

Safety Methodology Practice Guidelines, Investigations

Purpose: This chapter outlines the core safety methodology constructs and guidelines necessary for child protective investigators. The Safety Methodology provides a uniform language for assessing child safety, family risk factors and consistent approaches for safety interventions. The fundamental actions to protect and intervene with unsafe or at-risk children should be applied with fidelity throughout Florida.

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Multiple County Case Coordination

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

1. A “Case Transfer” is necessary when the county initially receiving the intake is not the county in which the maltreating caregiver resides.
2. An “Out of Town Inquiry” (OTI) is necessary when an investigator receives a request from another investigator in a different county for assistance with family or collateral interviews, completion of a home study for emergency placement purposes, or requests for a local criminal history background check.

Case Transfer Guidelines:

1. The Hotline will assign child intakes to the county where the child is located at the time the report is accepted.
2. The investigator in the county initially receiving the intake is responsible for:
 - a. Conducting the child victim interview.
 - b. Conducting sibling and non-maltreating caregiver interviews, if located in same county as child victim.
 - c. Completing a Present Danger Assessment.
 - d. Completing a Present Danger Safety Plan when necessary.
 - e. Documenting pre-commencement activities, interviews, observations and analysis in FSFN contact notes no later than forty eight (48) hours after contact.
 - f. Transferring the case to the county in which the alleged maltreating caregiver resides as soon as that individual’s home residence is confirmed.
 - g. Coordinating follow-up investigative activities with the assigned investigator after the case transfer.
3. In order to follow the interviewing protocol and sequence established in the practice guidelines, the investigator initially assigned the case will attempt to immediately:

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- a. Confirm the intake as assigned should be conducted as an “Other” or “In-Home” investigation (if sufficient information is already contained in the intake).
 - b. Determine whether the alleged maltreating caregiver and parent/legal guardian are at the child’s current location.
 - c. Determine if a concurrent criminal investigation has been, or needs to be initiated.
 - d. Determine which county will be responsible for completing the investigation and FFA-Investigation (if sufficient information is already contained in the intake).
 - e. Alert the supervisor that a case transfer to the other county will be necessary.
4. When a child is in a hospital or other medical setting the following interview protocol will be followed:
 - a. Interview medical personnel who have treated or observed the child, regarding the child and parent’s explanation for the injury and if the injury was likely caused by, or is consistent with, child maltreatment.
 - b. Interview the alleged child victim(s) and any siblings.
 - c. Determine if any other interviews need to be conducted prior to interviewing the **non-maltreating** parent/legal guardian who may have accompanied the child to the medical facility.
 - d. Interview the alleged maltreating caregiver unless law enforcement requested the alleged maltreating caregiver not be interviewed because a concurrent criminal investigation is in progress.
5. As soon as practical after completing the initial interviews and determining the maltreating caregiver’s residence is in another county, the investigator will consult with a supervisor to discuss:
 - a. Information learned from the child and collateral interviews.
 - b. Whether an “Out of Town Inquiry” or “Case Transfer” is needed and if yes, how to expedite that process.
6. In the event the child is determined to be in Present Danger the investigator must take **immediate safety actions**. If the safety actions entail taking the child into custody, the investigator must immediately contact Children’s Legal Services so a determination can be made regarding where the judicial proceedings will occur.

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7. Follow up communication between investigators, supervisors, or designees for each county involved will entail discussion of all critical information learned to date to include, but not limited to:
 - a. Information and analysis regarding interviews conducted.
 - b. Recommendations regarding information gaps and additional interviews needed.
 - c. Discuss and agree on the coordination and sequencing of any further interviews and investigative activities.
 - d. Exchange contact information for all parties involved in the investigation (CPI and CLS staff, medical personnel and law enforcement, etc.).

OTI Guidelines:

1. A collaborative and consultative approach will be used between investigators requesting and responding to Florida-based and out-of-state OTI requests.
2. OTI requests for home studies within Florida for relative/non-relative emergency placements must be initiated as soon as possible but no later than 4 hours. Out-of-state placement requests are required to follow the regulations of the Interstate Compact on the Placement of Children (ICPC) and are not eligible for the OTI process.
3. Child victim interviews will be initiated within 24 hours from the time of the OTI request. If the child is expected to return to a home where present or impending danger has been identified prior to 24 hours from the time of the OTI request, the OTI must be initiated as soon as possible but no later than 4 hours.
4. Sibling, adult family members and all other collateral contact requests must be completed within 5 days from the time of the OTI request.
5. Requests for local criminal history background checks must be submitted to law enforcement within 72 hours from the time of the OTI request.

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

1. Investigators demonstrated timely and robust communication between units to achieve well-coordinated investigative activities.
2. Investigators successfully resolved challenges impeding a coordinated investigation.

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Documentation:

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

The supervisor will document the consultation, if conducted, in FSFN using the supervisor consultation module.

Assigned Reports Not Requiring Investigation

Purpose: Exceptions to completing pre-commencement activities on an investigation are allowed when an investigator, in consultation with his or her supervisor or designee, determines (within the designated response priority):

1. The report meets criteria for a closure disposition of “No Jurisdiction”, as set forth in Rule 65C-30.001, F.A.C., which includes:
 - a. The alleged victim is not a child, as defined in s. 39.01, F.S.
 - b. The alleged maltreating caregiver does not meet the statutory definition of caregiver or other person responsible for a child’s welfare as defined in s. 39.01, F.S.
 - c. The allegations are of harm or threatened harm to a child residing and located in another state at the time of the report.
 - d. The allegations are of harm or threatened harm to a child determined to be a resident of Florida, but who is temporarily out of state and is not expected to return to Florida within thirty (30) calendar days from the Hotline’s receipt of the report.
 - e. The allegations are of harm or threatened harm to a child residing on federal property, such as Native American tribal lands or a military base (unless there is an agreement with the appropriate federal authorities to grant jurisdiction to the Department).
2. A supplemental report that contains information on a household with a current, open investigation which **does not** provide any new information on additional child victims, additional maltreating caregivers, additional subjects, new evidence, or additional allegations or incidents to the open investigation.
3. The report can be deemed a “duplicate” if it was previously investigated by the Department and does not contain:
 - a. New information or evidence related to the maltreatment previously investigated.
 - b. New alleged child victim(s).
 - c. New alleged maltreating caregiver(s).
 - d. Additional subjects needed to be interviewed as collateral contacts.
 - e. New allegations or additional incidents of the previously investigated harm.

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Guidelines:

1. If a report does not require investigation, the investigator must:
 - a. Provide a detailed explanation in FSFN of why the report should be reclassified or the investigation closed.
 - b. Obtain supervisory approval prior to cessation of investigative activities.
2. If the reporter requested notification, then per s. 39.202(5), F.S., the investigator must:
 - a. Notify the reporter by phone that an investigation did not occur as a result of the report made.
 - b. Document in FSFN the date and to whom the notification was made.
3. When calling a reporter to inform an investigation will not be commenced there are several actions the investigator can take to ensure the conversation is with the appropriate party and reporter confidentiality is not inadvertently compromised.
 - a. The investigator shall call from a phone which does not display "State of Florida" on the caller's incoming message screen.
 - b. The investigator shall not initially disclose his or her professional role to the person answering the call, but will simply provide his or her name and the name of the reporter such as, "*This is John Smith calling for Ann Johnson,*" and not "*This is John Smith, Child Protective Investigator, calling for Ann Johnson.*"
 - c. When the investigator begins the discussion with the party believed to be the reporter, the introductory comments should be of a general, non-specific nature. For instance, "*I'm a child protective investigator and I am calling in response to a family (do not provide name) someone had a concern about.*" The objective is to get the individual to acknowledge he or she is the reporter so the investigator can feel confident information is being shared with the appropriate party.

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

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

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2. The investigator has provided adequate rationale for the 'No Jurisdiction' closure reason selected.
3. The investigator has provided adequate rationale to show the report was previously investigated by the Department and should be closed as a 'Duplicate' report.

Documentation:

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

The supervisor will document the consultation in FSFN using the supervisor consultation module.

Changing Response Times

Purpose: The response time is the amount of time the investigator has to commence the investigation. The “commencement clock” begins at the point the Hotline either assigns the report to the local Receiving Unit or makes contact with an “on-call” investigator.

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

1. An **Immediate Response** time established by the Hotline requires the investigator to attempt to make the initial face-to-face contact with the alleged child victim as soon as possible but no later than four (4) hours following assignment by the Hotline.
2. A **24 Hour Response** time established by the Hotline requires the investigator to attempt to make initial face-to-face contact with the alleged child no later than 24 hours following assignment by the Hotline.

Guidelines:

1. A Supervisor may downgrade an immediate response report to a “24” hour response” time when it is determined after sufficient review of the report and additional information obtained if: (1) there are **no** present danger threats to the child AND (2) there is reason to believe waiting to interview the child at a different location from where the child is currently located would significantly facilitate the interview process (i.e., enhance disclosure of information by the child).
2. A Supervisor may upgrade a report to an “immediate response” time when it is determined after sufficient review of the report that the allegations contain present danger threats to the child **or** the local unit has additional information on the family circumstances to warrant an upgraded response time priority.
3. A present danger threat is defined as an immediate, significant, and clearly observable family condition that is occurring in the household at the time the reporter contacts the Hotline. Examples of present danger would include, but are not limited to:
 - a. *Serious inflicted or unexplained physical injury.*
 - b. *Sexual abuse maltreatment in which the alleged maltreating caregiver has immediate or unrestricted access to the victim.*
 - c. *Life threatening living environment.*
 - d. *Vulnerable child currently not being supervised.*
 - e. *Child is extremely fearful of the home situation.*

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- f. Child is in need of immediate medical care.*
- g. Parent is extremely agitated or acting dangerously or bizarrely.*
- h. Parent is presently under the influence of substances and unable to provide adequate care and supervision.*
- i. Allegations of serious harm and the family is about to flee to avoid agency intervention.*

Documentation:

If the Supervisor determines that the response time should be changed, the Supervisor will complete the following in FSFN:

1. Change the response time.
2. Document the rationale for the change in response time in a FSFN case note.

Use of the Family Functioning Assessment by Report Type (FFA-Investigation)

Purpose: There are three investigation types: “In-Home”, “Other,”, and “Institutional.”. An FFA-Investigation is only required for In-Home investigations. Neither is an FFA required for Special Conditions Referrals since these reports only involve special circumstances (e.g., hospitalization of a parent, Parent Needs Assistance, etc.) not related to abuse or neglect.

Guidelines:

1. An “In-Home” investigation is an intake in which the child’s parent, legal guardian, paramour (residing or frequenting the home) and/or other adult household member with significant caregiver responsibility for care and protection of the child is the alleged person responsible for the maltreatment. The child victim may reside in the household on a full or part-time basis. If the child’s parents or legal guardians have established separate households through divorce or separation, only the household in which the abuse is alleged to have occurred is assessed for danger threats and family functioning.
2. An “Other” investigation is an “In-Home” subtype which involves alleged abuse by a relative, non-relative, paramour, or adult babysitter temporarily entrusted with a child’s care who does not reside in the home with the parent and child. An “Other” investigation does not require a FFA-Investigation, but does require a Present Danger Assessment. The investigator’s responsibility in this type of investigation is to determine the appropriate maltreatment findings and assess whether or not the parent or legal guardian will take appropriate protective actions if the maltreatment is verified (i.e., change babysitter, not allow the relative to be in a caregiver role in the future, etc.).
3. An Institutional intake involves alleged abuse by an “Other Persons Responsible for a Child’s Welfare” (as defined in s. 39.01, F.S.) which typically occur in institutional settings such as schools, daycares, foster care, residential group care or facilities. Similar to an “Other” subtype, an institutional intake does not require a FFA-Investigation.
4. The investigator will need to contact the Hotline and generate an “In-Home” investigation because of information obtained during an “Other” or “Institutional” investigation:
 - a. When the child victim discloses abuse by the parent or legal guardian or when other collateral sources allege a parent or legal guardian is also maltreating the child.
 - b. When the investigator has reason to believe the parent or legal guardian will not take sufficient protective actions to ensure the child’s safety despite being fully informed of the danger threat(s) posed by the other person responsible.
 - c. When there is reason to suspect the babysitter is abusing his/her own children.

Assigning the Investigation

Purpose: To the extent possible, the Supervisor should evaluate the circumstances of the report prior to case assignments to ensure the investigator assigned has the requisite skills and experience needed.

Guidelines for Supervisors:

1. Upon receiving a report alleging medical neglect, the receiving unit or Supervisor will assign the report to a child protective investigator who has specialized training in assessing medical neglect and working with medically complex children. If an investigator with the specialized training is not available, the supervisor will ensure that the investigator consults with department staff with such expertise throughout the course of the investigation.
2. Upon receiving a report alleging human trafficking, the receiving unit or Supervisor will assign the report to a child protective investigator who has specialized training in assessing children who may be victims of human trafficking. If an investigator with the specialized training is not available, the supervisor will ensure that the investigator consults with department staff with such expertise throughout the course of the investigation.
3. To the extent possible, the Supervisors should help the less experienced investigators become more proficient in investigating complicated cases, by:
 - a. Teaming an experienced investigator, agency approved mentor/trainer or field supervisor with the less experienced investigator to work the more complex investigations together.
 - b. Provide increased supervisor case consultations with the investigator throughout the course of the investigation. Particular emphasis should be placed on consultations occurring during the initial phase of the investigation such as telephonic contacts between investigator and Supervisor immediately after the first on-site visit prior to the investigator returning to the office or commencing another investigation.
 - c. Gender consideration is important when assigning an investigator, particularly in sexual abuse investigations. The Supervisor should closely review the report prior to assignment for any indication a child is likely to respond more positively to a male or female investigator and when possible assign the intake accordingly. Post-commencement, the Supervisor should also be willing to re-assign the investigation if the investigator thinks gender is an issue and is inadvertently creating trust issues and/or impeding disclosure of information by the child.

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4. In areas where “rotation” assignments are made, the Supervisor should consider the following factors prior to assigning an investigation: experience level of the investigator, a report alleging child trafficking, domestic violence, substance misuse, etc.
5. In areas where case assignment is completed by a screening unit, the Supervisor should work closely with screening personnel to identify the types of reports the supervisor wants to be made personally aware of prior to case assignment.
6. Intentional case assignment should also be considered for the following highly complex circumstances:
 - a. Intakes involving critical or life threatening injuries of a child and/or parent
 - b. Child fatalities
 - c. Intakes involving Department, sheriff or community-based care employees
 - d. Intakes involving public officials, celebrities, and prominent foreign visitors
 - e. Institutional abuse
 - f. Subsequent Intake when the participants have been participants of a prior investigation, pursuant to s. 39.301(4), F.S.

Pre-Commencement Investigation Activities

Purpose: Pre-commencement activities are intended to adequately prepare the investigator for the work that will follow. Florida's safety methodology puts a premium on planned, purposeful interventions and emphasizes sufficient information is the key to safety decision making during all phases of working with the family. This is no less the case when completing pre-commencement activities, when it would be more useful for the investigator to spend time collecting and reviewing information before commencing the investigation rather than hurrying out to the home unprepared.

Guidelines:

1. While pre-commencement consultations are generally provided at the discretion of the supervisor, a face-to-face or telephonic consultation between the supervisor or designee and the investigator is required under the following circumstances:
 - a. When an intake alleges life threatening injuries or a child fatality.
 - Note: In reports in which the deceased child or another child in the household was the victim of a verified maltreatment during the previous year the investigator must notify the Region's Family Safety Program Administrator or designee so a "Critical Incident Rapid Response Team" investigation can also be initiated.
 - b. When an intake alleges medical neglect or involves a medically complex child and the investigator assigned has not received specialized training in assessing or handling those conditions.
 - c. When an intake indicates potential danger to the investigator.
 - d. When an intake contains potentially notable participants (department/CBC/sheriff staff/public officials or celebrities, etc.).
2. To the degree possible, the following activities should be completed prior to initial contact.
 - a. If the investigator is "in the field" or otherwise unable to access FSFN or other records directly, essential information should be provided to the investigator by a colleague prior to commencing the investigation.
 - b. When essential review activities are incomplete at the time of commencement, they should be completed as soon as possible prior to conducting further information gathering.
3. The assigned investigator should thoroughly review:

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- a. The current allegation narrative.
- b. All prior abuse reports and investigative decision summaries to assess maltreatments, alleged victims, alleged maltreating caregivers, and outcomes.
- c. Available national, state, and local criminal histories including NCIC, FCIC, local law enforcement arrests and “call out” history.
- d. Available clerk of court records (CCIS) and Department of Corrections (DOC) records. (Note: When the investigator discovers there is a domestic violence injunction in place in accordance with s. 39.504 or s. 741.30, F.S., the investigator **must not** disclose the location of the survivor or children to the maltreating caregiver or any collateral contact during the subsequent interviewing process. In addition, the investigator should not provide documents to the perpetrator that may put the survivor in grave danger (unless ordered by the court.))
- e. Available Economic Self Sufficiency (ESS) records.
- f. Make diligent efforts to contact another state’s child welfare agency to obtain records if the family is known to have lived in another state.
- g. Information to determine if reporter contact is appropriate.
- h. Information regarding prior interventions and why efforts were, or were not successful, to alert the investigator to patterns of danger threats and diminished caregiver protective capacity that may still need to be addressed within the family to ensure child safety.

4. The investigator must:
 - a. Provide his or her name and contact information to “professionally mandated” reporters within 24 hours of being assigned to the investigation.
 - b. Advise “professionally mandated” reporters that he or she (reporter) may submit a written summary of the information made to the Hotline to become part of the child’s file.
 - c. Protect the identity of the collateral contacts to the extent possible when discussing information shared about the family with the family.
 - d. In most instances, the reporter should be the first individual contacted prior to commencing the investigation.
5. Review the documents to identify information related to:
 - a. Danger threats.

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- b. Significant patterns the investigator will need to address with the family (i.e., increased severity and frequency of verified maltreatments or noticeable changes in the out-of-control family conditions that make vulnerable children unsafe).
- c. Child and family support systems and caregiver protective capacity.
- d. Gaps in information that need to be addressed.
- e. Evidence that needs to be gathered.
- f. How interview protocols should be implemented (i.e., what individuals need to be interviewed, the order of subjects interviewed, and consideration of a line of questioning, etc.).
- g. Other collateral sources of information to contact regarding the child, parent, or other family members during the course of the investigation.
- h. Other professionals who need to be contacted immediately for:
 - Information about a special condition or circumstance (such as a child with a critical medical condition or a parent with a mental health diagnosis)
 - Information about culture, language or need for communication assistance
 - Accompanying the investigator to the home (such as need for law enforcement or mental health professional)
- i. Investigator safety issues.

6. When reviewing prior reports and criminal histories, the investigator should:

- a. Look for a pattern of coercive control or assaultive behavior on the part of the alleged maltreating caregiver, which is the most reliable predictor of future violence (a history of past violence).
- b. Look for a pattern of drug related criminal charges or substance misuse investigations and prior assessments of the individual's overall functioning. This will help the investigator identify potential behavioral indicators and develop appropriate questions to ask related to changes in the individual's overall functioning.
- c. Assess for changes in relationship dynamics between family members (i.e., co-dependent behaviors) since the last contact with the family.
- d. Review past maltreatment dynamics to help explore the chronicity of the danger threat. Chronicity relates to recognizing and identifying a specific

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maltreatment pattern and not just the fact the family is known to the agency in general because of prior involvement.

- e. Consider whether past maltreatments have a 'cross-type' recurrence pattern – that is, similar but different maltreatment types (e.g., burn, fracture, extensive bruising, etc.) or all involved physical abuse (i.e., inflicted by the maltreating caregiver) compared to a pattern of neglect maltreatments (e.g., inadequate supervision, environmental hazards, medical neglect, etc.).
- f. Review for the timeframe and severity of past maltreatment history. Timeframe simply denotes the amount of time between maltreatment incidents (i.e., two days, two months, two years, etc.) and severity defines the extent of harm and injury to the child. These two elements are critical to understanding how out-of-control the family conditions are which are causing or contributing to the maltreatment. A thorough understanding of the above patterns helps the investigator explore with the family why past intervention efforts were unsuccessful and which new safety interventions might be more appropriate.
- g. Especially note any prior convictions involving crimes against children. A pattern of criminal acts involving children may indicate children are specifically targeted as victims or at the very least, an individual is unaware or insensitive to the heightened vulnerability of children in general.

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

- a. Face sheet providing essential contact information – names and address, etc.
- b. Business cards
- c. 'Child Protection: Your Rights and Responsibilities' pamphlet
 - CF/PI 175-32 (English)
 - CF/PI 175-66 (Spanish)
 - CF/PI 175-69 (Creole)
- d. Domestic violence resource information
- e. Substance abuse and mental health referral information
- f. 211 (general community resource) information

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- g. Local homeless shelter referral information
- h. ESS brochures
- i. Temporary Assistance for Needy Families (TANF) Eligibility form
- j. HIPAA form
- k. ICWA form
- l. Release of Information forms
- m. Water Safety Brochure
- n. Safe Sleep Brochure
- o. 'Who's Watching Your Child?' Brochure
- p. Drug screen kit
- q. Additional equipment, such as:
 - Car seats
 - Camera
 - Cell phone
 - Laptop (for off-site use...not in the family's home)

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

1. The investigator has sufficiently reviewed historical records and reports (criminal and child welfare) and information contained in the current intake to explore a wide array of investigative considerations, including but not limited to the following:
 - a. *What additional information might be obtained from the reporter prior to commencement to assist in the investigation?*
 - b. *Which individuals mentioned in the intake are likely to have the most credible/reliable information?*
 - c. *Which individuals not specifically referenced in the report (i.e., relevant collaterals) are likely to have firsthand knowledge of the maltreatment incident?*
 - d. *Which individuals are likely to know the family well enough to provide information on child and adult functioning, general parenting and disciplinary and behavior management practices?*

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- e. *Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs the next interview's line of questioning, etc.)?*
- f. *Are there any discernible patterns of 'out-of-control' behaviors in prior maltreatments (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) of which the investigator should have a heightened awareness?*
- g. *Do safety concerns warrant the teaming of two investigators or contacting law enforcement for assistance?*
- h. *Does prior history or the intake contain information that would suggest the need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to commencement?*

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

Documentation:

The investigator will document information considered and used in planning a systematic and structured approach to contacting the family and commencing the investigation in case notes.

The supervisor will document the pre-commencement consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation and Teamwork

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

1. Law Enforcement
2. Child Protection Team
3. Domestic Violence Advocate
4. Substance Abuse or Mental Health Professional
5. Case Manager (if open for safety services or case management)
6. Child Care and Foster Care Licensing staff
7. Adoption case manager or post-adoption services staff

Guidelines:

1. The investigator will often need to facilitate the exchange of information between a team of family members and professionals who all have a different part to play in a complex, rapidly unfolding family crisis. The investigator has the constant challenge of organizing all of these individuals into a well-functioning team. The investigator will demonstrate team leadership by:
 - a. Maintaining a professional demeanor throughout the investigation.
 - b. Respecting differences of opinion held by individuals.
 - c. Continuing to promote open and ongoing communication and teamwork.
 - d. Actively working to resolve differences when safety planning for the child will be negatively impacted.
2. The investigator will provide leadership to the team by ensuring:
 - a. Other team members are kept up to date with the current situation by:
 - Informing members of present danger and the specifics of the safety plan
 - Knowing about other interviews being conducted, who has the lead, and how information will be shared

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- b. Understanding and support for the respective roles and expectations of other professionals involved.
- c. All of the professionals involved work to achieve consensus on understanding family dynamics, next steps and the actions needed.

3. The investigator will seek a supervisor consultation when necessary to determine best approaches to resolving differences among team members.

Supervisor: When initiated, supervisor consultations are provided to affirm:

- 1. The investigator's ability to provide team leadership.
- 2. The importance of the investigator's participation in local joint meetings and training sessions with other key partners to nurture and build effective system level partnerships.
- 3. The need for identifying local partnerships which need strengthening in order to support the collaboration needed in investigations, and bring system needs to the attention of local department leaders.
- 4. The investigator has fully assessed and determined the need for initiating a joint investigation, inter-agency consultation or obtaining subject matter expertise prior to commencing the investigation.

Documentation:

The investigator will document what information was used in the determination for conducting a joint investigation or initiating inter-agency consultation before commencing the investigation in case notes.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation: Law Enforcement

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

Guidelines:

1. The investigator must immediately notify law enforcement when the alleged harm to the child is the result of suspected “criminal conduct” These specific circumstances include any child suspected of being a victim of:
 - a. Child abuse or neglect as defined in s. 827.03, F.S.
 - intentional infliction of physical or mental injury
 - intentional acts that could reasonably be expected to result in physical or mental injury
 - active encouragement of any person to abuse or neglect a child
 - lack of food, nutrition, clothing, shelter, supervision, medicine and medical services essential to the well-being of a child
 - failure to protect a child from abuse or exploitation
 - b. Aggravated child abuse as defined in s. 827.03(1)(a), F.S.
 - aggravated battery on a child
 - willfully tortures, maliciously punishes, cages a child
 - willful abuse that results in great bodily harm, permanent disability or permanent disfigurement
 - c. Sexual battery or sexual abuse as defined in ss. 827.071(1)(f) and 39.01(67), F.S., respectively.
 - oral, anal, or vaginal penetration
 - intentional touching of genitals or other intimate body parts (clothed or unclothed)
 - masturbating in the presence of a child
 - indecent exposure in the presence of a child
 - sexual exploitation (allowing, encouraging, or forcing a child to solicit or engage in prostitution, sexual performance or participate in child sex trafficking (by any adult)

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- d. Any abuse or neglect occurring by employees in institutional settings as defined in ss. 39.01(33) and 39.302(1), F.S., respectively:
 - private or public school
 - public or private day care center
 - residential home, institution, facility or agency
- e. Human trafficking as provided in s. 787.06, F.S.
 - sexually exploiting a child for financial gain, benefits or anything of value
 - exploiting a child through labor or services for financial gain, benefits or anything of value
- f. Any child suspected of having died from abuse or neglect.

2. While law enforcement is authorized to take the lead in conducting a joint investigation; the investigator shall take the lead in determining if a child is in present danger and/or is in need of appropriate safety interventions.
3. The investigator also needs to consider the “facts of the case” as reported in the intake to determine if an immediate consultation with law enforcement is appropriate under the following circumstances:
 - a. **Life threatening circumstances.** When an investigator has credible information indicating an active (occurring now) danger threat is placing the child’s life in immediate danger.
 - b. **Present Danger.** When the investigator has information indicating a child may have suffered significant injuries or extreme deprivation and is currently in imminent danger.
 - c. **Restricted Access to child.** When the alleged harm is severe (i.e., significant impairment or need for medical treatment) and the investigator has information the family may not allow the investigator to observe the alleged victim or other children in the home.
 - d. **Protective custody.** When the investigator has information a child may need to be placed in protective custody.
 - e. **Worker safety.** When the investigator has information indicating the family behavior, circumstances, situation or environment (i.e. dangerous animals) could pose a danger to the investigator.
 - f. **Joint response.** When the investigator needs to determine if a joint response is necessary and feasible to coordinate investigative activities:
 - to avoid multiple interviews of a child

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- to decide if the alleged maltreating caregiver is going to be interviewed jointly or separately
- to protect or maintain physical evidence
- per local inter-agency agreements

4. When there is a joint response involving the Department and law enforcement and the investigator is asked not to interview the alleged maltreating caregiver until law enforcement personnel have initiated or completed their investigation, the investigator is still responsible for ensuring child safety and completing all required safety assessments within a timeframe and framework that will not compromise the criminal investigation.
5. Local law enforcement “call-out” records shall be requested by the investigator when there is suspected family violence in the household under investigation.

Supervisor: When initiated, supervisor consultations are provided to affirm:

1. The investigator's investigative activities are being carefully coordinated in conjunction with the ongoing criminal investigation.
2. What potential jurisdictional issues need to be resolved related to the geographic location of the potential crime scene versus the child's current location (e.g. *most likely to occur between law enforcement agencies and responders when the alleged maltreatment occurred in one county's jurisdiction, but the child is in another jurisdiction, possible in a hospital or other emergency placement*).
3. The investigator's understanding and adherence to local protocols.
4. The need to initiate a 2nd Tier Consultation with managers when necessary to resolve jurisdictional issues that impede the investigator's safety assessment or initiation of safety actions.

Documentation:

The investigator will document what information was used in the determination for initiating inter-agency consultation or conducting a joint investigation with law enforcement before commencing the investigation in case notes.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation: Child Protection Team (CPT)

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

Guidelines:

1. The investigator must make a referral to CPT when the report contains the following allegations, pursuant to per s. 39.303(2), F.S.:
 - a. Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
 - b. Bruises anywhere on a child 5 years of age or under.
 - c. Any report alleging sexual abuse of a child.
 - d. Any sexually transmitted disease in a prepubescent child.
 - e. Reported malnutrition of a child and failure of a child to thrive.
 - f. Reported medical neglect of a child.
 - g. Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
 - h. Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
2. In reports alleging medical neglect the investigator will promptly contact the child protection team after assessing the child's safety to identify immediate responses needed to address the medical needs of the child. Additional consultation efforts will also include:
 - a. An evaluation of the child by the child protection team as soon as practical.

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- b. A case staffing to consider available services required to address the child's medical condition and services which would enable the child to safely remain at home while the medical condition is being treated.
3. The investigator shall follow established local protocols and requirements for making referrals to CPT outside normal working hours or involving unusual circumstances (e.g., calling from a hospital emergency room, etc.).
4. To the extent practical, the investigator shall be present for CPT medical assessments. Following the medical exam, the CPT physician, CPT case coordinator and investigator should discuss findings and plans for the safety of the child. The CPT will provide the investigator with a preliminary medical report with impressions, risks, and recommendations.
5. The investigator shall attend and participate in every formal case staffing and consultation.
6. The investigator shall keep the CPT case coordinator responsible for the case involved and informed as to final safety determinations and safety actions.

Supervisor: When initiated, supervisor consultations are provided to affirm:

1. The investigator is successfully achieving collaboration and teamwork with CPT professionals involved.
2. The investigator's understanding and adherence to local protocols.
3. The investigator's request for a second medical opinion when physicians involved in the case (i.e., child's pediatrician, attending ER physician or CPT physician) are not in agreement regarding the child's injuries or condition having been caused by or consistent with abuse or neglect and/or the need for additional medical treatment to address the child's condition.

Documentation:

The investigator will document what information was provided to the child protection team and what recommendations resulted from the team staffing in a case note.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation: Domestic Violence (DV)

Purpose: For purposes of child protection assessment and interventions, it is important to accurately identify the underlying causes of any violence occurring and whether or not the dynamics of power and control are evident.

- **Violence** refers to aggression, fighting, brutality, cruelty, and hostility. Physical aggression *in response to* acts of violence may be a **reaction to or self-defense** against violence.
- **When violence includes dynamics of power and control it is considered “domestic violence.”** Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

The investigator must assess whether the maltreating caregiver is using tactics of coercive control and how those tactics impact the protective capacity of the parent who is the survivor, as well as to understand the survivor's previous or current efforts to support the safety and well-being of the children. The best safety outcomes will result from partnering with the parents (in most cases the mother or other female caregiver) in joint efforts to protect the children, while holding the maltreating caregiver accountable for their actions.

Guidelines:

1. The investigator will determine when it is necessary to consult with a domestic violence expert in order to:
 - a. Review the family's prior history of domestic violence and outcomes from prior intervention efforts.
 - b. If the family has no prior reported history but law enforcement or medical personnel report a current incident of domestic violence, assess dynamics to inform interviewing strategies prior to going to the home or immediately after commencement.
 - c. Explore the feasibility of the DV advocate accompanying the investigator to the interview site when available, based upon local protocols and working agreements.
2. The investigator will seek domestic violence expertise when necessary and such expertise is available for the following critical elements of the investigation:
 - a. The maltreating caregiver's pattern of coercive control and level of dangerousness:

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1. Explore the benefits of a joint interview conducted with law enforcement or law enforcement accompanying the investigator to the home
2. Determine approaches to conducting interviews separately with the maltreating caregiver and the survivor
 - b. Specific behaviors the maltreating caregiver engaged in to harm the child.
 - c. Full spectrum of the survivor's efforts to promote the safety and well-being of the child despite the violence in the home.
 - d. Adverse impact of the maltreating caregiver's behavior on the child.
 - e. Other factors impacting the domestic violence (i.e., substance abuse, mental health, cultural and socio-economic).
 - f. Developing separate child safety plans for the adult victim of domestic violence and perpetrator of domestic violence. The investigator must ensure information related to the safety of the adult survivor or child victim (i.e., location of family members or DV shelter, etc.) is kept confidential and not inadvertently disclosed as part of the perpetrator's safety plan.
 - g. Developing actions to hold the maltreating caregiver accountable.
 - h. Provide all safety plans implemented with the family to the court.
3. The investigator will seek supervisor consultation when needed to understand the survivor's privilege to refuse to allow the domestic violence advocate to disclose any confidential communication. In such instances, the supervisor consultation will help to identify alternative strategies to engage the survivor and the domestic violence advocate in assessment and safety planning.

Supervisor: When initiated, supervisor consultations are provided to affirm:

1. The maltreating caregiver's pattern of behaviors, the actions specifically taken by the maltreating caregiver to harm the child, the impact on the child, and identification and recognition of the survivor's strengths and protective capacities are closely reviewed.
2. The investigator is able to achieve separate interviews and meetings to gather information from family members.
3. Collaboration and teamwork with advocates from certified domestic violence centers is achieved and the investigator understands and adheres to local protocols.
4. The investigator's use of professional expertise during the safety assessment to assess for domestic violence.

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Documentation:

The investigator will document that a consultation with domestic violence advocates was conducted and that all safety plans were provided to Children Legal Services for submission to the court in a case note.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation: Substance Abuse

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

Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance abuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

Guidelines:

1. The investigator will determine when it is necessary to consult with a substance abuse expert in order to identify potential substance abusing behaviors and patterns:
 - a. Assess whether the substance misuse is out of control to the point of having a direct and imminent effect on child safety.
 - o Identify specific harm(s) to the child caused by or highly correlated with the substance abuse
 - o Provide input on what safety actions need to be incorporated into a safety plan for children of substance-abusing parents in the event of a caregiver's relapse (e.g., types of "trigger behaviors" to monitor or transition plan to move children to approved caregiver if the parent feels like they are going to start using, etc.)
 - b. Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g. need for medical detox).
 - o Explain the potential use of the Marchman Act to the family in order to educate and inform concerned family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member.
 - c. For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse, including but not limited to:
 - o Dishonesty

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- Irresponsibility
- Depression, anxiety and sleeplessness
- Unreasonable resentments
- Isolation from others
- A pattern of non-compliance (if a safety or case plan is in place)

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

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

- “Parentified child”
- Over/Under functioning between user and co-dependent partner

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

Supervisor: When initiated, supervisor consultations are provided to affirm:

1. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for substance abuse.
2. The investigator's understanding and adherence to local protocols.

Documentation:

The investigator will document what information was provided to substance abuse professionals to assist in the assessment process and what recommendations resulted from the consultation activities in a case note.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Inter-agency Consultation: Mental Health

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

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

By the conclusion of the family functioning assessment, it is critical that the investigator accurately assess if the parent's mental health condition has seriously harmed a child, or if left untreated or improperly managed, will likely result in serious harm to the child.

Guidelines:

1. The investigator will determine when it is necessary to consult with a mental health professional in order to:
 - a. Assess whether the mental health condition is out of control to the point of having a direct and imminent effect on child safety.
 - i. Identify specific harm(s) caused by the parent's behavior, emotions, perceptions or attitudes toward the child
 - ii. Provide input on what safety actions need to be incorporated into a safety plan to manage safety tied directly to the parent/caregivers out-of-control condition
 - iii. Determine the need for crisis stabilization through Baker Act proceedings
 - b. Review the parent/caregiver's current medication use (regarding compliance and effectiveness) and treatment regimen, if any, being particularly sensitive to mothers recently having given birth who might be struggling with post-partum depression.
 - c. Explore additional treatment options and interventions to better control or manage the existing condition.
 - d. Explore the feasibility of the mental health abuse expert accompanying the investigator to the interview site when "crisis response teams" are available, based upon local protocols and working agreements.

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

Supervisor: When initiated, supervisor consultations are provided to affirm:

1. The investigator is successfully achieving collaboration and teamwork with professionals during the safety assessment to assess for poorly managed or out-of-control mental health issues.
2. The investigator's understanding and adherence to local protocols.

Documentation:

The investigator will document what information was provided to mental health professionals to assist in the assessment process and what recommendations resulted from the consultation activities in a case note.

The supervisor will document the supervisor consultation, if conducted, in FSFN using the supervisor consultation module.

Assess Present Danger and Take Immediate Actions

Purpose: Present danger refers to immediate, significant, and clearly observable harm or threat of severe harm occurring to a child in the present time requiring immediate protective actions on the part of the investigator. This protective response is developed in detail and implemented with the family through a Present Danger Safety Plan. Because family and individual circumstances are dynamic and not static in nature, present danger can be manifested at any point throughout the investigation. Assessing for present danger by the investigator should therefore be an on-going process, not limited to the first contact with the family. Examples of present danger include, but are not limited to:

- Inflicted or unexplained injuries to the face and head
- Premeditated maltreatments
- Life-threatening living environment
- Bizarre cruelty toward a child
- Children requiring immediate adult supervision
- Child needing immediate medical care
- Parent or legal guardian unable to provide basic care
- Caregiver out of control or under the influence of substances posing an immediate threat to the child

Guidelines:

1. Supervisors are required to review present danger safety plans within 24 hours of the CPI developing the plan.
2. Supervisors are required to request a 2nd Tier Consultation for all present danger safety plans in which the child either remains in the home or a Family Arrangement is used.
3. In present danger, the dangerous situation is in the process of occurring which means it is happening right in the presence of the investigator (e.g., *an infant is left unattended in a parked car*) or it might have just happened (e.g., *a child presents at an emergency room with a serious unexplained injury*) or it happens “all the time” (e.g., *young children were left alone last night and are likely to be left home alone again tonight*).
4. When present danger is not immediately apparent, special consideration needs to be given to the following:

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- a. If what is alleged could be true, does it equate to present danger (e.g., *serious unexplained injuries or sexual abuse allegations*)?
- b. Is any child in the home vulnerable to the identified threat? (In essence, a threat only exists in tandem with a vulnerable child).
- c. Does the investigator need to respond to the threat immediately?

5. The investigator will identify which danger threat is occurring. While the general definition for each danger threat is fairly specific in nature, it is absolutely critical that an investigator use the full definitions and descriptions provided in the Safety Methodology Desk Reference Guide in determining whether the information collected meets the threshold criteria for each threat. Present danger can be identified by one or more of the eleven danger threats below. Except as noted, nine of these threats can also represent impending danger in the home but within a different context from present danger.

- a. Parent, Legal Guardian, or Caregiver's intentional and willful act caused serious physical injury to the child, or the Caregiver intended to seriously injure the child.
 - *Fractures, deep lacerations, extensive bruising, burns or inorganic malnutrition characterize serious injury*
 - *Typically involves the use of objects to inflict pain/cause injury*
 - *Child has no ability to protect themselves from physical injury*
- b. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent, Legal Guardian, or Caregiver explanations are inconsistent with the illness or injury. (This danger threat will generally only be used as a Present Danger, not Impending Danger).
 - *Multiple injuries or singular severe injury that could not have occurred accidentally*
 - *Despite seriousness of injury, parent reportedly does not know how child was injured*
 - *Explanation for how child was injured changes over time*
- c. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.
 - *Extreme lack of hygiene with potential to cause serious illness*
 - *Toxic chemical or materials easily within reach of child*
 - *Unsecured, loaded firearms/ammunition in child's presence*
 - *Illicit or prescription drugs accessible by children*

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- d. There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm. (This danger threat will generally only be used as a Present Danger, not Impending Danger).
 - *Family is intentionally avoiding contact with investigator*
 - *Caregiver is hiding child with relative or family friend and refuses to disclose location*
 - *Caregiver is violating 'no contact' supervision restrictions by order of the court or is failing to follow through with agreed upon safety actions in present danger or impending danger safety plans*
- e. Parent, Legal Guardian, or Caregiver is not meeting child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.
 - *Parent is not maintaining child's medical regimen or meeting treatment needs despite the seriousness of the injury/illness*
 - *Parent has not called 911 to seek emergency medical response*
- f. Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent, Legal Guardian, or Caregiver is unwilling or unable to manage.
 - *Child is self-injurious*
 - *Child is setting fires*
 - *Child is sexually acting out*
 - *Child is addicted to drugs or alcohol*
- g. Parent, Legal Guardian, or Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.
 - *Child is being sexually abused and maltreating caregiver has on-going access to child*
 - *Caregiver is physically assaultive/threatening*
 - *Caregiver is brandishing a weapon*
 - *Domestic violence dynamics are present in the household*
- h. Parent, Legal Guardian, or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.
 - *Child is unsupervised in a dangerous environment or condition*

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- *Lack of basic, essential food, clothing, or shelter that result in child needing medical care or attention*
- *Child needs to be hospitalized for non-organic failure to thrive*

- i. Parent, Legal Guardian, or Caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.
 - *Parent expresses intent or desire to harm child*
 - *Parent makes statements about the family's situation being hopeless*
 - *Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent's volatility and frustration with child*
- j. Parent, Legal Guardian, or Caregiver views the child and/or acts toward the child in extremely negative ways AND such behavior will result in serious harm to the child.
 - *Parent describes the child as evil or has singled the child out for being responsible for the family's problems*
 - *Child expresses fear of being left with caregiver*
 - *Child describes being subjected to confinement or bizarre forms of punishment*
- k. Other Threat. Describe any other observation or information which would indicate a threat to the child's safety. "Other Threat" should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

6. When an investigator encounters a child in present danger, **the investigator must implement a present danger plan prior to leaving the child.**
7. Development and implementation of a Present Danger Safety Plan during this initial, very early involvement with the family creates a "safety bubble" around the children in the home to allow for sufficient information collection to inform the safety decision; however, the present danger plan shall not be in effect for more than 14 days without a staffing being held to assess the safety plans ongoing effectiveness to protect the child and to discuss and remove any barriers to completing the FFA-investigation.
8. Keeping in mind the relative scarcity of validated (i.e., corroborated) information at the point present danger is identified and the need to construct a plan which can be put in place immediately, the investigator should craft a present danger plan with the family that directly manages the identified threat and is intended for short-term use only (i.e., until the FFA-investigation can be completed and a determination of safe-unsafe).
9. Additional guidance on determining the appropriate safety actions to take, structuring of the plan, implementation of plan elements, and monitoring of the plan refer to:
 - a. "Safety Planning" Practice Guidelines, All Staff

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- b. "Safety Plan Involving Other Parent Home Assessment" Practice Guidelines, All Staff
- c. "Family Arrangements" Practice Guidelines, All Staff
- d. "Informal Providers in Safety Plans" Practice Guidelines, All Staff

Supervisor: The 'Initial' Supervisor Case Consultation will be provided to affirm:

- 1. The investigator has clearly described the child, caregiver(s) and home condition(s) observed during the initial contact with the family.
- 2. The investigator identified present danger and the danger is described to be immediate, significant, and clearly observable.
- 3. The present danger plan is effective in managing the present danger threat.
- 4. The investigator's decision to take action immediately to assure the protection of the child.

Documentation:

The investigator will document a Present Danger Assessment and a Present Danger Safety Plan, if any, using FSFN functionality.

The supervisor will document the consultation around present danger in FSFN using the supervisor consultation module.

Protocol for Initial Contacts and Interviews with Household Members

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

Guidelines:

1. Establishing a working relationship with the family to facilitate information gathering requires the investigator spend sufficient time establishing and building rapport with the child's parents/caregivers. This is accomplished by:
 - a. Notifying parents of their rights relative to the investigative process at the very beginning of the investigation.
 - b. Explaining, as part of the introductory process, the role of the investigator, role of the agency and the essence of the report (without getting into the details of the maltreatment until the interview process has begun in full).
 - c. Addressing parental concerns, deflecting strong reactions, and demonstrating empathy in response to significant emotions resulting from the parent's response to being a subject of an investigation.
 - d. Empowering parents by asking for assistance in arranging for a private place to conduct interviews, scheduling follow-up interviews, and asking for additional contact information on family members, friends and individuals in their support network who they want the investigator to talk to about their family's circumstances.
 - e. Guiding the interview process by redirecting the conversation back to the collection of relevant information related to the information domains when parents "ramble" or repeatedly move off-topic. It is critical for the investigator to recognize the difference between this intentional avoidance or mis-direction from parents and the need for the investigator to make the effort and take the time to address a parent's legitimate concern before refocusing the interview.
2. With few exceptions, household members should be interviewed separately in the home when possible, in the following order, using information gathered from one interview to assist in the development of questions for the next interview:
 - a. Identified child victim.
 - b. Siblings or other children in the household.
 - c. Non-maltreating parents and caregivers, including all adult household members.

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- d. Other parent (as a collateral contact when parent no longer lives in the same household).
- e. Maltreating parent/caregiver.

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

- a. When and where the interviews will take place.
- b. Development of an appropriate line of questioning (i.e., broad or general, not necessarily specific questions).
- c. Whether other agencies should be notified to participate in the interviews.
- d. Section 39.301(13), F.S. specifically requires that face-to-face interviews with the child or family be unannounced. Pre-commencement planning should include an understanding that interviews can create outright safety issues. For example, if an intake contains information that the maltreating caregiver threatened to harm a child if anyone in the family, but especially the child, speaks with child protection staff, etc.

3. Whenever safely possible the child should be interviewed in the home so that the investigator can make appropriate family introductions and observe family interactions.

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

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

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

- a. The intake specifically mentions the child victim is not likely to feel comfortable talking about the incident in the home or in the near presence of the maltreating or non-maltreating parent.
- b. The intake specifically mentions or the child victim discloses fear of reprisal from the maltreating or non-maltreating parent for talking with a child protection professional.

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- c. A joint investigation is being conducted with law enforcement which has the lead in determining the order and settings for the interviews.
- d. The investigator has credible information the family is likely to flee to avoid the investigation.
- e. The maltreatment allegations, if true, likely involve criminal charges and serious ramifications for the family (e.g., child placed with relatives, non-relatives or in licensed care) typically including, but not limited to the following:
 - Sexual abuse
 - Bizarre punishment
 - Any maltreatment that is alleged to have resulted in serious or severe injuries

7. When a child and a maltreating or non-maltreating parent are interviewed in separate locations and at different times, the investigator, to the extent practical, will arrange a follow-up interview in order to directly observe the child-parent interactions.
8. The non-maltreating parent should be the first adult interviewed in the investigative process followed by any other adults living in the household.
9. To the extent possible, the alleged maltreating caregiver should be the last household member interviewed. If law enforcement requests the alleged maltreating caregiver not be interviewed at initial contact because of an ongoing criminal investigation, the investigator should document this request and the Supervisor's approval to delay the interview. If law enforcement allows the investigator to interview the individual during a criminal investigation but requests the investigator to avoid discussing the actual incident, the following information can still be collected:
 - a. child functioning
 - b. adult functioning
 - c. general parenting; and
 - d. discipline and behavior management.

(Note: If the criminal investigation involves physical abuse by excessive corporal punishment, the investigator should check with law enforcement before exploring this last domain.)

10. Postponing the interview does not negate the investigator's responsibility for taking immediate safety actions to protect an unsafe child.
11. Postponing the interview does not negate the investigator's responsibility to interview the alleged maltreating caregiver as soon as clearance from law enforcement has been obtained.

Child Interviews

Purpose: The purpose of the face-to-face contact and interview with the alleged victim, siblings, and other children living in the household is to gather firsthand information regarding the alleged maltreatment incident, collect additional information for all information domains to the extent possible and determine whether the children are vulnerable to an identified danger threat(s). Investigators use both direct observation (what they see) and interviewing (what they hear) to assess the children's immediate safety and collect information related to child and adult functioning on a day to day basis, general parenting practices, and disciplinary and behavior management practices likely to reveal the presence of present or impending danger in the household.

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

The decisions that result from information collection and the initiation of appropriate safety interventions are discussed separately in **Safety Planning** ('All Staff' Practice Guidelines) and **Determination of Findings** (page 68 this document).

Guidelines:

1. The investigator must attempt an initial contact with the alleged child victim(s) within the assigned investigation response timeframe.
2. The investigator must complete the following introductory activities during the initial contact with the child's parents or legal guardians when the initial contact with the child occurs in the child's home:
 - a. Present identification to the family at the beginning of the interview, and provide a business card or other document containing the investigator and supervisor's names and telephone numbers to the parents and caregivers. Provide the "Child Protection: Your Rights and Responsibilities" pamphlet to the parent or legal guardian, and explain the child protective investigation process.
 - b. Inform the parents or legal guardian of the purpose of the investigation and the ways the information may be used by the investigator, including the possible outcomes and identifying possible services as a result of the investigation.
 - c. Encourage the parents or legal guardians to work in partnership with the investigator.
 - d. Inform the parents or legal guardians of their right to obtain an attorney, and the opportunity to audio or video record any interviews between the investigator and parents or children. [Note: if the parent/legal guardian chooses not to allow an interview the CPI still needs to complete other collateral contacts and, to the extent

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practical, assess for present and impending danger and take any necessary safety actions until such time that the parents/guardians make such arrangements].

- e. Inform the parent or legal guardian of the duty to report a change in address or the location of the child until the investigation is closed.
- f. Obtain from the parent or legal guardian the names of persons who can provide additional information about the family.
- g. Ask the parent or legal guardian to sign a release authorizing the Department to obtain confidential information from physicians, mental health providers, school employees, or other service or treatment providers.

3. If it is not possible during the initial attempt for the investigator to make face-to-face contact, the investigator must continue to make daily attempts at a minimum, at varying hours and locations. The investigator must also document why contact was not made and the diligent efforts made to complete face-to face contact.
4. The investigator will make diligent efforts to contact the child at home, school, day care, or any other location where the child is likely to be found. The investigator must document all contacts and attempted contacts with the child and the times and dates of completed and attempted contacts.
5. The investigator will notify the parent or legal guardian of the investigation and the child having been interviewed outside the home unless notification could compromise the child's safety or law enforcement personnel specifically request a delay in parental notification due to a criminal investigation. Ideally, this notification will occur in conjunction with the non-maltreating and maltreating parent being interviewed by the investigator as timely as possible after the child interview was conducted.
6. When the investigator contacts the child at home and the parent or legal guardian is present the child should be interviewed outside of the parent's/legal guardian's immediate presence.
 - a. The investigator will conduct interviews in a manner that ensures the child's privacy. The interview setting should ensure the child can speak without being heard or seen by others during the interview.
 - b. When the alleged maltreatment involves sexual abuse or severe physical abuse, the interview with the child should not be conducted in the room where the abuse is alleged to have, or likely occurred. To the degree possible, the investigator should interview the child out of the home altogether, at a more neutral, safer setting.
7. If the parent or legal guardian insists on observing the interview with the child in order to allow it to occur, the investigator should try to address the parent's or legal guardian's

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immediate concerns by reiterating how the information may be used and how the parent or legal guardian will be appropriately informed regarding what is discussed during the session upon conclusion of the interview. If the parent refuses to allow the child to be interviewed outside of his or her immediate presence the investigator has several options:

- a. Inform the parent or legal guardian the child's interview may be audio or video recorded to document the interview in its entirety to allay their concerns about not being present.
- b. Determine if the non-maltreating parent or legal guardian would likely maintain the integrity of the interview by agreeing to remain silent while listening to the interview from another room or sitting behind the child unobserved.
- c. Seek an appropriate court order to interview the child outside the immediate presence of the parent or legal guardian.

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

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

- a. If the intake indicates there may be immediate danger to a child's health or safety, take appropriate safety actions, which may include taking the child into protective custody.
- b. If the intake does not indicate immediate danger to a child's health or safety, attempt to contact other persons who may have relevant information regarding the report
- c. Persist in attempts to gain cooperation from the family or caregivers by addressing, to the degree practical, the parent's issues and specific concerns
- d. Seek local law enforcement assistance to intervene as the parents and legal guardians will typically agree to allow the child to be seen if prompted by law enforcement personnel
- e. Meet with supervisor and Children's Legal Services to discuss possible legal options, such as filing a Motion to Compel/Order for Access and/or seeking possible dependency action

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

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

- a. The investigator should immediately consult with his or her supervisor regarding the need to contact law enforcement to enter the home to assess the child's safety in the following circumstances:
 - The child is inadequately supervised based upon the child's stated or reported age, observed maturity or developmental condition
 - There is reasonable cause to believe the child's health or safety is endangered by the conditions of the dwelling
 - The maltreatment allegations, if true, involve severe harm or life threatening conditions or circumstances
- b. If the intake does not indicate any immediate danger to the child's health or safety, and the child is mature enough to be home without adult supervision the investigator should conduct the interview with the child from the front porch. Under no circumstances should the investigator enter the home because a child issues an invitation to do so.
- c. If there are no signs of present danger and the child is unwilling to talk with the investigator and the investigator has no grounds to believe the child's immediate safety is compromised, the investigator should wait until the parent or legal guardian is contacted prior to interviewing the child.
- d. If the child appears mature enough to be home without adult supervision but the investigator determines parental notification will likely compromise child safety. the investigator should attempt to re-interview the child in a school or other location setting where the presence of another adult may make the child feel comfortable enough to talk with the investigator.

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

- a. Per statutory direction (s. 39.301(18) F.S.) the child must request or consent to the presence of the adult and the investigator must determine the adult's presence would contribute to the success of the interview. The investigator makes this decision, not school personnel.
- b. When an adult does participate in the interview at the request of the child:

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- Have the individual sign a ‘confidentiality form’ which states the individual will keep any information heard during the interview confidential
- Inform the individual that by participating in the interview he or she may have to testify in court depending upon what the child discloses during the interview

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

- a. Attempt to acquire parental consent and assistance, when appropriate (i.e., does not compromise child safety).
- b. If the parent or legal guardian is not present, the investigator shall request the presence of another investigator or other support person, who is the same gender as the child when assessing injuries to any part of a child’s body requiring observation of what typically would be considered a “private” body part (i.e., would be covered by a bathing suit).
- c. The investigator must facilitate an examination by a medical professional if the alleged abuse or neglect involves injury to the genitalia of any school-aged child.
- d. Prior to observing alleged injuries to school-aged children involving the buttocks of either sex or breast area of females the investigator needs to assess each individual child’s sensitivity to disrobing in front of the investigator.
- e. If the child appears hesitant or displays any obvious discomfort to the disclosure request or verbally reports being uncomfortable the investigator shall take the child to a medical professional for the required observation.

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

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

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

16. The investigator must gather information from the child as developmentally appropriate through interview(s) and observation in the information domains (described in “**Develop Sufficient Information Domains**” Practice Guideline for All Staff):

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17. To the extent practical the investigator shall also attempt to interview the child's siblings, other children in the home, parents, other household members, and alleged maltreating caregiver during the same visit.
18. If the initial contact with the child occurs outside the home, the follow-up interviews with the rest of the family and other household members shall, to the extent practical, take place the same day.
19. Upon identification of a present danger threat, the investigator shall determine if the child's safety can be managed through an in-home safety plan or if relocation of the child is necessary through the use of a "Family Arrangement," release of the child to the other parent, or placement of the child with a relative, non-relative or in licensed out-of-home care.

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

1. The investigator asked appropriate questions or shared information with the child based on the child's age and developmental status.
2. To the degree possible, the investigator's interview of the child should provide sufficient information on all information domains.
3. The investigator has accurately assessed and sufficiently addressed issues likely to cause anxiety for the child as a result of the investigative/interview process:
 - o How the child feels talking about the maltreatment (i.e., sharing "family business")
 - o Fear of retaliation or further abuse in the home
 - o Informs the child on likely "next steps" (relative to child's level of understanding and comprehension)
 - o Spends sufficient time with the child to reduce the trauma associated with a removal episode

Documentation:

The following actions must be completed by the investigator using FSFN functionality:

1. Document the initial face-to-face contact with the alleged victim (commonly referred to as the "victim seen" date).

Note: Deceased child exception:

- a. To record a "victim seen" time and date for intakes involving a deceased child the investigator will enter the date and time that either a medical professional (i.e.,

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coroner, ER physician, EMT personnel, etc.) or law enforcement officer was contacted to verify the child's death.

2. Document each attempted face-to-face contact made to see the alleged child victim, and:
 - a. Provide an explanation as to why contact was not made
 - b. Indicate if local law enforcement services are or were required
3. Document same-day notification to the parents if the child was interviewed prior to their knowledge.
4. Document if same-day notification to the parents was delayed an additional 24 hours because it was determined child safety might be compromised by such notification.
5. The investigator shall document the present danger assessment using FSFN functionality within the following timeframes and parameters:
 - a. As soon as possible, but no later than 48 hours from the point present danger is identified.
 - b. Within two business days when present danger is not identified.

Non-maltreating Caregiver and Other Adult Household Member Interviews

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

Guidelines:

1. If it is not possible during the initial contact for the investigator to make face-to-face contact with, and interview the non-maltreating parent or legal guardian and other adults living in the household, the investigator must document the diligent efforts made to contact these individuals and continue to make daily attempts to complete the interviews.
2. Whenever possible, the investigator should interview both parents and legal guardians in person, as follows:
 - a. Interview each person separately.
 - b. Briefly explain the investigator's role in the child protection process outlining the interviewing and information collection requirements and confidentiality protections for the family and reporter.
 - c. Provide the parent or legal guardian with the "Child Protection: Your Rights and Responsibilities" pamphlet, which includes written information regarding the child protective investigation assessment process, including the court process, and the rights of the parent and legal guardian.
3. Ask questions related to concerns about domestic violence (i.e., power and control dynamics, out-of-control individual behavior or family conditions, etc.) in separate interviews only.
4. Off-site contacts should be conducted with the consideration for confidentiality, privacy and the safety needs of all parties involved. An off-site contact (i.e., at an individual's place of employment, etc.) should be considered in the following circumstances:
 - a. The maltreating caregiver's presence in the home during the interview is likely to keep the non-maltreating parent from disclosing essential information.

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- b. Information contained in the intake describes the maltreating caregiver's behaviors as so 'out-of-control' as to create an unsafe environment for the non-maltreating parent, investigator, or both.
5. When a child's parents have separate households (i.e., partial or shared custody of the child) only the parent responsible for the alleged maltreatment is the focus of the FFA-Investigation. The non-maltreating parent must be interviewed as a collateral contact. Prior to notifying the other parent his or her child is involved in an investigation the investigator shall determine, based upon the information available:
 - a. The parent retains shared or partial custody and is entitled to notification regarding the on-going investigation.
 - b. No domestic violence injunctions are in place in accordance with ss. 39.504 or 741.30, F.S.
 - c. When the other parent lives in a separate household, the investigator shall notify and interview that parent as a collateral source as long as there are no mitigating circumstances to justify not contacting the parent. No family functioning assessment, child welfare or criminal background checks are required on the non-maltreating parent.
6. If during the course of an investigation there is reasonable cause to suspect maltreatment by a parent residing in a different household from the original household under investigation, the investigator must contact the Hotline to initiate a new report requiring a second, separate FFA-Investigation on the other parent's household.

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

1. To the degree possible, the investigator's interview of the non-maltreating caregiver or adult household member should provide sufficient information on all information domains.
2. The investigator has accurately assessed and sufficiently addressed issues likely to arise from domestic violence dynamics between the parents or caregivers creating a safe environment for disclosure for the non-maltreating caregiver.

Documentation:

The investigator will document all contacts and information obtained through interviews in case notes.

The supervisor will document the consultation using the supervisor consultation module.

Interviews with Alleged Maltreating Caregiver

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

Guidelines:

1. At the point the investigator determines, through direct observation or victim/witness disclosure, that the alleged maltreatment occurred and is serious or severe enough to warrant consideration as “criminal conduct”, the investigator shall immediately notify law enforcement prior to conducting the interview with the identified alleged maltreating caregiver.
2. The investigator will inform law enforcement personnel about the necessity for, and timing of, any protective actions the investigator will need to take to ensure child safety. If it is not possible to interview the identified alleged maltreating caregiver at the initial contact due to a criminal investigation, the investigator will request to be notified by law enforcement personnel at the earliest possible date when the individual is cleared to be interviewed. To facilitate notification, the investigator will check with law enforcement on at least a weekly basis to confirm there is still a “hold” on the interview. If law enforcement allows the investigator to interview the individual during a criminal investigation, information should be gathered around:
 - a. child functioning
 - b. adult functioning
 - c. general parenting; and
 - d. discipline and behavior management.(Note: If the criminal investigation involves physical abuse resultant of corporal punishment, it may not be appropriate for the investigator to ask questions regarding disciplinary practice – the investigator should check with law enforcement to be sure before gathering information on this domain.)
3. Prior to meeting with the identified alleged maltreating caregiver, the investigator will consult with a supervisor if the individual has a history of assaultive behavior or violence and consideration should be given to having law enforcement accompany the investigator or conducting the interview in a safer setting (i.e., office or other public site).
4. When meeting with the identified alleged maltreating caregiver the investigator must:

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- a. Coordinate the interview with local law enforcement when law enforcement is conducting an investigation
- b. Present agency credentials and contact information for both the investigator and his or her supervisor
- c. Inform the individual of their specific rights as outlined in s. 39.301(5), F.S.:
 - Purpose of the investigation
 - Right to obtain counsel and how the investigator may use the information provided
 - Possible outcomes and interventions resulting from the investigation
 - Right to be fully informed and engaged throughout the investigative process if a parent or legal guardian
 - Right to use audio or video recordings during interviews
 - Requirement to report any change in address to the investigator up until the investigation is completed
5. The investigator must make diligent efforts to contact all parents, legal guardians, caregivers, and identified alleged maltreating caregivers. If the investigator is unable to locate on the first attempt, multiple on-site attempts are required. Attempting contact at places of employment may be necessary. The investigator is required to contact parents incarcerated in a local jail setting and attempt an interview.
6. A parent's refusal to be interviewed, whether based on the legal advice of counsel (regardless of the setting) or their individual discretion, should be documented accordingly.

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

1. To the degree possible, the investigator's interview of the alleged maltreating caregiver should provide sufficient information on all information domains, but particularly related to the extent of, and circumstances surrounding, the maltreatment (see exceptions noted above for reports involving law enforcement).
2. The investigator has made reasonable effort to locate and interview the alleged maltreating caregiver when the individual is not responding to the investigator's request to be interviewed or is avoiding contact altogether.

Documentation:

The investigator will document all contacts and information obtained through interviews in case notes.

The supervisor will document the consultation using the supervisor consultation module.

Collateral Contact Interviews

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

Guidelines:

1. In most instances, the reporter should be the first individual contacted prior to commencing the investigation. This step is necessary to corroborate information obtained by the Hotline counselor and to obtain more specific information around child functioning, adult functioning, general parenting, and disciplinary and behavior management practices that the reporter may not have provided to the Hotline. The reporter may also be an excellent source for obtaining the names and contact information for other reliable collateral contacts that know the family well.
2. The investigator must:
 - a. Identify collateral contacts likely to have relevant and reliable information on the family.
 - b. Provide his or her name and contact information to "professionally mandated" reporters within 24 hours of being assigned to the investigation.
 - c. Advise "professionally mandated" reporters he or she may submit a written summary of the information made to the Hotline to become part of the child's file.
 - d. Protect the identity of the collateral contacts to the extent possible when discussing information shared about the family with the family.
3. A consideration in identifying collateral contacts is to the degree the source is likely to provide reliable and unbiased information about the family.
 - a. Professional sources are typically less biased than neighbors, friends and family members, but correspondingly, are also less likely to have as much detailed information on the family.
 - b. Informal sources on the other hand, typically know the family's "business" to a much greater extent than professional sources but are more often biased regarding the information shared and may intentionally skew information they provide to present the family in either a more favorable or negative light.

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- c. Information from one source that can be collaborated by additional sources helps the investigator determine how reliable the information likely is.
- d. Unless compromised by adult instruction, children are typically the most unbiased source for information within a family and are also the least guarded in disclosing sensitive information.
- e. Similarly, extended family members who are emotionally and/or physically “cut-off” from the family in the recent past are often good collateral sources for information. Asking a child if there is a favorite aunt, uncle or family member he or she misses is a good way to identify these individuals because the adults in the home will rarely disclose this information because of concerns about the information the individual might share about the family’s situation.

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

- a. Individuals who have regular contact with the child and are likely to be able to describe the child’s day-to-day functioning.
- b. Doctors or other professionals who have evaluated or maintain records on the child.
- c. Individuals with established personal or professional relationships with the parent who can likely describe the parent’s day-to-day functioning.
- d. Individuals likely to have witnessed the child-parent interactions and can describe general parenting and disciplinary and behavior management practices

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

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

1. To the degree possible, the investigator’s interview of collateral contacts should provide information on some but not all information domains within the context of how the individual knows or typically interacts with the family (e.g., teachers can provide information on the child’s educational status but are unaware of how the child is

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disciplined at home, or an eyewitness can provide information related to the maltreatment incident but does not know the family personally, etc.).

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

Documentation:

The investigator will document all contacts and information obtained through interviews in case notes.

The supervisor will document the consultation using the supervisor consultation module.

Assessment of Family Interactions During Interviews

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

Guidelines:

1. The most important interaction pattern the investigator should focus on is the nature of the parent – child relationship. Careful observation of attachment and interaction dynamics helps the investigator understand child and adult functioning, as well as provide insights into general parenting and parental disciplinary practices and behavior management. Observation of the parent-child dynamic provides the best platform for the investigator to make a determination about the parent's overall protective capacity. While collateral sources can and do provide credible information on families, nothing can substitute for an investigator personally observing firsthand the caregiver's demonstration of actions and behaviors to manage identified threats of danger in relation to a child's vulnerability.
2. Observing the following critical parent-child interactions will assist the investigator in evaluating protective capacities:
 - a. Child displays behaviors that seem to provoke strong reactions from parent
 - b. Parent ignores inconsequential behavior or appropriately responds to child's "acting out"
 - c. Child has difficulty verbalizing or communicating needs to parent
 - d. Parent easily recognizes child's needs and responds accordingly
 - e. Child demonstrates little self-control and repeatedly has to be re-directed by parent
 - f. Child plays by himself or with siblings/friends age appropriately
 - g. Child responds much more favorably to one family member
 - h. Family members appropriately express affection for each other

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- i. Parent demonstrates good / poor communication or social skills
- j. Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs
- k. Parent consistently / inconsistently applies discipline or guidance to the child
- l. Parent reacts impulsively to situations or circumstances in the home
- m. Parent demonstrates adequate coping skills in handling unexpected challenges

3. The second category of interactions the investigator should closely observe while in the home related to protective vigilance is how the identified alleged maltreating caregiver and non-maltreating parent (and other adult caregivers) relate to each other. Unfortunately, parents and caregivers can acknowledge and verbalize threats to children without being able to sufficiently carry out their protective role in keeping children safe from those threats. This makes the investigator's direct observation of parental protective vigilance extremely important. The following alleged maltreating caregiver to non-maltreating caregiver dynamics can help the investigator determine whether an adult caregiver has sufficient protective capacity to manage out-of-control behaviors, actions or conditions identified in the home:

- a. One individual appears much more dominant or controlling in the relationship (i.e., interrupts conversations, exhibits dismissive "non-verbals" in response to other person's comments – rolling of eyes, smirks, etc.)
- b. The two individuals appear equally self-confident and assured
- c. The adult relationship appears volatile and "all consuming" leaving inadequate time or energy for non-maltreating parent to address child's needs
- d. The non-maltreating parent attempts to demonstrate effective parenting efforts, but is undermined by the alleged maltreating caregiver.
- e. Only one individual appears to be effective in disciplining and managing child behavior
- f. A high/low functioning dynamic appears to exist between the parents with the identified alleged maltreating caregiver in the role of the higher functioning, more capable adult

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

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

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

Documentation:

The investigator will document all information obtained through direct observation in case notes.

The supervisor will document the consultation using the supervisor consultation module.

Determining If There Is Impending Danger (Is the child safe or unsafe?)

Purpose: The Family Functioning Assessment (FFA) is a comprehensive assessment conducted by the investigator using information from all six information domains to identify impending danger based on three fundamental safety constructs: danger threats, child vulnerability, and the absence of caregiver protective capacity to manage danger threats. The interplay of these three critical safety constructs results in an overall determination of safe or unsafe, and in the case of unsafe, the need for an impending danger safety plan to manage the identified threats while allowing case management services to initiate

The danger threshold criteria must be considered and applied to identify impending danger. All five aspects of the threshold criteria must be present for impending danger to exist:

- A family condition is out of control.
- A family condition is likely to result in a severe effect.
- The severe effect is imminent.
- The family condition is observable and can be clearly described and documented.
- There is a vulnerable child.

Guidelines:

1. The investigator will conduct all interviews and the associated investigative activities to have sufficient information in each specific information domain to analyze the three core safety constructs (impending danger threat, child vulnerability and inadequate caregiver protective capacity).
2. The investigator will determine if there are **impending danger threats that are most commonly related to the nature, scope, extent and circumstances surrounding the maltreatments, as follows:**
 - a. Parent, Legal Guardian, or Caregiver's intentional and willful act caused serious physical injury to the child, or the Caregiver intended to seriously injure the child.
 - b. Child's physical living conditions are hazardous and the child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child's physical health.
 - c. Parent, Legal Guardian, or Caregiver is not meeting child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.
 - d. "Other" maltreatment for which the investigator must provide detailed justification in lieu of using one of the other ten "standard" threats.

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3. There are two other danger threats specifically tied to the nature and extent of the maltreatment which are usually only identified as a form of present danger that may on occasion also be identified as an impending danger. Supervisors should carefully review the rationale provided by the investigator when these two threats are identified as impending dangers:
 - *Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent, Legal Guardian, or Caregiver explanations are inconsistent with the illness or injury.*
 - *Reports of serious harm and the child's whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.*
4. The investigator will determine if there is an **impending danger threat related to child functioning** which is determined based on knowing how the child functions on a day-to-day basis, details on the child's physical health, development, emotion and temperament, intellectual functioning, behavior and self-control:
 - *Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior the Parent, Legal Guardian, or Caregiver is unwilling or unable to manage.*
5. The investigator will determine if there are any **impending danger threats related to information on adult functioning** which is determined based on knowing how the caregiver functions on a daily basis, the individual's overall life management, physical health, emotion and temperament, cognitive ability, intellectual functioning, self-control and patterns of criminal behavior, history of family and/or domestic violence, impulse control, substance use/abuse and mental health issues:
 - *Parent, Legal Guardian, or Caregiver is violent, impulsive, or acts dangerously in ways that seriously harmed the child or will likely seriously harm the child.*
6. The investigator will determine if there are any **impending danger threats related to information on parenting** which is determined based on the specific details surrounding how the caregiver typically parents, description of disciplinary approach and rationale or purpose of discipline, and the circumstances or behaviors that generally elicit a parental disciplinary action:
 - *Parent, Legal Guardian, or Caregiver is not meeting child's basic and essential needs for food, clothing, and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.*

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- *Parent, Legal Guardian, or Caregiver is threatening to seriously harm the child; is fearful he/she will seriously harm the child.*
- *Parent, Legal Guardian, or Caregiver views the child and/or acts toward the child in extremely negative ways AND such behavior will result in serious harm to the child.*

7. The investigator will determine if **a child is vulnerable to a specifically identified danger threat in the home**. Information from the domains on the **nature/extent of maltreatment and child functioning** should provide the investigator with sufficient information to determine vulnerability independently for each child in the home. In determining when a child is vulnerable to a specific danger threat in the home the investigator should consider the following:

- *Based upon the nature of the danger threat, how does the child's physical development, mobility and size make him or her susceptible to the threat?*
- *Based upon the nature of the danger threat, how does the child's emotional development make him or her susceptible to the threat?*
- *To what degree does the child's inability to communicate needs make him or her susceptible to the danger threat?*
- *To what degree does the child's inability or unwillingness to share or disclose information make him or her susceptible to the danger threat?*
- *To what degree does the child demonstrate any capacity for self-protection?*

8. Upon the identification of an impending danger threat and the determination a child in the home is vulnerable to the threat, **the investigator must determine if there is a non-maltreating caregiver in the home who has the capacity to control or manage the identified threat(s) to keep the child safe**. This assessment is critical to the investigator determining if the caregiver has demonstrated actions of protection over time that specifically address the danger threats identified to the extent the investigator is confident the child is safe and will remain safe without department intervention:

- a. Rationale that a non-maltreating caregiver has the capacity, ability and willingness to take protective action to keep a child safe includes both:
 - *An historical record of taking such action in the past*
 - *A current demonstration of taking protective actions on the child's behalf*
- b. Only an in-depth assessment of caregiver protective capacity will enable the investigator to determine when a short-term, temporary incapacitation or lapse is not representative of the parent's normally sufficient protective vigilance. This is a critical

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distinction for the investigator to make because many parents assert that the maltreatment incident was not a result of any lack of protective vigilance on their part, but due solely to a one-time, highly unusual incident or unique set of circumstances. While this can certainly be the case, it is up to the investigator to clearly show how any harm or present danger threat resulted from a parent temporarily being incapacitated despite a history of regularly demonstrating sufficient protective capacity. Examples include, but are not limited to:

- *Acute reactions or side effects from prescription medications(e.g., a parent falls asleep after taking a painkiller prescribed for a dental procedure and the 2 year-old manages to get outside unsupervised, etc.)*
- *Undiagnosed medical conditions(e.g., a parent has a diabetic hypoglycemic reaction while driving with her 4 year-old and she is arrested for what appears to be impaired driving – D.U.I., etc.)*
- c. Diminished protective vigilance in caregivers with sufficient protective capacity is unpredictable because the temporary incapacitation is brought on for the most part by circumstances outside the caregiver's control (if it was predictable the normally protective parent would have taken steps to prevent it or made appropriate arrangements for the child's care and supervision).
- d. If the investigator identifies present danger but not impending danger, he or she will detail the full assessment that explains the temporary diminished capacity and/or circumstance in the FFA-Investigation in the Extent of Maltreatment domain. Both examples provided above illustrate why an investigator has to collect sufficient information on protective capacity over time, and not assess the caregiver's "protectiveness" solely on the basis of the maltreatment incident. When a present danger is identified and the full assessment of the caregiver's protective vigilance indicates sufficient protective capacity, the investigator should describe the temporary diminished capacity in circumstances surrounding the maltreatment.

9. The investigator will determine, based on information gathered, if **the parent or legal guardian can and will protect a child based on an assessment of specific caregiver protective capacities.** These capacities may be behavioral, cognitive, or emotional attributes that demonstrate the individual's degree of adequacy in fulfilling caregiving responsibilities, using resources necessary to meet the child's basic needs, or setting aside personal needs in favor of a child. The following characteristics are representative of parental protective vigilance:

- a. In determining a caregiver has sufficient **behavioral capacity** to maintain protective vigilance the investigator must find the caregiver has demonstrated the following:
 - *Controls impulses*
 - *Takes action*

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- *Sets aside own needs for child*
- *Displays adequate parenting skills*
- *Adaptive as a parent/legal guardian*
- *History of protecting*

b. In determining a caregiver has sufficient **cognitive capacity** to maintain protective vigilance the investigator must find the caregiver has demonstrated the following insights:

- *Is self-aware*
- *Is intellectually able*
- *Recognizes threats*
- *Recognizes child's needs*
- *Understands protective role*
- *Plans and articulates plans for protection*

c. In determining a caregiver has sufficient **emotional capacity** to maintain protective vigilance the investigator must find the caregiver has demonstrated the following emotional maturity:

- *Meets own emotional needs*
- *Is resilient*
- *Is tolerant*
- *Is stable*
- *Expresses love, empathy, sensitivity to the child*
- *Is positively attached with the child*
- *Is aligned and supports the child*

d. The investigator's assessment of protective capacity should represent overall functioning, and not be based on an isolated incident or singular event. For example, a parent who acted impulsively by "backhanding" their 12 year-old son across the mouth for something the child said does not, in and of itself, provide the investigator sufficient information to conclude the parent lacks the ability to "control impulses." While the parent failed to demonstrate impulse control during the maltreatment incident, a more global, in-depth assessment of functioning may validate the parent regularly demonstrates impulse control in other areas of life (e.g., – no impulse buying, no other known incidents of "flying off the handle," etc.), and on the positive side, the parent typically thinks before acting and is very good at planning and following through with a prescribed course of action.

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

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10. **The investigator must make a decision about a caregiver's ability to protect his or her child from a danger threat in the home.** The parent either does or does not have sufficient protective capacity to protect the child. Vulnerability and protectiveness are not measured by degree, but by determining the variable being considered is either present or absent:

- a. The determination of the caregiver's ability to protect a vulnerable child from an identified threat will inform the decision about the need for a safety plan and provision of case management services for safety management and the development of a case plan to assist the parent in acquiring sufficient protective capacity.
- b. If a danger threat is identified in the home but it is determined the parent or legal guardian is effectively managing the threat, the child is **safe**.
- c. If a danger threat is identified in the home **and** it is determined the parent or legal guardian does not have sufficient protective capacity to effectively manage the threat, the child is **unsafe**.
- d. The determination of unsafe will automatically require the investigator to proceed to "Safety Analysis and Planning" to determine if an in-home safety plan can effectively control the danger threat to allow the child to remain in the home.
- e. **The determination of unsafe will require the investigator to transfer the case for ongoing case management services.**

Supervisor: When initiated, the Supervisor Case Consultation should affirm:

1. The investigator has demonstrated due diligence using the interview protocol during the investigation.
2. All key family members and other collaterals necessary for information collection have been interviewed.
3. The FFA-Investigation contains sufficient information for thorough analysis.
4. Child vulnerability is assessed accurately:
 - a. Being particularly attentive to an investigator's tendency to talk about the "degree" of vulnerability, using vulnerability in a general context instead of linking or aligning the child's vulnerability to a specific danger threat in the home, unless the consultation is related to the overall risk assessment score.
 - b. Avoiding asking the close-ended question - "*Is this child vulnerable to the danger threat?*" To get to a more complete understanding of the investigator's rationale as

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to why the child is vulnerable. Use an open-ended question instead - “*How is this child vulnerable to the threat you have identified in the home?*” The response should indicate if the investigator is applying the concept of vulnerability in a risk assessment context or in the narrower “safety” context intended – not just correlated, but directly connected to a specific out of control behavior, action, emotion, condition or circumstance in the home.

Documentation:

The investigator documents the FFA – Investigation using FSFN functionality.

The supervisor will document the consultation using the supervisor consultation module.

“Other” Investigations Involving Relatives, Non-relatives, Paramours, or Adult Sitters Not in the Home

Purpose: An investigation involving a relative, non-relative, paramour or adult sitter not living in the home as the alleged maltreating caregiver is categorized as an in-home investigative with a sub-type – “Other”.

Guidelines:

1. Since the individuals identified above are not parents or legal guardians and are only entrusted with short-term care and supervision of a child, a Family Functioning Assessment-Investigation is not required but can be completed in this type of investigation. [Note: If launched it must be completed, however]. The focus of investigative activity for the investigative subtype “Other” is solely the determination of maltreatment findings and whether or not the parent or legal guardian comprehends and takes appropriate action around a verified maltreatment (i.e., willing to change babysitters, or not allow the relative to have unsupervised access to the child in the future, etc.).
2. If during the course of the investigation the investigator determines the parent or legal guardian failed to act with due diligence to protect the child from injury caused by the adult sitter or relative or will likely not act to protect the child from an active danger threat posed by the maltreating caregiver’s ongoing access to the child, an in-home investigation and family functioning assessment will be conducted on the parent or legal guardians home. This should be a separate intake and investigation created and worked after the investigator initiates a new report by contacting the Hotline.

Investigations Involving Newborn Infants or New Children in an Open Case

Purpose: An investigator's involvement with a family open to case management when a mother gives birth or a child moves into the home is dependent upon several factors related to the type and status of the family's involvement with the case management agency.

Guidelines:

1. In-Home, No New Maltreatment Incident

If an in-home safety plan is in place and there is no specific maltreatment incident involving the newborn or new child in the household, an investigation will not be initiated. If there is a pending court case involving the other children in the home, the case manager is responsible for determining, in consultation with Children's Legal Services, if additional actions are necessary.

2. In-Home, New Maltreatment Incident

If an in-home safety plan is in place and there is an allegation involving a newborn infant or new child to the home as an alleged victim, a new investigation is initiated and the investigator is responsible for determining if the new child victim is in imminent danger and if so, the subsequent protective actions required immediately to ensure the child's safety. Please refer to the "All Staff" Practice Guidelines for "Investigations Involving an Ongoing Service Case" on the role and responsibility of the investigator in conducting joint interviews with the case manager and the steps required to determine if the current in-home safety plan is sufficient to address a new danger threat identified in the home.

3. Out-of-Home, Danger Threats Remain Active in the Home

If an out-of-home safety plan is in place and the parent or legal guardian is actively engaged in working their case plan, it is incumbent upon the case manager to determine, in consultation with Children's Legal Services if a Shelter Petition and/or Dependency Petition should be filed.

a. The legal staffing should review how the danger threat(s) remain active in the home (i.e., a pervasive state of danger), because the parent or legal guardian's protective capacity is insufficient to control or manage those threats and the newborn or new child in the home is specifically vulnerable to those threats.

b. In an emergency situation the case manager should contact the child protective investigation unit per local protocols or the Hotline on weekends or during the night to involve an investigator in the removal process.

4. When the investigator disagrees with case manager's position that the child needs to be taken into custody, then the case should be staffed through the respective agency management structures until a consensus is reached.

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Supervisor: When initiated, Supervisor Case Consultation should affirm:

1. The investigator's due diligence in coordinating interviews and assessment with the case manager.
2. The investigator's due diligence in coordinating staffings with Children's Legal Services and case managers in problematic cases.

Documentation:

The investigator will document all contacts and staffing(s) conducted with case management and CLS staff in case notes.

The supervisor will document the consultation using the supervisor consultation module.

Determination of Findings

Purpose: Upon completing the investigation the investigator must determine if there is credible evidence to support or refute the reported harm for each alleged maltreatment and alleged victim as defined in the CFOP 175-28, Child Maltreatment Index. This determination is based upon information gathered during the investigation from interviews, record reviews, and observations.

Guidelines:

1. If during the course of an investigation the investigator becomes aware of additional maltreatments the investigator must add these maltreatments to the existing investigation. With the exception of the “Death” maltreatment, a call to the Hotline is not required to add a maltreatment during an active investigation.
2. The following three findings are available to document the determination for each maltreatment:
 - 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 the allegations of abuse, abandonment, or neglect.
3. The maltreatment findings should be based upon the definitions of harm contained in the Child Maltreatment Index (Index) and related to the evidence obtained during the investigation. The Index documents the types of evidence (observations, interviews, and professional consultations) to support making an accurate finding for each type of maltreatment. The findings are only one set of considerations in determining the safety of the child and the family’s capacity to provide care.
4. There are 25 separate maltreatments that can be assigned and each report of abuse, abandonment, or neglect must contain at least one maltreatment. There is no limit to the number of maltreatments included in a report as long as each maltreatment is justified by information contained in the allegation narrative or FFA-Investigation.
5. The Index is a resource to be used by both Hotline counselors and investigators to guide consistent and accurate decision making. The index provides:
 - a. Definitions for each specific maltreatment

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- b. Factors to consider in the assessment of each maltreatment
- c. Other maltreatments frequently correlated with the primary maltreatment
- d. Excluding factors to rule out maltreatment
- e. Specific documentation needed to support a finding of maltreatment

Supervisor: When initiated, Supervisor Case Consultation should be provided to affirm:

- 1. The investigator correctly identified all maltreatments contained in the intake allegation narrative or from additional information discovered through investigative activities.
- 2. Sufficient information was collected by the investigator on the extent of maltreatment to accurately describe:
 - Type of maltreatment
 - Severity of maltreatment
 - Description of specific events
 - Description of child's emotional and physical symptoms
 - Identification of victim child and maltreating caregiver
 - Condition of the child
- 2. Sufficient information was collected by the investigator on the circumstances surrounding the maltreatment to accurately describe:
 - Duration of maltreatment
 - History of maltreatment
 - Pattern of caregiver functioning leading to or explaining the maltreatment
 - Caregiver explanation for the maltreatment and family conditions
 - Unique aspects of the maltreatment (e.g., use of weapons, etc.)
 - Caregiver intent, acknowledgement and attitude about the maltreatment
- 3. The totality of the information is complete enough to support the finding(s) determined by the investigator.
- 4. The necessary documentation and evidence to support a "Verified" finding clearly indicate the maltreatment has significantly impaired or is likely to significantly impair the child's physical, mental, or emotional health.

Documentation:

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

The supervisor will document the consultation using the supervisor consultation module.

Determining “Patently Unfounded”

Purpose: Patently Unfounded means those incidents reported in good faith to the Hotline that are subsequently determined to have no basis in fact as demonstrated by readily observable and corroborated information. Compelling evidence is the collection of evidence to the contrary or direct refutation of the allegation, not simply the absence of evidence that the maltreatment occurred. Patently Unfounded closures are distinct and separate from False Reports as defined in s. 39.01(29), F.S. The standard of credible evidence for Patently Unfounded closures requires corroboration of information or evidence that enables the investigator to fully understand why the allegation was made in good faith but erroneously.

Guidelines:

1. In addition to completing the Present Danger Assessment, the investigator must be able to document compelling evidence and corroborated information to indicate not just the absence of the maltreatment, but:
 - a. The conditions in the home or status of the child are in direct contrast to what was alleged (e.g., *the investigator would document not just the absence of hazardous conditions but also note the home was exceptionally clean and neat with photographs to support the statement*).
 - b. No other present danger threats are identified in the home.
 - c. No conflicting information related to the alleged maltreatment was obtained and/or no new concerns or allegations were expressed when household members and collateral contacts were interviewed during the course of the investigation.
2. Patently Unfounded closures may not be used in reports involving sexual abuse allegations or when the investigator observes an actual physical injury related to the alleged maltreatment to the child regardless of the child's or parent's explanation for the cause of the injury.
3. Cessation of investigative activities and closure of the investigation as a Patently Unfounded report shall only occur with supervisor approval.
4. If the department or its authorized agent has determined during the course of its investigation that a report is a false report as per s. 39.01(29) F.S., the department may discontinue all investigative activities and shall, with the consent of the alleged maltreating caregiver, refer the report to the local law enforcement agency having jurisdiction for an investigation to determine whether sufficient evidence exists to refer the case for prosecution for filing a false report.

Supervisors: Supervisor Case Consultation will be provided to affirm:

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1. The Present Danger Assessment (PDA) provides compelling evidence to directly refute the maltreatment allegations and there are no other identified maltreatments.
2. The investigator has provided adequate documentation to determine and document a clear reason why the report was likely made in good faith, but erroneously.

Documentation:

The investigator will document the PDA using FSFN functionality and the compelling evidence and corroborated information in case notes to justify use of the 'Patently Unfounded' closure. An FFA-Investigation is not required for investigations closed as 'Patently Unfounded'.

The supervisor will document the consultation using the supervisor consultation module.

Completing the Family Functioning Assessment – Investigations

Purpose: To ensure sufficient information is contained in the six information domains to identify danger threats (impending danger), assess the sufficiency of caregiver protective capacities, the safety analysis, and safety planning (as appropriate). The family functioning assessment is the vehicle by which investigators apply critical thinking skills to guide decision-making regarding child safety based upon having extensive and comprehensive knowledge of the individual and family conditions in the home.

Guidelines:

1. A Family Functioning Assessment-Investigation (FFA-Investigation) is required for in-home investigations involving allegations of maltreatment by a parent, legal guardian, and/or other caregiver in the household with significant responsibility for care and protection. Exceptions to this requirement are when the investigation is being closed out as “Patently Unfounded,” as a “Duplicate” report, as a “No Jurisdiction” report, or if the intake involves the in-home subtype ‘Other.’ FFAs are also not completed in ‘Institutional’ investigations.
2. Concurrent with or immediately following the assessment of present danger, the investigator shall continue to obtain additional information for all six information domains in order to assess for the presence of impending danger threats in the home.
3. Supervisors are required to request a 2nd Tier Consultation for all Impending Danger Safety plans in which the child remains in the home and a dependency petition is not filed with the court.
4. A FFA-Investigation shall be completed within 14 days of the identification of a present danger. The identification of a danger threat at any point in the investigation creates a sense of urgency and need for expediency in completing the FFA-Investigation. Absent extenuating circumstances, the FFA-Investigation should be completed as soon as possible from the date present danger is identified. The temporary present danger safety plan developed and implemented with the family is designed to provide the investigator with a two week “window” in which to gather sufficient information to complete the assessment process.
5. Completing the FFA-Investigation and completing the investigation may be distinct decision points. Occasionally some investigative activities may continue after sufficient information is collected to complete the FFA-Investigation including, but not limited to:
 - a. Additional investigative activities related to evidence collection (i.e., waiting for results of toxicology or medical tests, etc.).
 - b. Updating the safety plan or need for identifying new or additional safety providers.

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- c. Scheduling and conducting follow-up multidisciplinary staffings or seeking additional professional consultations with subject matter experts (DV, Substance Abuse or Mental Health professionals, etc.).
- 6. Developing and implementing a safety plan within 24 hours is required at any point impending danger is identified during completion of the FFA-Investigation.

Supervisors: When initiated, Supervisor Case Consultations are provided to affirm:

- 1. The investigator collected sufficient information in each domain to adequately inform the overall assessment process
- 2. The investigator sufficiently justified or supported the identified danger threats by the information presented or contained in each respective domain
- 3. The investigator provided a thorough analysis or summary section for each domain:
 - a. focusing on the most relevant and important information obtained in the domain, and;
 - b. reflecting the critical thinking which guided the investigator's assessment.

Documentation:

The investigator documents the FFA – Investigation using FSFN functionality.

The supervisor will document the consultation using the supervisor consultation module.

Closure of the Investigation

Purpose: Closure of the investigation is dependent upon the investigator documenting that a complete and comprehensive investigation was conducted. Sufficient information must be detailed to provide the rationale for all critical decisions made, particularly the determination of findings and the overall determination of a safe or unsafe child. A supervisor must make a professional judgment that all necessary child and family interviews, collateral contacts, supervisory and/or professional consultations were adequately conducted, described and documented.

Guidelines:

1. The decision point for determining if an investigation is appropriate for closure should not be compliance-based (i.e., based primarily on the procedures completed per se) but on whether the investigative activities provide sufficient information to fully assess the quality and thoroughness of the investigation.
2. There will be times when a final interview with the alleged maltreating caregiver and/or the child's parent is necessary to share results of the investigator's information gathering and analysis, clarify discrepancies or gaps in information to re-assess the initial safety determination, or share the risk assessment score with the family in order to motivate the parents to become involved in intervention programs.
3. The investigator's completed FFA-Investigation should describe the collaborative efforts that helped inform the overall investigative process. The input and results from case specific staffings, safety planning conferences, legal staffings, and case transfer conferences should be clearly articulated to highlight the extent and scope of planning, teaming and critical thinking that supported the decisions made.
4. Reviewing the information in the FFA-Investigation in its totality should provide an individual with a clear, but concise roadmap for how critical decisions throughout the investigation were made – from the point of the initial safety determination to matching appropriate interventions to meet the family's specific needs.
5. The investigator is responsible for ensuring the family knows the outcome of the investigation, including the family's risk assessment score.
6. The investigator will choose the closure of "**Duplicate Case**" once it is determined the intake was previously investigated. In approving closure of the investigation as a duplicate, the supervisor must confirm that all five of the exclusionary criteria identified below were carefully considered by the investigator. The fact the same incident was previously investigated is not sufficient to qualify the investigation as a duplicate report in the absence of exploring all five considerations. In addition to the allegations referencing the same incident, the supervisor must determine the new report does not contain:

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- a. New information or evidence related to the incident previously investigated.
- b. New alleged child victims.
- c. New alleged maltreating caregivers responsible for the maltreatment.
- d. Additional subjects to be interviewed as collateral contacts.
- e. New allegations or additional incidents of the previously investigated maltreatment.
- f. In order to determine with certainty the intake was previously investigated and is appropriate to be closed as a duplicate the supervisor must ensure the investigator:
 - Provides sufficient information to explain the basis for the determination
 - References the specific investigation number(s) when providing the rationale for the duplicate closure
 - Specify whether the more recently opened investigation is a duplicate of a previously completed investigation or a duplicate of an active investigation commenced prior to the duplicate

7. The investigator will choose the closure of “**No Jurisdiction**” after the investigation is commenced and additional information is obtained to warrant the specific No Jurisdiction determination. A “No Jurisdiction” closure is appropriate for the following reasons:

- a. **Federal Property - Maltreatment incident occurred on federal property.** A Memorandum of Understanding or other written agreement is not in place between the Department and federal agency or Native American tribe granting the Department jurisdiction to conduct the investigation on the federal property or tribal lands.
 - If the maltreatment incident occurred off-site (i.e., not on the federal property or tribal lands) the Department retains jurisdiction to investigate the individual/family despite the fact the family resides on the federal property/tribal land. However, the investigator needs to follow local protocol for gaining access to the individual and family members for interviewing purposes.
 - Retaining jurisdiction for investigation of alleged abuse occurring on non-tribal lands for Native American children in no way precludes the investigator from having to follow all requirements of the Indian Child Welfare Act (ICWA) if the investigator determines an emergency shelter placement is necessary to ensure the child’s safety. **The Department’s jurisdiction to investigate does not negate a tribe’s sovereign right to determine subsequent placement and dependency actions for the Native American child.**

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- Refer to guidelines for “Determine and Respond to ICWA Status” for more specific details and investigative procedures related to the Indian Child Welfare Act.
- b. **Non-caregiver – the alleged maltreating caregiver does not meet the statutory definition of “Caregiver” or “Other person responsible for a child’s welfare”.** Since Florida Statute defines “caregiver” so precisely, jurisdiction issues related to use of this category should be minimal, but there are some issues the investigator and supervisor must consider:
 - Adults involved in activities where children are short-term participants (i.e., sports coach, karate instructor, dance instructor, etc.) are not considered “caregivers.” To identify “caregivers”, the essential defining aspect in the adult – child interaction is the adult present must expressly be in a “babysitting” role (providing care and supervision). That fact an adult may provide minimal supervision and direction to a child in a parent’s absence does not automatically qualify the individual as a caregiver.
 - Bus drivers must be employed directly by a school or day care center to be considered in a caregiver role.
- c. **Official Capacity – the alleged maltreating caregiver is a law enforcement officer, employee of a municipal or county detention facility or employee of the Department of Corrections.** Generally speaking, “official capacity” applies to the consideration of what entity is employing or contracting with law enforcement, detention or corrections staff.
 - Unless a law enforcement officer is employed in a program operated or contracted by the Department of Juvenile Justice, the investigator has no jurisdiction to investigate alleged maltreatment involving the officer. Examples of acting in an official capacity for law enforcement include, but are not limited to, alleged acts of maltreatment occurring while an on-duty officer is detaining, arresting or transporting a juvenile.
 - Similarly, county or municipal detention facility or Department of Correction’s staff employed at these identified sites would also be excluded from being in a caregiver role because the individual is working in an official capacity.
 - The only time official capacity is relinquished or non-operative for law enforcement officers is when the individual is employed at a facility, service or program operated or contracted by the Department of Juvenile Justice (DJJ). This distinction is critical because a supervisor could be reviewing two reports involving law enforcement personnel essentially alleging the same maltreatment and in one instance the Department would retain jurisdiction because the officer was employed at a DJJ program site and in the other instance, the Department

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has no jurisdiction because the office was employed by the local city, county or municipality.

- No Jurisdiction – Official Capacity closures never apply to In-Home investigations involving law enforcement personnel as the alleged maltreating caregiver or subject of the report.

d. **Victim Out of State – the alleged child victim is not expected to return to Florida within 30 days from the date it has been determined the child is out of state.** When an investigator obtains information that the alleged child victim is not expected to return to Florida within 30 days from the date of the intake, the supervisor may approve the use of this No Jurisdiction coding. There are several critical issues for the supervisor to consider prior to approving this type of closure:

- The severity of the alleged maltreatment (i.e., sexual abuse with the alleged maltreating caregiver likely to have on-going access to the child vs. a report alleging hazardous conditions and the child is not expected to be in that home environment for at least the next 30 days, etc.); the degree to which the reported timeframe for the child remaining out of state can be corroborated by more than one source; and most importantly, whether the investigator requested involvement from the other state's child welfare agency to assist in the investigation?
- Given that Florida Statute provides the investigator 60 days to complete the investigation the supervisor should ensure full consideration is given to the above issues by the investigator as well as due diligence in confirming the child is not located in Florida currently and not expected to return to Florida within the foreseeable future.

e. **Victim Over 18 – the alleged child victim turned 18 years of age prior to the intake being screened in by the Hotline.** The Victim Over 18 closure may only be used when an investigator determines the alleged child victim was 18 prior to the intake being screened in by the Hotline. This does not apply to victims who turn 18 prior to completion of an investigation that was initiated while they were still 17.

- If the child victim reaches the age of majority during the investigation the Department does have jurisdiction to investigate but the investigator can only provide the individual with referral information for community support services since dependency proceedings and case management services are no longer an option (based on maltreatment to that specific individual).
- Regardless of whether the 18 year-old voluntarily follows through with accessing community support services or refuses services outright, the investigator must assess whether any other children or siblings in the household are vulnerable to present or impending danger.

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- The critical distinction the supervisor needs to reinforce with the investigator is the difference between having jurisdiction to investigate based on the alleged victim being a child at the time the intake was received and dependency court not being an option for services unless other children in the home are being similarly maltreated.
- Once a child victim turns 18 and there are either no other children in the home or no other child victims identified in the household, the investigator may only provide the victim with appropriate referral information on community programs and services.

g. **Patently Unfounded.** Approval of this closure type is dependent upon a supervisor concurring with the investigator's determination the evidence and information collected presents an obvious and compelling case no maltreatment occurred and no present danger threats are identified as a result of the investigation.

- The critical distinction the supervisor needs to reinforce with investigators is that 'No Indicator' maltreatment findings do not equate to the use of the patently unfounded closure. The evidentiary framework for patently unfounded closures is the report contains compellingly and obviously erroneous allegations.
- Compelling and obviously erroneous means credible evidence to the contrary, not just an absence of evidence. The standard of credible evidence required for patently unfounded closures require corroboration of information or evidence which enables the investigator to fully understand why the allegation was made in good faith but erroneously.
- Patently unfounded closures may not be used in reports involving sexual abuse allegations or when the investigator observes an actual physical injury to the child regardless of the child's or parent's explanation for the cause of the injury.
- Please refer to practice guidelines for "Patently Unfounded Investigations" for more specific details and investigative procedures related to handling patently unfounded reports.

h. **Closing with No Services.** This closure category is primarily used when the supervisor is in agreement with the investigator's determination that all children in the household are safe and there are no unmet needs, lack of resources, or ongoing issues in the family that warrant a referral for prevention services or community support programs.

- This category is also applicable when the family declines the offer of voluntary services because the investigator determined the child was safe but there are risk factors or unmet needs that could be addressed through the family's participation in community prevention or support services.

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- Although all services pertaining to this closure category are strictly voluntary, supervisors should require investigators to clearly document the service(s) offered to the family, and the family's response to the investigator's concerns. Correspondingly, supervisors should emphasize the need for the investigator to review referral information from a preceding investigation prior to commencing a new investigation with the family. Information on the family's past level of participation, progress or lack of follow through is extremely helpful to the investigator when trying to determine the services or programs that might benefit the family in any subsequent investigation.
- i. **Closing with Services (i.e., prevention/family support services).** This category is applicable when the parent or legal guardian voluntarily agrees to participate in community prevention/intervention support services to address any unmet needs, lack of resources, or seek specific services for an individual or the family as a whole. Many families need supportive services even when there is no evidence of maltreatment or a child is determined to be currently safe.
 - Referrals to community programs are very appropriate for ameliorating or reducing risk for the child but are not intended to address ongoing safety concerns.
 - Investigations in which a child is assessed to be unsafe will be closed out with the 'Open Ongoing Case Management Services' closure type described below. However, the investigator transitioning the family to case management services (and using that closure code) does not mean the investigator is prohibited from making referrals for the family to access community resources upon determination of need (i.e., acquiring diapers, food, transportation, etc.).
- j. **Open Ongoing Case Management Services.** This closure type is only appropriate for a family in which the child is assessed to be unsafe and case management services (judicial or non-judicial) are necessary to provide ongoing safety management and the initiation of case planning efforts to help the parent or legal guardian develop and maintain protective capacity.
 - Approval of this closure type is dependent upon the supervisor agreeing with the overall safety determination of unsafe. If the supervisor believes there is sufficient information to support this decision, both safety planning and transfer to case management is a non-negotiable action on the part of the investigator.
 - As part of reviewing the overall safety determination, the supervisor will want to explore the investigator's rationale and decision regarding the choice of intervention: judicial vs. non-judicial.

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- Please refer to “Seeking Court Supervision/Demonstrating Reasonable Efforts” and “Case Transfer from Investigations to Case Management” in the “All Staff Practice Guidelines” for more specific guidance.

Supervisor Consultations

Purpose: To ensure adequate feedback to staff around critical pieces of work including, but not limited to: pre-commencement activities, safety assessment, safety planning, risk assessment and the overall safety determination. Quality supervisory consultations are integral to the investigator developing critical thinking skills through the supervisor's use of open-ended questions to guide assessment and decision-making, in contrast to simply supplying the investigator with a list of tasks to complete prior to closing the investigation. Supervisors should make every effort to facilitate the investigator's self-evaluation and self-critique during the consultation process to allow for professional growth. The three main information constructs that will almost always need to be considered by the supervisor regardless of the specific issue being explored are:

- Has the investigator collected sufficient information to fully describe the context and/or specifics of the situation or condition being discussed?
- Is there any need to reconcile discrepancies in information presented (verbal or written)?
- What information needs to be further validated by the investigator's direct observation or corroborated by an additional source?

Guidelines:

Supervisor Case Consultations, especially for provisionally certified staff and those needing additional support, are provided to affirm:

1. Pre-commencement case consultations should involve a wide array of investigative considerations, including but not limited to the following examples:
 - a. *What additional information might be obtained from the reporter prior to commencement to assist in the investigation?*
 - b. *Which individuals mentioned in the intake are likely to have the most credible/reliable information?*
 - c. *Which individuals not specifically referenced in the report (i.e., relevant collaterals) are likely to have firsthand knowledge of the maltreatment incident?*
 - d. *Which individuals are likely to know the family well enough to provide information on child and adult functioning, general parenting and disciplinary and behavior management practices?*
 - e. *Is there a sequencing of the interviews that will likely influence subsequent interviews (i.e., information gained informs the next interview's line of questioning, etc.)?*

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- f. *Are there any discernible patterns of ‘out-of-control’ behaviors in prior maltreatments (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) of which the investigator should have a heightened awareness?*
- g. *Do safety concerns warrant the teaming of two investigators or contacting law enforcement for assistance?*
- h. *Does prior history or the intake contain information that would suggest the need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to commencement?*

2. A face-to-face or telephonic consultation between the supervisor or designee and the investigator is required under the following circumstances:

- a. When an intake involves life threatening injuries or a child fatality.
- b. When an intake indicates potential danger to the investigator.
- c. When an intake contains notable participants (department/CBC/sheriff staff/public officials or celebrities, etc.).

3. ‘Initial’ supervisory consultations are mandatory for all cases and shall be completed within 5 calendar days from the ‘Screening Decision Date/Time of the Intake.

4. ‘Initial’ supervisors consultations are primarily used to review the initial information gathered during the present danger assessment and present danger plan and guide the investigator in the collection of sufficient information in all six information domains to:

- a. Ensure the correct investigation sub-type designation is selected
- b. Identify all impending danger threats.
- c. Assess child vulnerability.
- d. Assess caregiver protective capacities.
- e. Approve the rationale provided for any safety plan implemented

f. The use of Family Arrangements as part of an agency managed present danger plan

5. When information is deemed insufficient the supervisor is responsible for facilitating discussion around the relevant information that would essentially “complete the picture.”

6. The preferred method of consultation between supervisor and investigator is in person, with telephonic conversations appropriate on an “as needed” basis.

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7. "Follow-up" consultations are scheduled and conducted on an "as needed" basis as determined by the supervisor but with special attention to critical junctures during the investigation (e.g., prior to court hearings or to consider the effect of new child or adult members joining the household, etc.). Follow-up consultations are generally used to review investigative activities, assessment and decision-making relevant to problematic or complex cases and to facilitate the development of professional competencies in staff.
8. "Closure" consultations are generally scheduled and conducted on an "as needed" basis as determined by the supervisor. However if the investigator is recommending closure based upon any of the following three reasons, a "Closure" consultation must be held in order for the supervisor to review and approve the investigator's rationale for the closure type selected:
 - a. 'No Jurisdiction' Reports
 - b. 'Patently Unfounded' Reports
 - c. 'False Reports'
9. The supervisor and 2nd tier consultant should consider four key information elements to determine the investigation is complete and appropriate for closure:
 - a. **THOROUGHNESS OF INFORMATION:** Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?
 - b. **VALIDATION OF INFORMATION:** Does any of the information provided by the investigator need to be corroborated by direct observation or obtaining additional statements from collateral sources?
 - c. **RECONCILIATION OF INFORMATION:** Does any of the information provided by the investigator need to be reconciled because of unaddressed discrepancies?
 - d. **DEMONSTRATION OF CRITICAL THINKING:** Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?

2nd-Tier Consultations

Purpose: Second (2nd) Tier consultations broaden the scope of the review process to include (1) input from a manager or designee, or (2) a consultative team (i.e., multidisciplinary staffing or case transfer staffing) to provide additional direction, guidance and feedback on an open child protective investigation.

Guidelines:

The Supervisor shall arrange for a 2nd Tier consultation in considering the appropriate level of interventions for the following three investigative outcomes:

1. An in-home present danger safety plan is initiated with the family.
2. An impending danger plan is initiated with the family and a dependency petition is not filed with the court.
3. No danger threats have been identified in the home (i.e., safe child) but the overall risk assessment score is high or very high.
4. Child death cases with surviving siblings or other children in the home.