Florida, for door-to-door sales, children under the age of 14 may not be employed and 14- and 15-year-olds must be within an adult supervisor's eyesight. Are they being supervised?

Under age 16, they may not work more than 15 hours per week during school session.

- Are children transported to distant cities in a van? Is there a seat for each child? Are they provided food and water? Are they in unfamiliar neighborhoods? Are they being placed in dangerous environments?
- Describe the specific labor or services that child is being forced to participate in.
- Is debt bondage described? (Debt bondage is when a person under control of another person promises to pay money owed with his or her labor or through the personal services of a child under his or her control as a security for debt.)
- Are threats being made to the child or the child's parents or siblings?
- Is the child being threatened with deportation?
- Was the child given false promises of reunification with family, citizenship, education or eventual independence?
- Is the child isolated (e.g., not attending school, no access to telephones or friends, etc.)?
- What is the alleged perpetrator's legal relationship to the child?
- If the adult "responsible" alleges that the child was placed in his/her custody through a "family arrangement," does the alleged victim have an ongoing contact with her/his biological parents?
- Did the parents/legal guardians condone or make no efforts to stop another non-caregiver(s) from exposing the child to these behaviors or activities?
- Is food being withheld from the child or used as a means of control and threat?
- Is the child being physically confined as a means of controlling the child's access to others?
- Is drug and/or alcohol dependency being used by the perpetrator to control the child?
- Can the adults "responsible" for the child produce documentation legitimizing their role as legal caregivers (such as birth certificate, visa, divorce papers, school records, etc.)?
- Can the child identify or describe specific familial connections with the adult said to be responsible for his/her well-being (such as names of relatives, how family members are related, etc.)?
- Can the child describe traditional familial interactions with the caregiver(s) in the past (such as birthday parties, holiday celebrations, etc.)?
- Did the adults "responsible" flee when the child was reported or taken into custody?

Traffickers use various techniques to control their victims. Some traffickers hold their victims under lock and key. However, the more frequent practice is to use less obvious techniques, including:

- Debt bondage – enormous financial obligations or undefined/increasing debt
- Isolation from the public – limiting contact with outsiders and making sure that any contact is monitored or superficial in nature
- Isolation from family members and members of the victim's ethnic and religious community
- Confiscation of passports, visas and/or identification documents
- Use or threat of violence toward victims and/or family members
- The threat of shaming victims by exposing circumstances to family
- Telling victims they will be imprisoned or deported for immigration violations if they contact authorities
- Control of the victims' money (e.g., holding their money for "safe-keeping")
- Promises of rewards and/or compensation

Excluding Factors:

- Unrealistic or excessive "chores" required by parents of their children should be assessed for "Bizarre Punishment" or "Mental Injury," not "Human Trafficking – Labor."

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify Human Trafficking – Labor, the information collected will need to support that a child was used for recruitment, harboring, transportation, provision or obtaining of a child for labor or services for the purpose of subjecting that person to child labor, involuntary servitude, peonage (where someone is held against his/her will to pay off a debt), debt bondage or slavery. This can be established through the following:

- Interview, observation and documentation with the alleged child victim
- Interview with persons believed to be responsible for the child's care and welfare
- Documentation from any reports and interviews from law enforcement and/or the Juvenile Assessment Center
- Information obtained from the Department's Refugee Services
- Information obtained from the U.S. Department of Health and Human Services
- Legal documentation, such as birth certificates, visas, divorce papers, school records, etc.
- Documentation from interview and/or observation of the interactions between the parent, legal guardian, caregivers and the child and other children in the household

Inadequate Supervision

Section [39.01](#), F.S.

Definition:

Inadequate supervision means a parent/caregiver leaving a child without adult supervision or arrangement appropriate for the child's age, maturity, developmental level or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs, or is unable to exercise sufficient judgment in responding to a physical or emotional crisis.

There is no age stated in Florida Statute at which a child can be left unattended or alone. There are also no established timeframes for how long a child of any given age can be left alone. These are primarily parental decisions and, as such, each situation must be assessed individually, focusing on:

- The specific child, caregiver(s), and incident factors given the child's age, maturity, developmental level, or mental or physical condition;
- The child's ability to care for his/her own needs or another's basic needs; and
- The child's ability to exercise sufficient judgment in responding to any physical or emotional crisis.

Note: Per the revised definitions of Harm and Neglect in s. 39.01, F.S., leaving a child without supervision is only considered harmful if:

- The child is subjected to obvious danger that the caregiver knew or should have known about; or
- The child cannot exercise reasonable judgment to avoid serious harm when responding to physical or emotional crises.

Caregivers may permit sufficiently mature children to engage in independent, unsupervised activities — such as traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home for reasonable periods of time. These activities would only be considered harmful if allowing them constitutes conduct *so reckless as to endanger the health or safety of the child*

This maltreatment also would apply when a parent/caregiver is present but has a history of or is currently exhibiting signs of unmanaged mental health, delusional behavior, immaturity, developmental delays, or other limitations that have resulted in harm, or pose a threat of harm, to a child.

Examples:

- A caregiver leaving his/her 6-month-old home alone while the caregiver goes grocery shopping.
- A caregiver leaving a toddler alone in a car.
- A caregiver leaving a young child alone in a bathtub while he/she goes to the other room to talk on the phone.
- A caregiver leaving his/her child in the care of a registered sex offender.
- A caregiver whose unmanaged mental health has caused the caregiver to not attend to a child's daily needs.
- A caregiver who is exhibiting serious signs of unmanaged mental health issues or cognitive delays while caring for a child.
- Deadly weapons or medications are readily accessible to a child.
- A parent or legal guardian who is a driver or passenger in a motor vehicle fails to ensure his or her child is properly safeguarded in a legally required child restraint device AND the child has died or suffered serious injuries requiring treatment at an emergency department or trauma center at a hospital.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member has the ability to protect the child?
- Is the child currently without supervision? How long has the child been left without supervision, and what is the location of the child at the time? (Also, consider 911 emergency response, depending upon circumstances.)
- Was the child subjected to an obvious danger that the caregiver knew or reasonably should have known about?
- Assess the child's age, maturity and developmental level. Consider the child's ability to make judgments regarding safety.
- Does the child have the maturity and ability to exercise reasonable judgment to avoid serious harm when responding to common crises (injury, fire, unexpected visitors, peer conflict, etc.)?
- What is the frequency, time of day(s), and duration of the child not having adult or other arranged supervision?
- Where are the parents when the child is without adult or other arranged supervision? What is/was their anticipated return?
- Is the parent/legal guardian or caregiver's contact information available to the child, and does the child have the means and ability to access the parent/legal guardian or other caregivers?
- What is the child's means and ability to respond in an emergency (e.g., fire, injury, someone knocking on the door, etc.)?
- Is the caregiver accessible by telephone and is the child mature enough to know when and how to use the telephone to contact the caregiver(s)?
- How accessible is the caregiver to the child? Can the caregiver(s) see and/or hear the child?
- Have sufficient food and provisions been left for the child?
- Is the caregiver out of direct supervision of the child while there are factors that create threat of immediate or impending danger or risk of future harm based on the age, maturity, developmental level, or disabilities of the child (for example, younger child riding a bicycle in the street after dark or a caregiver leaving an infant in a bathtub)?
- Has a child been left alone when he/she has a condition that requires close supervision, such as a medical condition, behavioral, mental or emotional problems, developmental disabilities, or physical disabilities?
- Has the child been left at home alone or unattended in an unsafe place?
- Is the child on medication that cannot or should not be self-administered?
- Has the caregiver arranged for inappropriate or inadequate secondary caregiver(s) with a known history of violence, substance abuse, emotional instability, immaturity, sexual offending, or other limitations such as age, which affect the caregiver's ability to care for the child?
- Were potentially dangerous objects (unsecured weapons, medications, etc.) left accessible to the child?
- Was the child injured as a result of inadequate, negligent supervision?
- The focus of assessment should be on the caregiver's decision-making in context — whether it reflects reckless disregard for safety, not simply the presence or absence of adult supervision.

If the intake alleges failure of a parent or legal guardian to use a child restraint device:

- Was the child transported to the hospital by EMS or other first responders due to the injuries sustained as a result of the accident?
- What statements did the child provide to first responders, the emergency department/trauma center physician/staff, or law enforcement when questioned about being placed in a child restraint seat or having used a seat belt while being transported in the vehicle?
- What is the parent or legal guardian's explanation for a child restraint device not being used at

the time of the accident (child unbelted strap to pick up toy, another child/youth passenger reached over and undid buckle, etc.)?

- Do statements from the emergency department/trauma center physician or medical records reflect the child suffered injuries that clearly indicate use of a child restraint device (bruising or abrasions from strap(s), internal visceral injuries, etc.)?
- Do statement from the attending emergency department/trauma center physician or medical records reflect the child suffered serious injuries that clearly indicate non-use of a child restraint device (severe head trauma caused by being thrown or ejected from the vehicle, etc.)?
- Does the police report document an injured child was not properly safeguarded in a legally approved child restraint device (car seat or seat belt)? Required restraints by type of device and child's age may be found on the Florida Department Highway Safety and Motor Vehicle website located at: <https://www.flhsmv.gov/safety-center/child-safety/safety-belts-child-restraints/>
- What was the location of the alleged child victim when first responders appeared on scene (in the vehicle or ejected from the vehicle)?
- Attempt to obtain medical opinion on whether the severity of the vehicular accident (head-on collision at high speed, etc.) would have likely resulted in serious injury or death despite the use of a legally required child restraint device.
- Does the parent have a history of traffic citations for failure to use a restraint device (ticketed for self or passengers)?
- When the parent or legal guardian reports the injured child was originally placed in a child restraint device but disconnected the device themselves during transit is/was the child physically capable of disconnecting the device on their own?
- Does the parent or legal guardian report that this was a first time incident or does/did the child have a pattern of disconnecting the device? If a pattern, how did the parent attempt to control this behavior? What other collateral sources can validate this pattern?

Note: Parents or legal guardians do not have to be the driver of the motor vehicle to be held responsible for ensuring their children are in legally required child restraint devices. However, the parent must be present in the vehicle at the time of the incident for determination of a verified maltreatment finding.

If someone is currently with the child:

- Who is taking care of the child?
- Can the child remain with this adult or person, or is intervention needed now? Why?
- How often is the child left alone, and when does this usually happen?
- Does someone check on the child when alone? Who? How can we contact him/her?
- Does the child or sitter/care provider know how to contact a parent? Does the child or sitter/care provider have the means to do so (phone, email, etc.)?
- How did the sitter/care provider currently with the child come to be responsible for watching this child (informal arrangement, circumstances dictated for child safety – person saw young infant by side of road, etc.)?

If the parent/legal guardian or caregiver is present but appears delusional or psychotic:

- If the parent/legal guardian or caregiver is present and there are concerns for supervision due to possible diminished functioning of the parent, describe the behavior, actions and statements that the caregiver has made/is making.
- Is the caregiver making comments that would be considered irrational?
- Does the caregiver have an untreated or unmanaged serious and persistent mental health diagnosis that prevents the caregiver from providing adequate care and supervision for the child?

Additional screening questions that must be asked by the Hotline counselor or child protective investigator:

Screening Questions

- 1. Are there behavioral indicators you have witnessed or that have been reported to you about the caregiver?** (delusions, hallucinations, disorganized thinking, disorganized speech, paranoia, flat affect, major depression, manic episodes)
 - Delusions – false beliefs that are not part of the person’s culture and do not change (neighbors can control his or her behavior; people on television are directing special messages to him or her)
 - Hallucinations – things a person sees, hears, smells or feels that no one else can see, hear, smell or feel. (He or she may hear voices that tell him/her to do things, or the voices may talk to each other.)
 - Disorganized thinking – when a person has trouble organizing his or her thoughts or connecting them logically (the person may talk in a jumbled way that is hard to understand)
 - Disorganized speech – when a person’s thought process is disorganized and, therefore, it can be difficult for the individual to express his/her thoughts clearly (e.g., rambling responses unrelated to the question asked)
 - Paranoia – preoccupation with one or more delusions (a person may think someone is following him, or she might think her phone has been bugged, etc.)
 - Manic Episodes – excessive energy, euphoria, over-activity (talking very fast, being easily distracted, increasing activities, sleeping little or not being tired, behaving impulsively)
- 2. If so, do you believe these behavioral indicators/observations may place the child in immediate or impending danger or at risk of harm? Why?**
- 3. What has the person said or done to indicate a serious unmanaged mental health/behavioral concern?**
- 4. Has the person made statements that they plan to harm the child, themselves, or others? Do they have the means to carry out the plan?**
- 5. Is there a history of any of these behaviors or unmanaged mental health concerns in the past? (If so-what are the details?)**
- 6. Is the child currently in the care of the individual demonstrating the concerning behavior? Is the person the primary caregiver?**
- 7. When did this occur? (current, past, and frequency/pattern of behavior)**

Source: National Institute of Mental Health. Retrieved January 9, 2015, from <http://www.nimh.nih.gov/index.shtml>; American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

Frequently Associated Maltreatments:

- When there is an allegation of inadequate supervision due to alcohol or substance abuse, also assess for the “Substance Misuse” maltreatment.

Excluding Factors:

- When the only allegation is that the caregiver is late picking up the child from school, daycare or parental custody exchange, such a situation does not constitute “Inadequate Supervision.”
- Situations concerning licensing violations, such as overcrowding, poor sanitation, inadequate staffing ratios, and lack of a fire sprinkler system do not constitute “Inadequate Supervision.” (Rule [65C-29.002](#), F.A.C.)
- Situations of school truancy do not constitute “Inadequate Supervision.” However, truancy can often be an indication of abuse or neglect. If after a thorough assessment there is insufficient information to initiate a report of abuse, these complaints shall be directed to the local school board. (Rule [65C-29.002](#), F.A.C.)
- Contacts from service workers regarding the placement disruption of a child in out-of-home care, whether the child is in a licensed or non-licensed relative or non-relative placement, do not constitute “Inadequate Supervision.” (Rule [65C-29.002](#), F.A.C.)
- Calls or disputes concerning child custody and visitation issues do not constitute “Inadequate Supervision.” (Rule [65C-29.002](#), F.A.C.)
- Complaints of withholding or misuse of child support do not constitute “Inadequate Supervision.” (Rule [65C-29.002](#), F.A.C.)
- Complaints concerning infants or children in automobiles who are not in legally required child restraint devices do not constitute “Inadequate Supervision” unless there are additional mitigating factors such as the parent or legal guardian was operating the vehicle while under the influence of alcohol or drugs, received a citation (ticket) for reckless driving or a child died or suffered serious injuries requiring treatment at a hospital’s emergency department or trauma center.
- Situations in which a sufficiently mature child is permitted by a caregiver to engage in independent, unsupervised activities (such as walking or biking to and from school or nearby locations, playing outdoors, or staying home for reasonable periods) do not constitute “Inadequate Supervision.” These activities are permissible under the statutory definition unless the caregiver’s actions rise to the level of being so reckless as to endanger the health or safety of the child.
- A situation concerning children running away from parents or legal custodians; persistently disobeying reasonable and lawful demands of parents or legal custodians; and being out of control is not, in and of itself, “Inadequate Supervision.” Counselors and investigators must fully assess situations in which the parent, legal custodian or caregiver has locked an older child out of the home due to these behaviors or is refusing to pick up a child who has been placed in a facility for those behaviors. If a child in this situation is involved with the Department of Juvenile Justice (DJJ), the Hotline, pursuant to the Interagency Agreement between DJJ and DCF, shall refer these children to DJJ for their due diligence related to placement and services. (Rule [65C-29.002](#), F.A.C.)

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child was in a situation where the child would have to meet his/her own basic needs and, based on the child’s specific vulnerabilities, was unable to do so. This can be confirmed by the following:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals

- Analysis of reports and interviews from law enforcement, including calls for service
- Prior history with the family related to the current maltreatment and family conditions
- Investigator's observations and assessment of the child and environment, demonstrated ability to provide for reasonable self-care, access to others, etc.
- Documentation of harm that occurred or was likely to occur (present or impending danger), based upon the totality of circumstances and history
- Verification must reflect whether the child was subjected to an obvious danger that the caregiver knew or reasonably should have known about, or whether the caregiver's conduct was so reckless as to endanger the child's health or safety.
- Findings should also reflect whether the child was of sufficient maturity and demonstrated reasonable judgment to safely engage in independent activities (walking to school, playing outside, staying home for short periods). Such activities, standing alone, are not evidence of maltreatment unless the circumstances created a reckless disregard for safety.
- Assessment of the impact of alcohol or drug use on the adult caregiver's ability to provide appropriate or safe supervision of the child.
- Assessment of the impact of the adult caregiver's mental health and his/her ability to provide appropriate or safe supervision of the child
- Assessment and evaluation of severity, duration and pattern of such incidents in direct relation to the child's ability and functioning
- Documentation of the environment, which may include photographic evidence
- Consideration of patterns of similar incidents or concerns related to supervision involving the caregiver(s)
- Circumstances which may be contributing to the caregiver's ability to supervise the child with significant impact or impending danger to the child.

NOTE: If the parent/legal guardian or caregiver is experiencing delusional or psychotic behaviors, in areas where mobile crisis teams exist, the child protective investigator will request an immediate response upon receipt of the report. Contact your regional Substance Abuse and Mental Health Director for a list of your local crisis teams.

Internal Injuries

Section [39.01](#), F.S.

Definition:

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

“Willful” refers to the intent to perform an action, not to the intent to achieve a result or to cause an injury. Section [39.01](#), F.S.

Examples:

- Brain or Spinal Cord Damage: Injury to the nerve tissue contained within the cranium/skull or spinal cord.
- Intra-Cranial Hemorrhage: An abnormal collection of blood within the skull, including subdural, subarachnoid, or epidural hematoma and intra-cerebral hemorrhage (often associated with abusive head trauma, retinal hemorrhage, Shaken Baby Syndrome, etc.).
- Lacerated spleen, kidney, liver, pancreas, or bowels/intestines.
- Penetrating injuries from stabbings or gunshot.

For a report to be accepted as “Internal Injuries,” the allegations must come from medical or nursing personnel and cannot be due to an organic cause.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- Is the caller alleging that the internal injury occurred by an intentional, willful act or accidentally? Explain and detail.

Frequently Associated Maltreatments:

- If the child had symptoms that should have caused a reasonable person to seek medical care and such medical care and treatment was not sought, also assess for “Medical Neglect.”

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child received internal injuries as the result of a willful act by the caregiver. This can be established through:

- Interview of the alleged child victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Documentation related to when the symptoms first appeared and what action was taken by the caregivers
- Analysis of law enforcement reports and interviews
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- A detailed timeline of events tied to the caregiver(s)’s activities preceding the injury, at the time of the injury, and after the child’s injury.

- Photographic evidence of the injuries and/or environment that appear to be related to the incident
- Information obtained from Emergency Medical Services or other first responders.

Intimate Partner Violence Threatens Child

Section [39.01](#), F.S.

Definition:

Intimate Partner Violence includes the dynamics of establishing power, control or coercion perpetrated by one intimate partner over another that includes actions that have caused, or could cause, the child's physical, mental or emotional health to be significantly impaired. The volatility and lethality of this dynamic are differentiated from other types of family or household violence or aggression, and requires a specific assessment.

Examples:

- Parent/caregiver has isolated the other parent/caregiver by controlling daily activities, and the child has been maltreated as a result.
- Parent/caregiver has economically controlled the parent/caregiver by maintaining sole access to finances or modes of transportation, and the child(ren) has been maltreated as a result.
- Parent/caregiver uses threats or implied threats of violence against children to control the other parent/caregiver.
- Parent/caregiver has taken or hidden children from the other parent/caregiver.
- Parent/caregiver has committed acts of physical violence against the other parent/caregiver or child(ren).
- Parent/caregiver has emotionally abused the other parent/caregiver by using derogatory language, calling names or undermining parenting, and the child has witnessed and has suffered mental injury.
- Parent/caregiver has interfered with the other parent/caregiver's access to medical treatment for the child(ren).
- Parent/caregiver has displayed weapons in a threatening manner in the presence of the other parent/caregiver or child(ren).
- Parent/caregiver has interfered with the other parent/caregiver's attempts to provide for the daily needs of the child(ren).

Note: Whether the child is present in the room or home during an alleged incident should not ever be the sole determining factor for accepting or verifying this allegation. This allegation must be fully assessed with regard to present and impending danger given the totality of the information reported, known and determined.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- What is the perpetrator's pattern of coercive control? For example: Does the perpetrator call the survivor at work frequently to check up on her/him, restrict the survivor's freedom, control all of the finances, or isolate her/him from friends and family members?
- What actions has the perpetrator taken to harm the child?
- What is the adverse impact of the perpetrator's behavior on the child?
- Has the batterer made any threats to the survivor or the children?
- Where is the child during the incidents, and what are the child's physical and emotional conditions during and after the incident(s)?
- Are there any injuries present for any household members, including children? Include severity and location of the injuries.
- Are there any current or historic protective orders or injunctions? Analyze details regarding the current or historic protective orders or injunctions.
- Is there any arrest history?

Frequently Associated Maltreatments:

- When assessing a perpetrator’s pattern of coercive control, explore the ways in which the perpetrator’s actions have harmed the children, and add any appropriate maltreatment codes.
 - If a weapon was used during the violent episode and the child was injured with the weapon, also assess for “Physical Injury,”
 - If a child sustained an injury due to intervening or proximity during a violent episode between other members of the household, also assess for “Physical Injury.”
 - If the child has shown a discernible and substantial impairment in the ability to function within the typical range of performance and behavior as a result of witnessing or experiencing the dynamics of intimate partner or domestic violence, also assess for “Mental Injury.”
 - If the perpetrator’s pattern of control involves monetary restrictions that have resulted in the child’s needs not being met, also assess for “Environmental Hazards.”
- The only time the alleged perpetrator for this maltreatment can be under 18 is when that minor child is the parent. If the child is attacking an adult in the home, assess for a special conditions “Parent Needs Assistance” referral.
- Hotline counselors should not add the “Failure to Protect” maltreatment to intakes involving allegations of intimate partner or domestic violence.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the caregiver has exhibited dynamics of power, control, or coercion over the adult survivor, including actions that have caused or could cause the child’s physical, mental or emotional health to be significantly impaired. This can be documented through:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Prior history with the family related to the current maltreatment and family conditions
- Observation and documentation of the parent/legal guardian’s actions and parent/legal guardian’s demeanor following the incident
- Collection and analysis of any injunctions or reports from the court system
- Analysis of local law enforcement’s prior responses to the home
- Documentation and communication from the State Attorney’s Office of any current or past criminal charges
- Review and documentation of psychological examinations
- Assessment and documentation of any significant negative impacts on the child’s daily routines, functioning, development, emotional state, educational and medical needs.
- Observations and interactions between the parents, caregivers and other participants in the incident(s) (if any). Focus should be on their interactions, explanations about the incident(s), and an evaluation of the extent, duration, significance and pattern of the violence, with an assessment of the child’s present and impending danger in relation to the behavior of the adult caregiver who is responsible.
- Assessment and description of intimate partner violence behaviors (power, control and/or coercion) as disclosed by the adult survivor and/or child
- Interview of witnesses of the past or current incidents
- Assessment and documentation of the lethality of the situation (strangling, escalating incidents, threats to kill, weapons used, mental/emotional state, pattern, severity, duration, etc.).

Note:

- The arrest of a caregiver should not be the sole evidence used to support or refute a finding of maltreatment. Child protective investigations must assess the broader family dynamics that impact the care and safety of children, not the narrower scope of Florida’s criminal code for domestic violence (s. [741.28](#), F.S.), which provides for law enforcement responses and investigations.
- It is imperative that child welfare professionals document the demeanor of the victim/perpetrator with the understanding that many victims are angry or upset after a violent incident, but this does not mean they are the primary aggressor or that the violence is mutual. Also, perpetrators are skilled at manipulation, so they know how to present well in front of others and appear to be the “responsible” parent, while the victim looks angry, out of control, hysterical, etc. Physical aggression in response to acts of violence may be a reaction to or self-defense against violence, or a protective action to “provoke” the physical aggression when the children are not around or are in a safe location. For purposes of child protective interventions, it is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident.

Medical Neglect

Section [39.01](#), F.S.

Definition:

“Medical neglect” means the failure to provide or the failure to allow needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, mental health condition, or impairment, or the failure to seek timely and appropriate medical/mental health care for a serious health/mental health problem that a reasonable person would have recognized as requiring professional medical/mental health attention.

Examples:

- A caregiver does not give a diabetic child prescribed insulin or ensure that the child is effectively administering the insulin.
- A caregiver purposefully delays medical attention for a child with a serious injury.
- A mental health or medical professional reports that a caregiver does not ensure a child’s psychiatric needs are being met.

Child Protective Investigators may add “Medical Neglect” to an open investigation if there is credible evidence, based on the caregiver’s acts or failure to act, to indicate a real, plausible and significant threat to the child’s physical, emotional or mental health.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- How serious are the child’s physical conditions and current health/mental health problem?
- What is the medical prognosis if the current health/mental health problem is not treated?
- What is the parent/caregiver’s explanation for not getting treatment for the child?
- Does the child’s age (newborn infant) or medical condition (HIV positive, Drug Exposed Infant withdrawal, etc.) make him/her especially vulnerable to inadequate nutrition, hydration, medication, or other medically indicated treatment?
- Is a diaper rash being reported that has open or bleeding lesions that require professional medical attention, and no such attention has been provided?
- Does the caregiver(s) fail to use a medical device (apnea monitor, etc.) prescribed by a physician, which is likely to result in serious harm to the child?
- When a caregiver refuses to allow a newborn to be tested for HIV and the mother has been diagnosed as HIV-positive, a report shall be accepted by the Hotline only when called in by a medical professional.

Frequently Associated Maltreatments:

- When the caregiver fails to provide for medical care to treat an inflicted injury, also assess for “Physical Injury.”
- Medical neglect does not occur if the parent or legal guardian of the child has made reasonable attempts to obtain necessary health care services or the immediate health condition giving rise to the allegation of neglect is a known and expected complication of the child’s diagnosis or treatment, and:
 - (a) The recommended care offers limited net benefit to the child, and the risk of morbidity or other side effects of the treatment may be considered to be greater than the anticipated benefit of treatment; or,
 - (b) The parent or legal guardian received conflicting medical recommendations for treatment from multiple practitioners and did not follow all recommendations.
- A lack of immunizations under current law does not constitute medical neglect.
- Minor medical conditions which under usual conditions have limited potential for serious or

long-term harm (such as colds/flu, sunburn, ADHD medication, dental cavities, head lice, etc.) do not constitute “Medical Neglect” unless the continued failure to treat the condition is likely to result in serious harm (e.g., untreated dental care leading to abscess, infection or gum disease, etc.).

- Not providing medication for a child diagnosed with ADHD or ADD does not constitute “Medical Neglect.”
- Failure to provide appropriate routine medical care due to lack of financial ability alone is not medical neglect, unless actual relief has been offered and refused. However, in cases of emergency medical services, financial ability is not a determining factor.
- Caregivers who, by reason of legitimate practice of religious beliefs, in accordance with a recognized religious organization, do not provide specified medical treatment for a child may still be considered abusive or neglectful. Legitimate practice based on religious beliefs does not eliminate the requirement that such a report be made to the Hotline, nor does it prevent the Department from conducting an investigation to determine harm and caregiver responsibility.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the parent/caregiver failed to seek medical care for a child that a reasonable person would have deemed necessary. This can be supported through the following:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of law enforcement reports and interviews
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Review and documentation of the child’s prior medical history and how/if follow-up was completed by the caregiver
- Documentation of the proper administration of prescribed medications, including pill count, purpose of the prescription, what happens if the child does not take the medication, and the potential harm of not taking the medication as prescribed?
- Documentation of the long-term potential harm due to the non-treatment.
- Documentation from interviewing the caregivers on their ability to understand the child’s health needs and to respond to those needs.

Mental Injury

Section [39.01](#), F.S.

Definition:

A mental injury is an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior, or when a child exhibits symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected.

Examples:

- A parent alienating a child from another parent, resulting in substantial impairment to the child
- A parent making an older child wear a diaper and drink from a bottle (act like a baby) after bed-wetting
- A parent shaving a young girl's head as punishment for talking to a boy. The girl is ridiculed at school and then breaks down crying daily before going to school.
- A child is isolated in a household, closed in his room with only a mattress, windows painted and sealed shut, not allowed to exit the room except to use the restroom
- A child is caged or subjected to extreme ridicule by a caregiver who documents every infraction a child makes and finds fault in the child's existence (could also be "Bizarre Punishment")

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member has sufficient parental protective capacities to protect the child? Why or why not?
- Is there discernible, observable or probable impairment of the child's ability to function as he or she normally functions?
- Has there been a noticeable change in the child's behavior based upon action of the caregiver(s)? Assess further.
- Do the caregivers' actions inappropriately restrict the child's autonomy or independent learning? Detail.
- Have statements been heard by the child that reflect unrealistic or unreasonable expectations of the child given the child's developmental level? What are they?
- What are the patterns of acts or verbal mistreatment directed at the child by the caregiver(s)?
- Describe any willful violent acts directed toward a child's pet, possessions or environment.
- Is the child exposed to repeated violent, brutal or intimidating acts or statements among household members? If so, what has been the impact to the child intellectually, psychologically or behaviorally?
- Is the child demonstrating self-mutilating behaviors or suicidal ideations that are believed to be the result of the caregiver(s)' statements or actions?

Frequently Associated Maltreatments:

- If there are other types of abuse or neglect that were allegedly inflicted by the caregiver(s), select those maltreatments in addition to "Mental Injury." Often, maltreatments associated with "Bizarre Punishment" will have a correlating maltreatment in addition to "Mental Injury."
- Temporary unhappiness or a distress reaction alone due to the caregiver(s)'s statements or actions does not constitute "Mental Injury."

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child has been significantly impaired psychologically or intellectually due to the actions or inactions of the parent or caregiver, or that the child is showing symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected. This can be shown through the following:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of law enforcement reports and interviews
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Supportive documentation from other licensed professionals, which may include physicians, psychiatrists, psychologists or other licensed mental health professionals
- Review and documentation of the child's prior mental health history and how/if the child received treatment
- Consideration of any reports and interviews from law enforcement, including call-outs.
- Documentation on whether the child's ability to function has been discernibly and substantially adversely affected, comparing prior functioning level to the child's current level
- Documentation from interviewing the child, siblings, caregiver(s), and other relevant sources familiar with the family's situation.

Physical Injury

Section [39.01](#), F.S.

Definition:

Physical injury includes a willfully inflicted physical injury to a child that results in temporary or permanent disfigurement, temporary or permanent loss or impairment of a bodily part or function, or is an action that is likely to cause a physical injury, a threat to a child's safety or a real, plausible and significant threat to the child's physical, mental or emotional health.

Plausible threat of physical injury means that the parent or caregiver has acted, or is acting, in a manner that creates a probability of physical injury that would cause the child severe pain or significantly impair the child's physical functioning either temporarily or permanently.

Definitions of injuries covered in "Physical Injury" are as follows:

- **Bite:** A wound, bruise, cut or indentation in the skin caused by seizing, piercing or cutting skin with teeth.
- **Bruise:** An injury resulting from bleeding within the skin where the skin is discolored but not broken.
- **Cut:** An opening, incision or break in the skin made by some external agent.
- **Dislocation:** Displacement of any body part, especially the temporary displacement of a bone from its normal position in a joint.
- **Munchausen's Syndrome by Proxy or Factitious Disorder:** A form of child abuse in which a parent induces real or apparent symptoms of a disease in a child.
- **Oral Injury:** Injuries to the mouth, including broken teeth from a willful act.
- **Puncture:** An opening in the skin which is relatively small as compared to the depth, as produced by a narrow, pointed object.
- **Welt:** An elevation on the skin that can be produced by a lash or blow. The skin is not broken, and the mark is reversible.

Examples of Maltreatment:

- Pushing a child's head against the wall
- Punching a child in the stomach with or without a visible injury
- A parent biting his/her child
- Forcing a bottle into a newborn's mouth, breaking the frenulum
- Punching a child in the mouth, causing extraction of teeth
- Forcefully kicking a child, particularly in the abdomen, thoracic, cranial, or renal areas of the body.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- Is the physical injury on a high-risk (i.e., particularly susceptible to serious injury) body area, such as the head, neck, stomach, genitals or chest?
- Are there multiple injuries that appear to have been inflicted at various time intervals based upon stage of healing? Detail each (color, type, size, location, etc.).
- Are there injuries that appear to have occurred at approximately the same time or from the same incident but on different body planes (both back and front of body, both sides of the face or head, etc.)?
- Does the injury appear to be the result of a non-accidental, willful act by a caregiver?
- Is the explanation of the injury and mechanism consistent with the type and severity of the injury?
- Does the child have a medical condition, disability, behavioral, emotional problem or other issue

that increases the child's vulnerability?

- Does the child or any eyewitness describe actions by the caregiver(s) that were so severe or out-of-control that the actions may have resulted in significant impairment regardless of injuries?
- Does the child have a significant injury suspected to be caused by abuse, regardless of the child's willingness to say how the injury occurred?
- Did the injury require emergency medical treatment?
- Was an instrument used during the incident? Detail.
- Are there patterns of similar incidents with this child or other children the caregiver has been responsible for?
- Does the injury appear to be a friction "burn" or abrasion from a rug, rope or from dragging? Describe to determine if there was willful intent by the caregiver responsible.
- Does the information present as an intentional act of aggression/anger by the caregiver or as an accidental/no intent/playful act by a caregiver (not maltreatment)?
- Are there injuries involving broken teeth? Does the information present as an intentional act of aggression/anger? Caregiver action or failure to act? (Assess any other maltreatment type, if failure to act is applicable.)

Frequently Associated Maltreatments:

- For "Physical Injury" due to neglect, assess for the appropriate neglect maltreatment.
- If a child is bitten by another child or animal, assess for "Inadequate Supervision."
- When a deadly weapon was accessible to a child, assess for "Environmental Hazards" or "Inadequate Supervision."
- If a caregiver threatens to use a deadly weapon against a child but does not have the weapon at the time of the threat, assess for "Mental Injury," "Household Violence Threatens Child," and "Intimate Partner Violence Threatens Child."
- If a caregiver threatens to use a deadly weapon against a child or household member and has a weapon at the time of the threat, assess for "Mental Injury," "Household Violence Threatens Child," and "Intimate Partner Violence Threatens Child."

Excluding Factors:

- Do not use this maltreatment for allegations other than abuse; this maltreatment is only used for injuries or real, plausible threat of injury due to caregiver acts (not omission/failure to act) (e.g., caregiver swings a cast iron skillet at child's head, but does not hit the child or leave injuries – the dangerous willful act had a significant threat of probability).
- In the absence of physical injury or threat of a physical injury by a willful act, a foster parent using corporal punishment on a child is a licensing or regulatory issue, not a "Physical Injury" maltreatment.
- "Nursemaid's Elbow" is a common childhood injury and is not, in and of itself, an injury indicative of abuse. Assess for how the injury occurred to make a determination for acceptance of a report and to reach a maltreatment finding.

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that the child has been the victim of a willful act or real, plausible and significant threat that resulted in or, by the nature of the willful act, threatened to result in any physical injury or harm that causes or is likely to cause the child's physical, mental or emotional health to be significantly impaired. This can be shown through the following:

- Interview of the alleged child victim
- Interview of Alleged Perpetrator (coordinate with law enforcement, if involved)
- Interview of Household Members/Witnesses/Collaterals

- Analysis of and reports and interviews from law enforcement
- Assessment of the Child Protection Team
- Photographic evidence, if any physical injuries are present
- Determination of the circumstances surrounding the maltreatment
- Documentation of current or past injuries
- Documentation of the typology of the injury, including location and description
- Identification and possible etiology (hand, belt, electrical cord, etc.) based upon observation, interviews and medical input.

In cases where there are no injuries present but there is a credible threat to child safety that is likely to result in serious injury in the imminent future, the CPI will add Threatened Harm to the report and assess findings for that maltreatment.

Sexual Abuse

(Battery, Molestation, Exploitation)

Section [39.01](#), F.S.

Definition:

Sexual abuse is sexual contact with a child by the parent(s), legal guardian(s) or caregiver(s).

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

Section [794.011](#), F.S., and Section [39.01](#), F.S.

Sexual Molestation is the intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, except that this does not include:

- Any act which may reasonably be construed to be a normal caregiver responsibility, interaction with, or affection for a child; or
- Any act intended for a valid medical purpose. Section [39.01](#), F.S.

Sexual Exploitation is any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.

Note: In cases of commercial sexual exploitation of a child, the Human Trafficking maltreatment should be selected instead of Sexual Exploitation.

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member is able to protect the child?
- Describe the sexual activity or the explicit sexual material to which the child is/was exposed.
- Describe how, when and where the parent/legal guardian or caregiver exposed the child to sexual activity or explicit sexual material.
- Describe how the caregiver failed to take actions to prevent the child from observing the sexual activity or explicit sexual materials.
- Is the child being used for the adult parent/legal guardian/caregiver's sexual arousal, advantage or profit?
- Does the child have a sexually transmitted infection? (Generally, children under the age of 10 are presumed to be less sexually active and less exposed to persons outside the household environment.)
- Did the caregiver(s) expose his/her sexual organs to a child in a way that is inappropriate or appears to be for sexual gratification?
- Has one child in the home been sexually abused by the caregiver(s)? Are there siblings in the home who may also be victims?
- Did the caregiver(s) sexually abuse a child? Does the caregiver who sexually abused a child also have other children living in the household who are the same sex and of similar age or physical development to the original child victim?
- What is the extent of the other caregiver's knowledge of the situation, including whether the

- other caregiver was present or also actively participating?
- Is there prior sexual abuse history involving the child or the caregiver(s)?

Frequently Associated Maltreatments:

- Assess for “Failure To Protect” when a child has been sexually abused in the past and the caregiver(s) allows the abuser to have contact unless court-ordered to do so or the abuser successfully completed treatment and the child’s therapeutic intervention has approved contact.
- Also assess for “Mental Injury” when the child is showing significant emotional injury as a result of the sexual abuse.
- Also assess for “Physical Injury” if the sexual abuse has also resulted in any physical injuries to the child.
- Assess for “Medical Neglect” if the child is/was in need of medical care as a result of the Sexual Abuse and the child did not receive treatment due to caregiver negligence or refusal.

Excluding Factors:

- Normal caregiver(s) interaction and affection does not constitute “Sexual Abuse.”
- Touching that is intended for valid home medical remediation or other professional medical purposes does not constitute “Sexual Abuse.”

Assessing a Maltreatment Findings

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/legal guardian engaged in sexual contact (Sexual Battery, Sexual Molestation and/or Sexual Exploitation) with the child. This can be shown through the following:

- Interview of the alleged child victim
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Analysis of law enforcement reports and interviews
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team (Mandatory Referral)
- Documentation of an arrest made related to the sexual abuse incident
- Documentation of physical evidence observed by the CPI, law enforcement, medical professionals or the Child Protection Team
- Results of any psychological exams of the child and/or the caregiver(s)
- Documentation from prior history of sexual abuse in this family or by the caregiver(s) with different child victims, including prior allegations of sexual abuse made by the child
- In the vast majority of sexual abuse incidents, there is no physical injury or evidence of sexual activity. The history provided is often the only corroborating evidence.

Substance-Exposed Newborn

Definition:

Substance-exposed newborn as a maltreatment occurs when a child is exposed to a controlled substance or alcohol prenatally. Exposure to a controlled substance or alcohol prenatally is established by:

- A test, administered at birth, which indicates that the child's blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant;
- A diagnosis of Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder as a result of maternal use of a controlled substance or alcohol; or
- Knowledge or suspicion by medical personnel or hospital staff that an infant was exposed to a controlled substance or alcohol prenatally based on physiological or neurobehavioral abnormalities (e.g., seizures, muscle tightness, rapid breathing), and/or the mother's reported use of controlled substances or alcohol prenatally when such use would likely result in neonatal toxicology or withdrawal.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section [893.03](#), F.S.

Examples of Substance-Exposed Newborns:

- A newborn exhibits withdrawal symptoms because of the mother's use of non-prescribed opioid medication during pregnancy.
- A newborn is treated for Neonatal Abstinence Syndrome due to the mother's abuse of methadone during pregnancy. The mother admits to taking a higher dose of methadone than was prescribed to her.
- A mother gives birth to a premature infant as a result of a placental rupture believed to be related to illicit drug use.
- A newborn's urine toxicology screen is positive for a controlled substance that was not prescribed during the mother's pregnancy or administered at the hospital.
- A newborn appears healthy and has a negative urine toxicology screen at birth; however, the mother is alleged to continuously abuse drugs and/or alcohol before and during her pregnancy. The child's meconium toxicology screen is pending, but it is suspected that it will be positive based on the mother's extensive substance use disorder.
- A mother is disheveled and under the influence of alcohol or other substances when she arrives at the hospital to give birth.

Assessing for Maltreatment

Factors to consider in Assessment of maltreatment

- Has the newborn and/or mother been tested for substances at birth, and what were the results? If the drug is a prescription drug, was the drug prescribed to the mother during pregnancy and used as prescribed?
- Has a physician diagnosed or noted withdrawal symptoms or other adverse effects?
- What is the reported history of drug or alcohol use, including any admission of use by the mother, and/or the extent of use during pregnancy? What type of drug was used and when was the last use?
- Has the mother's overall functioning declined over time relative to her drug use? Does she

spend less time interacting with her children? Is she no longer employed? Medical complications related to drug use (ER visits, Marchman or Baker Acted, etc.)?

- Does the newborn's mother understand how substance abuse may cause direct harm to her baby?
- Has the mother ever received drug treatment? If yes, establish pattern of treatment.
- Do others in the home use drugs? Is the father aware of the mother's drug use during pregnancy? Does the father use substances as well?
- What are the medical and physical conditions of the child?
- What is the newborn's birth weight, gestational age, and APGAR scores? (This could be used to show correlation and draw inference to support adverse impact to an infant from parental substance misuse).

NOTE: If a child/and or mother tests negative for controlled substances or alcohol at birth, a thorough assessment of known or reported history of substance abuse during the pregnancy, including duration, frequency, pattern, and severity, should be completed to determine if there is sufficient information to support the acceptance of a report.

Frequently associated maltreatments

If a parent/caregiver's ongoing use of a controlled substance or alcohol has resulted in harm or a threat of harm to a child, also assess for "Substance Misuse (Alcohol, Illicit Drugs, Prescription Drugs).

If a parent/caregiver purposely gives a child poison, alcohol, non-prescribed drugs, or other substances that could result in adverse functioning, sickness, or internal injury, assess for "Substance Misuse."

If a parent/caregiver leaves poison, alcohol, medications, or other harmful substances readily accessible to a child, assess for "Inadequate Supervision."

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/legal guardian has exposed a newborn child to substances and, as a result, the child's physical, mental, or emotional health has been demonstrably adversely affected by the parent's drug or alcohol use. This can be shown through the following:

- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team
- Documentation of toxicology results and drug screens results for the child, caregiver(s), or both. However, the **results of drugs screens should not be the sole basis for the determination of maltreatment**. This should include a thorough assessment of known or reported history of substance abuse during the pregnancy, including duration, frequency, pattern, and severity.
- Assessment of pre-natal medical records
- Documentation, if any, of meconium drug testing results of newborns potentially exposed to drugs in utero
- Documentation of the adverse effect on the child related to a caregiver's substance misuse, such as complications related to premature birth, drug withdrawal at birth that may require detoxification for the child, etc.
- Documentation of inappropriate use/dose of prescribed medications, including a pill count, date of prescription, and directions for dosage
- Documentation from interviewing and/or observing the caregiver(s), children, and household members related to the extent of the caregiver's drug or alcohol use, focusing on the frequency and level of the use during pregnancy

- Documentation of decreased adult functioning correlated with the drug use
- Documentation of prior history of maltreatment linked to substance misuse in the family
- Documentation of drug-related criminal history
- Documentation of “Doctor Shopping” by the caregiver during pregnancy
- Analysis of reports and interviews from Law Enforcement

Substance Misuse

Section [39.01](#), F.S.

Definition:

Substance Misuse is purposely giving or administering a child poison, alcohol, drugs or other substances that substantially affect the child's behavior, motor coordination or judgment, or that result in sickness or internal injury.

Examples:

- A parent buying or giving his teenage child beer or alcohol while at home, causing the child to become intoxicated
- A parent giving her child marijuana or methamphetamine or smoking marijuana or methamphetamine with her child
- A parent purposefully giving his child bleach or antifreeze to drink in order to make the child ill
- Giving a child who is not prescribed ADHD medication another child's ADHD medication.
- Blowing marijuana or methamphetamine smoke directly into a child's face
- Giving a child ant poison to "kill the ants" because the child ate ants while playing outside

Assessing for Maltreatment

Factors to Consider in Assessment of Maltreatment:

- If there is another adult in the home, does the reporter think this adult household member has sufficient parental protective capacities to protect the child? Why or why not?
- What substances were consumed by the child and in what quantity?
- Did the caregiver(s) encourage and contribute to the child's drug or alcohol use?
- Why were the drugs or alcohol provided to the child? Were they for a religious ceremony or holiday tradition (e.g., at dinner or while dining)?
- Did the caregiver(s) give or cause poison, alcohol, drugs or other substances to be given to the child?
- Was the ingested poison a result of a willful act by a caregiver?

Frequently Associated Maltreatments:

- Assess for "Inadequate Supervision" if the lack of supervision or omission caused a child to be poisoned.

Excluding Factors:

- If a caregiver is administering prescribed or over-the-counter medication as recommended or prescribed by a medical provider, it is not "Substance Misuse."

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/caregiver has purposely given a child alcohol, illicit drugs, prescription drugs, poison or another substance and, as a result, the child's behavior, motor coordination, or judgment has been substantially affected, or sickness or an internal injury has resulted. This can be shown through:

- Interview of the alleged child victim

- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team
- Documentation of inappropriate use/dose of prescribed medications, including a pill count, date of prescription, and directions for dosage
- Documentation from interviewing and/or observing the caregiver(s), children and household members related to the extent of the caregiver's drug or alcohol use, focusing on the frequency and level of the usage and the effects on the child
- Documentation of drug-related criminal history
- Documentation that the child has consumed poison, alcohol, drugs or other substances from witnesses and interviews or from medical results as a result of a parent/legal guardian/caregiver purposely giving such to the child and that the poison, alcohol, drugs, or other substances substantially affected the child's behavior, motor coordination or judgment or resulted in sickness or internal injury to a child

Substance Misuse

(Alcohol, Illicit Drugs, Prescription Drugs)

Section [39.01](#), F.S.

Definition:

Substance Misuse is when a parent exposes a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

- Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent's ability to provide supervision and care for the child has been or is likely to be severely compromised; or
- Knowledge or suspicion that a parent's ongoing use of a controlled substance or alcohol has resulted in harm or a threat of harm to a child, with special consideration given to the vulnerability of children age 0-12 months at the time of the report.

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule I or Schedule II as defined in Section [893.03](#), F.S.

Examples:

- A child's physical appearance has deteriorated due to the parents abusing substances. The child does not have clean clothes, her body is dirty, and she has to fend for herself when making meals. She often does not get enough to eat because the parents have traded their food stamps for money for drugs.
- A mother who frequently consumes drugs or alcohol and is choosing to breastfeed the child, thereby exposing and providing the child with drugs through the breastmilk.
- A parent of a six-month-old infant has an extensive history of abusing alcohol or drugs and there are indications that the parent has started using again, resulting in a threat of harm to the child.
- A parent of an infant is alleged to be overusing a prescribed medication, causing the parent to "nod off" while caring for the infant.
- The parents frequently "disappear" for days at a time in order to use cocaine, leaving their 10-month-old child at the grandparents' home. The parents do not make arrangements prior to dropping the child off, and the grandparents have no way of contacting the parents or knowing when they will return.

Assessing for Maltreatment

Factors to consider in Assessment of maltreatment

- If there is another adult in the home, does the reporter think this household member has sufficient parental protective capacities? Why or why not?
- What type of drug(s) is the parent using? If the type of drug is unknown, what behavioral effects indicate that the parent is using drugs?
- Threats to a child of a parent who becomes sedated and inattentive after drinking excessively differ from the threats posed by a parent who exhibits aggressive side effects from methamphetamine use. Dangers may be posed not only from the use of illegal drugs, but also, and increasingly, from abuse of prescription drugs (pain relievers, anti-anxiety medicines, and sleeping pills).
- Danger may be posed by parents with a history of substance use disorders who are using unsafe sleep practices.
- What are the specific adverse effects to the child's safety, health, development, medical needs,

education needs, well-being, supervision, protection or care as a result of parental substance misuse?

- What is the frequency and extent of the parent's alcohol or drug use (pattern, duration, incapacitation, threat to child safety, etc.)?
- Where is the child when the caregiver(s) uses drugs or alcohol/shortly after the caregiver(s) uses drugs or alcohol?
- What is the degree of behavioral or cognitive dysfunction or physical impairment linked to the caregiver's drug or alcohol use? What behaviors/indicators are observed related to the caregiver's drug or alcohol use?
- Has the parent's drug or alcohol use resulted in inadequate food, clothing, shelter, medical care, or supervision for a child? Has the parent's drug or alcohol use resulted in the death of a child?
- What is the reported history of drug or alcohol use, including any admission of use by the parent or caregiver, chronicity, frequency, duration, type of drug, and the extent of use (recent and historical)? What type of drug was used and when was the last use?
- Does the caregiver's admitted or observed history of drug and/or alcohol use cause concern about the caregiver's current ability to provide safe care for children under his/her supervision?
- Is it being reported that the caregiver was intoxicated or under the influence of a controlled substance while driving with a child in his/her vehicle?
- For individuals reportedly taking medication for chronic pain, is there a demonstrated improvement in their day-to-day functioning (improved work, relationships, interaction with children, etc.) since the medication was started, or has their functioning deteriorated or worsened?
- Can the child describe drug ingestion activities of the parent/caregiver, such as a route of administration (intravenous injection, snorting, smoking, etc.)?
- Can the child describe drug manufacturing techniques or equipment?

For reports with a child age 0-12 months with substance misuse allegations:

- How is the parent's drug or alcohol use affecting or likely to affect their ability to provide adequate supervision or care for their child? Has the parent's adult functioning and/or ability to parent deteriorated over time? Does this decline coincide with the parent's ongoing drug use?
- Are both parents abusing drugs and/or alcohol? If not, is the non-maltreating parent aware of the other parent's drug and/or alcohol use?
- Does the parent(s) understand how substance abuse may affect their ability to provide safe and adequate care for an infant?
- What type of drug(s) is the parent using? If the type of drug is unknown, what behavioral effects indicate that the parent is using drugs?
- Does the parent(s)' admitted or observed history of substance misuse cause concern about the parent(s)' suspected current substance misuse and/or their current ability to provide safe care for an infant?
- Have there been any significant changes in familial relationships and/or informal connections? These changes are often reported from the parent as family issues for no reason; however, further exploration can indicate that family has concerns about the parent's substance use that has caused negative relationships.

Frequently associated maltreatments

- Also, assess for "Environmental Hazards" when there are allegations of drugs being sold or manufactured from the home.
- Also, assess for "Inadequate Supervision" if a parent/caregiver leaves poison, alcohol, medications, or other harmful substances readily accessible to a child, or when a parent's

substance abuse has influenced their ability to provide adequate supervision to the child.

- Assess for “Substance Misuse” if a parent/caregiver purposely gives a child poison, alcohol, non-prescribed drugs, or other harmful substances.

Excluding Factors

- An allegation that a parent is using/abusing substances without information supporting that the child’s physical, mental, or emotional health has been adversely impaired or is in danger of being adversely impaired (e.g., based on the age/vulnerability of the child) is not “Substance Misuse.”

Assessing for Maltreatment Finding

Information Necessary to Support a Verified Finding

In order to verify this maltreatment, the preponderance of credible evidence will establish that a parent/legal guardian has exposed a child to substances and, as a result, the child’s physical, mental, or emotional health has been demonstrably adversely affected by the parent’s drug or alcohol use.

This can be shown through the following:

- Interview of the alleged child victim
- Interview of the Parents/Legal Guardians/Alleged Perpetrator
- Interview of Household Members/Witnesses/Collaterals
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team
- Documentation of toxicology results and drug screens results for the caregiver(s); however, the **results of drug screens should not be the sole determination of maltreatment.** This should include a thorough assessment of known or reported history of substance abuse, including duration, frequency, pattern, and severity.
- Documentation of the adverse effect on the child related to a caregiver’s substance misuse, such as unsanitary living conditions
- Documentation of inappropriate use/dose of prescribed medications, including a pill count, date of prescription, and directions for dosage
- Documentation that the caregiver was responsible for the child at the time of or shortly following the drug or alcohol use and how the use of the substance impaired the caregiver’s functioning
- Documentation from interviewing and/or observing the caregiver(s), children, and household members related to the extent of the caregiver’s drug or alcohol use, focusing on the frequency and level of the use and the effects on the child; and behavioral indicators such as interactions, bonding, protective capacities
- Documentation of prior history of maltreatment linked to substance misuse in the family
- Documentation of drug-related criminal history
- Documentation of “Doctor Shopping” by the caregiver
- Analysis of reports and interviews from Law Enforcement

Threatened Harm

Definition:

Threatened harm is a behavior that is not accidental and which is likely to result in physical, emotional or mental harm or impairment to the child.

Note: Per the revised definitions of Harm and Neglect in s. 39.01, F.S., leaving a child without supervision is only considered harmful if:

- The child is subjected to obvious danger that the caregiver knew or should have known about; or
- The child cannot exercise reasonable judgment to avoid serious harm when responding to physical or emotional crises.

Caregivers may permit sufficiently mature children to engage in independent, unsupervised activities — such as traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home for reasonable periods of time. These activities would only be considered harmful if allowing them constitutes conduct *so reckless as to endanger the health or safety of the child*

The Hotline is limited to the following situations for selecting this maltreatment:

- Death of a sibling or another child in the household as a result of child abuse or neglect provides reason to suspect that another child is in present or impending danger, or that child's safety is, or is reasonably likely to be, seriously threatened.
- An individual currently has children in out-of-home care or has had his or her parental rights involuntarily terminated, and has a new child or becomes a household member in a home where there are children present, and the reporter describes the caregiver as having diminished or limited parental protective capacities.
 - Out-of-home care means the placement of a child in licensed and non-licensed settings arranged and supervised by the Department or a contracted service provider.
- A Child or Adult Protective Investigator calls with concerns for the child of an employee named within an institutional report that would likely result in abuse, abandonment, or neglect in the in-home setting.
- A Child or Adult Protective Investigator calls with concerns about an individual named as a caregiver responsible for abuse, neglect, or abandonment in an in-home setting similarly maltreating children in an institutional setting at which the individual is employed.

Child Protective Investigators may add "Threatened Harm" to an open investigation if there are no injuries to support a defined maltreatment type, but there is a credible evidence, based on the caregiver's acts or failure to act, to indicate a real, plausible and significant threat to child safety.

Factors to Consider in Assessment of Maltreatment:

- What is the specific harm that is likely to occur? What family conditions are out-of-control? What is the potential for severe injury (sexual, physical, emotional, etc.)?
- If there is another adult in the home, does the reporter think this adult household member has sufficient parental protective capacities to protect the child? Why or why not?
- What is the connection of the actual incident to the likelihood of injury or future injury to each specific child?
- Is there prior documented abuse, neglect or child welfare history?
- Does the child have a medical condition; behavioral, mental, or emotional problem; or disability or handicap that impacts his/her ability to protect himself/herself, or behavior that significantly increases the stress level of the parent(s)/caregiver(s)?
- Is there a reported pattern of similar instances with this child or other children for whom the parent(s)/caregiver(s) has been responsible?

Excluding Factors:

- If the reporter is the **Case Manager** on an open case of a child where the mother or father has other children in out-of-home care and there are **no new** allegations of abuse, abandonment, or neglect, do not accept a report of “Threatened Harm” (e.g., parents continue to use drugs, home continues to be filthy, ongoing state of being). The case manager should be encouraged to evaluate the safety plan for sufficiency to manage safety in the home and to evaluate the case plan for appropriateness of service and level of services needed to ameliorate the ongoing condition or issue.)

Assessing for Maltreatment

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment, the preponderance of credible evidence will establish that there is a credible threat to child safety that is likely to result in serious injury in the imminent future. This can be shown by the following:

- Interview of the alleged child victim
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from law enforcement
- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Prior history with the family related to the current maltreatment and family conditions
- Assessment of the Child Protection Team
- Documentation from interviewing prior or current investigators, case managers or staff within the Department, Community-Based Care lead agency, sheriff's office or other law enforcement officers who have knowledge of the family's circumstance, prior child welfare history, child functioning, adult functioning, and parental protective capacities
- Results of any psychological exams related to the caregiver(s)
- Information obtained from all medical records and professionals, including the Child Protection Team.

Special Conditions Referrals

The following pages contain information regarding the four special condition referrals. They are structured differently, since **no investigation is warranted or required and should not be expected.**

Special Conditions Referrals are requests brought to the attention of the Department that require a response by the Department CPI or Child Welfare Professional. These requests **do not** meet the criteria for a report of abuse, abandonment or neglect, therefore, no investigation should commence. These are social service responses aimed at linking families with community services, if requested.

Some of these referrals may result in the need to extend protection and shelter a child upon response.

If a child welfare professional responder conducting the assessment of a special conditions referral discovers information that constitutes reasonable cause to suspect that a child has been abused, abandoned or neglected, a report **must** be made to the Hotline. The Hotline personnel will evaluate the information provided and determine if reported concerns meet the criteria for child abuse, neglect or abandonment, thereby warranting a child protective investigation.

Caregiver(s) Unavailable

Definition:

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

Examples of Caregiver Unavailable:

- Caregiver has been incarcerated, hospitalized, or died, and immediate plans must be made for the children's care
- Child is unable or unwilling to provide information about his/her parent, caregiver(s) or custodian
- A child is ready for discharge from a DJJ Intake Facility and the parents are not available to pick up the child.

Assessing for Special Conditions

Factors to Consider in Assessment:

- Is a caregiver available to make acceptable temporary living arrangements for the child? (What necessitates the need for or request for Department involvement?)
- Is law enforcement refusing to release the child to anyone until a Department person makes contact?
- How long is the parent/caregiver(s) expected to be unavailable to care for the child?
- Is a caregiver about to be incarcerated and plans must be made for the child's immediate care? Why is the caregiver being arrested? What is the barrier to the parent identifying a caregiver available to respond and take physical custody of the child?
- Is the caregiver about to be hospitalized and plans must be made for the child's immediate care? What is the barrier to that parent identifying an available caregiver to respond and take physical custody of the child?
- Have the caregivers died and plans must be made for the child's immediate care?

Excluding Factors:

- When the counselor identifies allegations of abuse, abandonment or neglect during the call that may or may not be related to the reason that the caregiver(s) is unavailable, an intake report will be accepted for response and assessment.

Child-on-Child Sexual Abuse

Section [39.01](#), F.S.

Definition:

Child-on-Child Sexual Abuse is any sexual behavior by a child (17 years and under), to another child, which occurs without consent, without equality, or as a result of coercion. For purposes of this subsection, the following definitions apply:

- (a) **“Coercion”** means the exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.
- (b) **“Equality”** means two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.
- (c) **“Consent”** means an agreement, including all of the following:
 1. Understanding what is proposed based on age, maturity, developmental level, functioning, and experience.
 2. Knowledge of societal standards for what is being proposed.
 3. Awareness of potential consequences and alternatives.
 4. Assumption that agreement or disagreement will be accepted equally.
 5. Voluntary decision.
 6. Mental competence.

Examples of Child-on-Child Sexual Abuse:

Juvenile sexual behavior ranges from noncontact sexual behavior, such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs, to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, cunnilingus, penile penetration, oral sex, anal sex, sodomy, and various other sexually aggressive acts.

Assessing for Special Conditions

Factors to Consider in Assessment:

- Assess the specific behaviors of the child who has exhibited sexual behavior by means of coercion, inequality or without consent, and assess the specific behavior of the other child involved.
- Did the alleged event occur without consent, without equality, or as a result of coercion? Provide explanation.
- Consider the difference in age or developmental level between the child who exhibited sexual behavior by means of coercion, inequality or without consent and the other child involved.
- Are the parents aware of the sexual contact, and do they have concerns related to consent, equality or coercion?
- Have the children engaged in sexting? Have those images been shared publicly?

Frequently Associated Maltreatments:

- Fully assess for maltreatment, such as “Inadequate Supervision.” A child-on-child sexual abuse referral may be accepted for response and assessment even when maltreatments are accepted for investigation.
- Assess for a “Parent Needs Assistance” referral if the information is not accepted as a child-on-child sexual abuse referral, there are no maltreatments identified, and the parent is requesting assistance with his/her child’s sexualized behavior.

Excluding Factors:

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

Foster Care Referral

Definition:

Foster Care Referrals are reports to the Hotline regarding issues with the care provided to a child in an out of home placement, agency-licensed foster home, group home, or emergency shelter; or concerns related to a child's safety, permanency or well-being for families under protective supervision that do not meet the criteria for acceptance of a report of abuse, abandonment, or neglect. These referrals may include placement disruptions, case plan or safety plan violations. These referrals contain no allegations of abuse, neglect, or abandonment and require a plan modification. The intent of the Foster Care Referral in such cases is to serve the purpose of notification to the child welfare professional to re-assess the child's safety, permanency, and well-being. These are generally licensing or regulatory infractions or complaints. Foster Care Referrals may include situations which involve the caregiver from whom the child was removed, that impact child safety, yet occur while the child is in an active out-of-home care placement.

A Foster Care Referral shall not be accepted when the child welfare professional is aware of the case plan or safety plan violation. The child welfare professional shall be responsible for updating the Family Functioning Assessment and safety plan to address such violations.

Hotline counselors shall check for an active/ open placement or out-of-home care living arrangement.

Assessing for Special Conditions

Factors to Consider in Assessment:

- Is the home/facility a relative, non-relative, licensed foster home, group home, or emergency shelter?
- Does the information being reported appear to be a licensing or regulatory violation or generalized complaint about the foster parents or home?
- Is the family currently under Department supervision for in-home or out-of-home care services?
- If it is the child's child welfare professional calling the Hotline, do other welfare professionals need to be made aware of the concerns or incident?
- Does the child welfare professional need to be notified of the violation in order to modify the case plan or safety plan?

Parent Needs Assistance

Definition:

Parent Needs Assistance referrals are calls received from a parent or legal custodian seeking assistance for himself or herself which does not meet the statutory criteria for an abuse, abandonment or neglect investigation. These calls may be accepted by the Hotline for response to prevent or ameliorate a potential future threat of harm to a child. If it is determined by a child welfare professional that a need for community assistance or services exists (food, diapers, utilities, etc.), the Department or other contracted child welfare professional shall refer the parent or legal custodian for appropriate voluntary community services. Also, if the parent wants the child removed from the home because the child is disobeying, running away, disrespectful, etc., the parent may be expressing anxiety and dread about his/her ability to control his/her emotions and reactions toward the child. This expression represents a “call for help” or a parent needing assistance.

Examples of Parent Needs Assistance:

- Parents/legal custodian state they will maltreat or fear they will mistreat without assistance.
- Parents/legal custodian describe conditions and situations which stimulate them or could provoke them to think about maltreating.
- Parent/legal custodian talks about being worried about, fearful of or preoccupied with maltreating the child.
- Parent/legal custodian identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to lash out/strike the child.
- Parents/legal custodians anticipate situations in which the parent(s) or legal custodian(s) will be incarcerated or hospitalized and request assistance with plans to be made for the children’s care.

Assessing for Special Conditions

Factors to Consider in Assessment:

Presumably, a caregiver in need of assistance recognizes that his or her reaction to the situation/circumstances could become serious and could result in severe effects on a vulnerable child. The admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time, and assistance from the Department is sought to ameliorate the concern.

- What assistance have the parents/legal custodians asked for in order to be able to care for the child, such as counseling, medical, residential placement, psychiatric assessment or assistance from the school or law enforcement?
- Is there anyone with whom the parents or legal custodians could allow the child to live temporarily, such as relatives or family friends, while the family obtains assistance?
- Have the parents/legal custodians considered professional placement, such as teen shelter, safe haven, or residential facility? Assist with linking the parent/legal custodian to external resources as a resolution.
- Are the parents/legal custodians willing to work with DCF or a contracted provider to assist them to make arrangements for the child?
- Does it sound like a situation that could get worse and quickly escalate to child abuse, neglect or abandonment if the family does not get assistance?
- Would the family benefit from general services offered in the local community (e.g., diapers, utility assistance, food, child care, etc.)?
 - Provide 2-1-1 or other contact information to the caller, transfer call to the local community-based care lead agency and refer to the community-based care lead agency for services.

Chapter 6

NORMALCY

6-1. Purpose. This chapter describes the Department's policies and procedures regarding the concept of normalcy. It is the policy of the Department to fully support the efforts of caregivers, providers, and Lead Agencies to ensure that children in our care have the opportunity to fully participate in activities in their schools, neighborhoods, and communities.

6-2. Explanation of Reasonable and Prudent Parent Standard. In accordance with s. [39.4091](#), F.S., "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in out-of-home care to participate in extracurricular, enrichment, and social activities.

6-3. Normalcy Overview.

a. A child's right to live a healthy, normal childhood is paramount. The Youth in Foster Care Rights and Expectations brochure (<https://www.myflfamilies.com/sites/default/files/2022-12/10-28-Foster-Rights-and-Expectations.pdf>) is provided to children who are placed in out-of-home care.

b. A reasonable and prudent parent standard will be applied to decisions regarding a child's participation in normal childhood activities.

c. Out-of-home caregivers shall be supported in their decision making as outlined in this chapter.

d. Normalcy focuses on enabling opportunities for social development, recreation, extra-curricular, academic growth, and positive life experiences based on a child's desires and developmental, emotional, physical, and other needs. Caregivers are empowered to make decisions using a reasonable and prudent parent standard. Guidelines aimed at also increasing normalcy for caregivers are addressed in Chapter 7 and Chapter 8 of this operating procedure.

e. A child should be able to engage in independent and unsupervised activities unless allowing such activities constitutes reckless conduct that endangers the health or safety of the child. Such independent and unsupervised activities include, but are not limited to, traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home or any other location for a reasonable period of time

f. Decisions shall not contradict any existing court order or care precaution plan.

g. While caregivers have authority to make decisions about the normal activities of foster children in their care, the caregiver needs to consider known parental wishes and concerns in these decisions.

h. The assigned child welfare professional will make diligent efforts to keep the parent(s) and/or guardian informed and involved, including the resolution of differences between the caregiver and parent.

6-4. Overnight / Planned Activities and Outings.

a. The out-of-home caregiver must determine that the activity or outing is safe and appropriate in accordance with the reasonable and prudent parent standard.

b. Children shall be encouraged to participate in normal school, community, or social activities and outings such as employment, school field trips, dating, camping trips, and activities with friends, school, and church groups as appropriate for the child based upon a reasonable and prudent parent standard.

c. Background screening is not required for the child's participation in normal childhood activities and outings like sleepovers with friends, participation in school lock-ins, or team sports.

d. The caregiver may take children placed in their care on vacations and must inform the assigned child welfare professional in advance of the travel. Travel must be in accordance with any existing court orders.

e. The caregiver shall notify the assigned child welfare professional in advance of overnight stays exceeding three (3) nights. Examples of such stays include sleep away camps and school trips.

f. The assigned child welfare professional shall make efforts to accommodate planned activities for the child's participation by assisting in coordination with the family and court, particularly as related to scheduled visitation.

NOTE: See also Chapter 7 (Babysitting and Overnight Care) and Chapter 8 (Out of Town Travel / Vacation) of this operating procedure.

6-5. Social Media / Computer Usage / Cell Phones.

a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver.

b. Caregivers shall apply the reasonable and prudent parent standard to decision-making regarding social media usage. Caregivers should be sensitive to the risks of the various forms of social media.

c. Children have the right to self-disclose information about themselves on social media. Caregivers should educate children regarding the potential impact and ramifications of disclosures of a private and personal nature that may put themselves, family members, friends, and acquaintances at risk for bullying, cyberstalking, and emotional or physical harm.

d. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child's last name or references that may identify the child as residing in out-of-home care.

6-6. Driving.

a. Caregivers and child welfare professionals shall assist children in finding and enrolling in a driver's education program.

b. Support of the child's efforts to learn how to drive a car, obtain a learner's permit and/or driver's license shall be based upon the child's age, maturity, and access to insurance.

c. The Keys to Independence program is a resource available to assist caregivers, youth, and child welfare professionals to maximize children's access to learners' permits, driving education, drivers' licenses, and auto insurance. Information related to the Keys to Independence program can be found on their website at: keystoindependencefl.com

6-7. Right to Privacy.

a. All youth in care have the right to be given a space that is private and to store personal belongings safely and securely.

b. Proper care should be taken when closed circuit television (CCTV) or video camera surveillance is used to ensure its use is appropriate and does not violate a youth's right to privacy. It is reasonable to expect that a youth could fully disrobe in private, without concern for being recorded or viewed by another, in a location such as a bedroom or bathroom or any other area deemed as private by the child or caregiver.

c. Cameras placed in bedrooms, bathrooms, or toileting areas are prohibited.

(1) Baby monitors, to include those with cameras, are permitted in bedrooms when used for the age and/or developmental stage the device is intended for based on the manufacturer's instructions.

(2) Baby monitors with cameras may be placed in the bedroom of the child who presents with a severe medical condition when the Lead Agency documents the approval of an assessment that was completed by the child welfare professional in conjunction with the caregiver.

(3) The approval and assessment shall be documented in the Comprehensive Child Welfare Information System.

(4) When a baby monitor with a camera is used in a bedroom, at no time shall the monitor face in a direction that would violate the child's privacy. This shall include, but is not limited to, being able to view the child during diaper changing or bathing.

d. Surveillance equipment is permitted and anyone affected by the use of surveillance equipment should be made aware of its existence by the clear and obvious manner in which it is installed or by a written notice conspicuously posted on the premises.

e. Prior to the use of any cameras, the department should be informed where any cameras will be positioned along with a diagram showing their position, why they are in use and when, who is responsible for the camera(s), and what happens to the footage. The surveillance system is not to be used in place of direct supervision by a staff member or caregiver. The information should be kept securely, and the information recorded by the system should only be used for the express purpose for which it is intended.

f. Surveillance systems should have the capacity to store footage for at least 14 days before rewriting or deleting. Video footage recorded on an external disc, USB thumb drive, or video home system (VHS) shall always be locked and secured and only accessed by authorized staff. This includes the transmission of footage digitally.

g. The child welfare professional or Department licensing staff member shall work with the caregiver or residential care provider to create an agreement which discusses prudent use of any video surveillance, including the use of baby monitors for children older than the device's recommended age.

h. CCTV footage is subject to review by the Department and access to view footage must be granted within 24 hours upon request.

NOTE: See Chapter 4 (Child Placement Agreements for Care Precautions and Behavior Management Plans) of this operating procedure regarding privacy for care precaution plans.

