Module 4: Present Danger Assessment
Table of Contents

Unit 4.1: Present Danger Assessment
Present Danger Assessment
Present Danger Assessment
Section II, the Narrative
Activity: Did You See What I Saw?

Unit 4.2: Developing a Present Danger Safety Plan
Present Danger Plans
Present Danger Planning: Controlling or Safety
Safety Planning
“Family Made Arrangements”
“Family Made Arrangements”
Non-Judicial Protective Intervention
Judicial Protective Intervention
Safety Planning
Activity: Safety Planning
Activity: Safety Plan Writing
Safety Plan
Activity: Safety Plan Evaluation
Consultation with CLS
Activity: CLS Staffing Role Play
FSFN Documentation

Unit 4.3: Temporary Removal Due to a Present Danger
Emergency Separation/Removals; Chapter 39, F.S.
Out-of-Home Safety Plans
Activity: Determining Emergency Separation/Removal
Shelter Petitions
Statutory Requirements
Parental Notification
Shelter Hearing
Shelter Hearing Conclusion
Activity: Shelter Protocol
Additional Steps
Additional Requirements

Unit 4.4: Investigations Involving a False Report
False Report

CPI Pre-Service Curriculum | Module 4 - PG
Unit 4.5: Patently Unfounded Investigations
Patently Unfounded Reports

Unit 4.6: Continuing the Assessment Process
Minute to Win It
Unit 4.1: Present Danger Assessment

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Child Present Danger Assessment

IDENTIFICATION OF THREATS OF DANGER TO A CHILD

I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

Yes No

1. Parent/Legal Guardian/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.

2. Parent/Legal Guardian/Caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.

3. Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.

4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child. Parent/Legal Guardian is fearful he/she will seriously harm the child.

5. Parent/Legal Guardian/Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.

6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Legal Guardian/Caregiver is unwilling or unable to manage.

7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury.

8. 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.

9. There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a 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.

10. Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

11. Other. Explain:
II. SAFETY INTERVENTION

☐ No Present Danger Threats are Identified.

☐ Danger Threat(s) Identified - Present danger threat is identified. Proceed to develop or modify existing Safety Plan, continue information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/Caregiver’s historical and current capacity to, ability to, and willingness to protect the child.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.
Present Danger Assessment

- Begins when the Hotline receives a call and they evaluate the degree to which the situation being reported is currently a threat of severe harm to a child.
- These are situations in which the response time would be immediate.
- You will always begin an investigation by determining if there is a present danger threat.
- This determination is made regardless of the initial response priority assigned by the Hotline.
- The Hotline starts the process of gathering information in the six domains. You will continue the information collection process once you have determined if there is a present danger threat that needs to be addressed.
- At the point of initial contact, you want to immediately assess for any indication of present danger and respond accordingly with the development and implementation of a present danger safety plan.
- The only assessment consideration you have during the completion of the PDA is the identification of present danger.
- Present danger threats are immediate, significant, and clearly observable family behavior or condition that is actively occurring and is already endangering or threatening to endanger a child.

Section II, the Narrative

- When writing the narrative, you want to stay focused on the “here and now” and not get mired down with historical facts that are not relevant to the present danger threat.
- You want to be succinct and focused in your writing.
- You have to answer two questions:
  - What is creating the danger right now?
  - What must you do to keep the child safe?
- The key to the Present Danger Assessment narrative is that you are recording the here and now issue.
- It is essential that you do not assume that the absence of a present danger threat equates to the absence of impending danger in the home as well.
- There may be factors that contribute to out of control family conditions that are more difficult to identify like the child is afraid to disclose abuse because of threats by parents, or the stigma of child abuse in general, co-dependency issues in the family, etc.).
You should continually assess to what degree you have obtained sufficient information across all six information domains in order to accurately assess for impending danger.
Activity: Did You See What I Saw?

Activity: Present Danger Case Study

Directions:
You will read each scenario and decide the following:
1. Is Present Danger Indicated – yes/no.
2. What is the Present Danger? (Identify, describe, using immediate, significant, clearly observable).
3. If there is not a present danger, participants will need to present their rationale.
4. Write a PDA narrative for each case that has a present danger threat.

Activity Notes:

Scenario 1
Reporter: Dr. Gary Jenkins
Vincent

Case Narrative: Tuesday at 10:30 am a call was received from a pediatrician regarding Phil and Clara Vincent and their 18-month-old daughter Sheila. Parents brought her in because of concerns of not eating, fever, and presenting listless. The examination revealed a current fracture that is a twist as well as two other older breaks that are at different stages of healing (calcification). Parents are unable to provide any explanation for any of the injuries. The parents are cooperative, concerned about their child, and seem to be open in discussions.
Is Present Danger Indicated? □ Yes □ No
If answered yes, What is the Danger threat(s)?

□ Immediate □ Significant □ Clearly Observable
If answered no, what is your rationale?

PDA Narrative
Scenario 2  
Reporter: Sherri Lott Simmons  

Case Narrative: The Aunt has not seen the family, Jeronda Simmons, 26, for about six months. She has three children: Trey, 10; Carley, 5; and Devon, 2. Today she stated that she was in the neighborhood and went by the home to see how she was doing. She has a new boyfriend, John Walker. She stated that both of the adults in the home were acting strange and that Jeronda was out of character. After being there a while, John eventually stepped out. The Aunt asked questions about him and about his employment. Jeronda confided that he makes and sells drugs. The Aunt challenged Jeronda to prove it. She led her to a back bedroom and reporter observed what she believed to be the needed items and materials to manufacture meth. Carley’s bedroom and the bedroom that the boys share are right next to the room where the drugs are made. Jeronda stated that she has told John that she wants him to take that out of the house, but he refuses and becomes very angry and aggressive with her.  

Is Present Danger Indicated? ☐ Yes ☐ No  
If answered yes, What is the Danger threat (s)?  

☐ Immediate ☐ Significant ☐ Clearly Observable  
If answered no, what is your rationale?
Scenario 3
Reporter: Camille Hanover (Paternal Grandmother)
Seaton

Case Narrative: The grandmother stated that today she was at the home of her daughter-in-law, Teri Williams, 21. Her son is in the military and is currently deployed overseas and is due to return in six months. They have a son, Brent, 15 mos. The Grandmother states that it well known that Teri is very lazy and extremely dirty. Reporter stated that she has been getting more concerned recently because she believes that her son was the only one who would ever maintain and clean the household. This morning she went to the home; the conditions were deplorable. She observed, “more animals in the home then she could count.” There was also a chicken living in the house; it had a broken neck, and Teri stated that one of the dogs got after it and nearly killed it. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet apart. Dishes, beer cans, and full ashtrays were everywhere. The Grandmother stated that she observed Brent put two cigarette butts in his mouth and the mother did not respond. The Grandmother removed them each time from his mouth. They argued about the condition of the home, and the mother blames the grandmother for the agency involvement. The child is highly mobile, climbing all over the home. The child was dirty and he had a sagging diaper. The mother says that she has been sick and is very tired which she says explains the conditions of the home. The mom promised to clean up the home and to keep the home clean. She says that she can call on friends to help.
Is Present Danger Indicated? □ Yes □ No
If answered yes, What is the Danger threat(s)?

□ Immediate □ Significant □ Clearly Observable
If answered no, what is your rationale?

PDA Narrative
Scenario 4
Reporter: Tammy Leiker, RN, Lovelace Home Health Care
Baker

Case Narrative: A nurse practitioner has been working with Diane Baker, 40, and her child, Scott, 9, for about the last six months. Scott has type 1 diabetes. The nurse states that she has been working with the mother about the necessary care, monitoring, and medication management. She stated that this is the longest that she has ever had to work with a family before they were able to handle things on their own. She is unclear if the mother is limited cognitively, not taking this seriously enough, or simply does not care. Type 1 diabetes can have very serious implications which range from death, seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), and foot damage which could lead to toe, foot, or leg amputation. Reporter had taken enough medication to last a month when she saw her at her last home visit one month ago. This morning, when she made her monthly home visit, almost all of the insulin and meds were still there unused. Ms. Baker’s explanation was nonchalant and stated that Scott was fine. He was at the home, on the couch, sweating, and stating that he felt nauseous. Reporter checked his blood sugar and it was dangerously low. He had to have an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized before the reporter left the home. Scott is not old/responsible enough to manage this on his own. Diane’s brother, Brian, who began moving in with them on Wednesday, has Diabetes as well. CPI was not able to speak with him because he was driving back with the rest of his belongings and wouldn’t be in until late Friday night. Diane stated that Brian often scolds her and Scott about Scott not taking his medicine. Brian is moving in with them to help Diane with bills and to be a male figure for Scott; both seemed excited about this situation.

Is Present Danger Indicated? □ Yes □ No
If answered yes, What is the Danger threat (s)?
☐ Immediate  ☐ Significant  ☐ Clearly Observable
If answered no, what is your rationale?

PDA Narrative
Scenario 5
Reporter: Jill Strausse, School Social Worker
Martinez

Case Narrative: Fabian, 8, began crying in class after the teacher informed him that he was going to have a note sent home about poor school behavior. He stated that he was afraid of his father, Robert, 28, and is sure that he is going to get “beat up” after he gets the note. Fabian stated that his dad punches him with a closed fist and tells him to “get up and fight like a man.” There are no marks or bruises at this time. Fabian stated that his mother moved out a long time ago, and his father’s girlfriend recently left the home. He thinks she left because he was mean to her too. The Principal decided to call Mr. Martinez and asked him to come to the school to discuss the matter. When he arrived, Fabian began crying. Mr. Martinez walked into the office and, although it is not clear how intentional, did kick Fabian in the leg as he passed. Fabian was extremely distressed and urinated in his pants. The meeting was uneventful; Mr. Martinez sat quietly and mostly listened without reaction.

Is Present Danger Indicated? ☐ Yes ☐ No
If answered yes, What is the Danger threat (s)?

☐ Immediate ☐ Significant ☐ Clearly Observable
If answered no, what is your rationale?

PDA Narrative
Unit 4.2: Developing a Present Danger Plan

Present Danger Plans

- Once you have determined that a present danger threat exists, you have no choice but to assure protection against any further abuse or neglect.
- This means that you must take protective actions prior to leaving the home in order to keep the child from being harmed. You must control for safety.
- Keep in mind that there may also be times when protective actions need to be taken immediately upon arrival at the home.
- You may not have time to gather more information but you still have to develop and implement an out of home safety plan to control or manage the identified threat in the home.
- Development of a Present Danger Safety Plan in the early stages of the case is your attempt to create a “safety bubble” around the children in the home.
- The present danger plan also gives you additional time to collect sufficient information on the family, which will decide the need for on-going protective actions and safety management services and support.
- Present danger plans are short-term, meaning they are only in place until the Family Functioning Assessment is complete and only last as long as it takes to complete the investigation.
- If there is a Present Danger Plan in place, the Family Functioning Assessment must be completed within 14-days.
- This means that you must work expeditiously to complete the investigation and FFA process as soon as possible.

Present Danger Planning: Controlling for Safety

- The ability to develop and implement an effective safety plan when a child is in need of immediate protective action (Present Danger) or on-going safety management (Impending Danger) is the most important aspect of child protection.
- Your number one priority is to keep children safe which means that you will need to fully assess the need for safety actions as well as craft a plan which the family buys into and can be quickly implemented and easily monitored.
- Florida’s Child Welfare Practice Model is based on Federal and State laws as well as family centered practice.
- Safety interventions with families in a family-centered practice model must be the least restrictive and least intrusive as possible.
• This means is that you have no other safety option but to consider using an “in-home” safety plan first.
• If it is determined that an in-home plan will not keep the child safe, then you pursue an “out-of-home” placement and plan.

Safety Planning

• Three ways that safety actions can be developed, implemented and monitored:
  o Use of family-made arrangements.
  o Non-Judicial protective interventions.
  o Judicial protective interventions.

“Family-Made Arrangements”

• “Family-made arrangements are made by a parent/legal guardian and approved by the Department.
  o Can be used in developing and implementing six safety actions:
    ▪ A responsible adult moves into the home 24/7.
    ▪ A responsible adult in the home periodically.
    ▪ A responsible adult routinely monitors the home.
    ▪ Either the alleged maltreater temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.
    ▪ The child temporarily lives with someone in the family network.
    ▪ Actions required to monitor the in-home safety plan.
• You must sufficiently determine and document that:
  o The family and informal support network can sufficiently manage the identified danger threat on its own.
  o The non-maltreating caregiver has the capacity and willingness to protect.
  o The responsible adult providing the temporary care of the child must be fully aligned with the plan and child and following through with safety activities as agreed upon.
• Family made arrangements are designed to be temporary, so an investigation cannot be closed with these arrangements in place unless;
  o The child has been re-assessed as safe and the safety plan has been discontinued, OR
  o A case transfer conference has been conducted and responsibility for safety management has been transferred to a contracted service provider for ongoing case management.
• Primary responsibility for monitoring the safety plan to ensure the family’s compliance with the agreed upon safety actions is the CPI.

“Safety Actions”

• Safety actions are implemented based on how the danger threat manifests in the home. You can have an In-Home Safety Plan or an Out-of-Home Safety Plan.

Possible In-Home Safety Plan Actions:
  □ A responsible adult moves into the home 24/7.
  □ A responsible adult in the home periodically.
  □ A responsible adult routinely monitors the home.
  □ Either the alleged perpetrator temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.

Possible Out-of-Home Safety Plan Actions:
  □ The child temporarily lives with someone in the family network known as a family made arrangement.
  □ Child is removed and placed with a relative or non-relative
  □ Child is removed and placed in a licensed emergency shelter or foster care placement.

• You must sufficiently determine and document that:
  o The family and informal support network can sufficiently manage the identified danger threat on its own.
  o The non-maltreating caregiver has the capacity and willingness to protect.
  o The responsible adult providing the temporary care of the child must be fully aligned with the plan and child and following through with safety activities as agreed upon.

Non-Judicial Protective Intervention

• The purpose of non-judicial protective interventions are to stabilize the household by providing ongoing case management services and supervision from the Department or contracted service provider without court ordered supervision.
• Used when the current family resources are compromised or insufficient to perform the activities or tasks required to ensure the child’s safety.
• Not court ordered, however they must be approached, discussed and initiated as non-negotiable elements of the plan.
• It is your job to balance the non-negotiable aspects of the plan with the family centered practices of empowerment and teaming.
• This means that when possible you must give the family the opportunity to weigh-in or be part of the development of the safety plan.

Judicial Protective Intervention

• Judicial Protective Interventions are ongoing case management services and supervision from the Department or contracted service providers aimed at stabilizing the household with court ordered supervision.
• For some families, having the court involved may be the only effective course of action to motivate and/or influence the parents to cooperate with or participate in the safety management process.
• Even if the court is involved, it is your responsibility to continually engage with, and motivate and monitor the family outside the courtroom.
• You will have the most contact with the family so you are the eyes and ears for the court.
• If you are in court, you have exhausted the other safety options. This may mean that the family actually needs more from you, not less, because of the court involvement.

Safety Planning

• The purpose of safety planning is to control the behaviors, emotions, or conditions that result in a child being in present danger.
• You may use informal safety service providers such as family members and family-made arrangements with a responsible adult caregiver.
• You can also use formal providers or services such as:
  o Crisis Management such as same day counseling (problem solving and crisis resolution).
  o Behavior Management such as stress reduction and/or behavior modification.
  o Social Connections such as home visitors/home visiting programs to reduce isolation and increase social supports; basic parenting assistance.
  o Resource Support such as locating and acquiring resources the family needs such as transportation, employment assistance, housing assistance, general health care, food and clothing, essential home furnishings.
  o Separation activities that are planned separation activities for designated periods of time such as respite care, childcare, after school care.
• Using formal and informal safety providers and services provides an added layer of supervision and monitoring, but it still remains your responsibility to ensure that those services are in place and effective.

Activity: Safety Planning

Activity: Safety Planning

Directions:
• Read the scenario assigned and answer the 3 questions regarding conceptualization of the safety plan.

Activity Notes:

Scenario 1
Reporter: Camille Hanover (Paternal Grandmother)
Seaton

The initial contact occurred at 2:00 pm on Wednesday. The worker interviewed the mother, Teri Williams (21). Teri’s husband is in the military and is currently deployed overseas and is due to return in six months. Teri has a son, Brent (15 months). The report had indicated that Teri is very lazy and extremely dirty. The reporter expressed concern because she believes that her son was the only one who would ever maintain and clean the household. At the initial contact, the home was as it had been described in the report. Conditions were deplorable. There were several dogs and cats, chickens and chicks, and a goose, which Teri put out of the house because it became aggressive during the home visit. There was a dead chicken near the entryway. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet. Dishes, beer cans, and full ashtrays were everywhere. Brent was highly mobile and was crawling and walking all over. He was dirty and appeared
to have a dirty diaper on. Teri was belligerent from the beginning. Her wrath was mainly
directed at her husband’s mother who she accused of reporting her. She referred to her
mother-in-law as a meddler. She complained about how hard her life is with her husband
being gone and how only military families are suffering or “paying dues” because of the
war. She said she has been sick and is very tired which explains the condition of the home.
She promises to clean the home up. She says she will call on her friends and may even ask
her mother-in-law and father-in-law to help out.

1. What is the Present Danger?

2. What questions do you have to inform the level of intrusiveness needed to control for
   safety for the child? In-home or out-of-home? What would be needed to keep the child
   in the home safely?

3. What would be the necessary actions, tasks, or services that would be needed to control
   the present danger, for in-home or out-of-home?
Scenario 2  
Reporter: Tammy Leiker, RN, Lovelace Home Health Care  
Baker

The report was received at 1:00 pm on Friday; the initial contact occurred at 2:30 pm. RN Leiker (the reporter) was present for the initial contact. She has been working with Diane Baker (40) and her child, Scott (9), for the last six months. Scott has type 1 diabetes. RN Leiker indicated she works with Diane on the necessary care, monitoring, and medication management for Scott. RN Leiker stated that 6 months is the longest she has ever had to work with a family before they were able to handle things on their own. During the initial contact, Diane seemed listless and disinterested. She doesn’t believe there is a problem in how she manages Scott’s medical care. It was unclear if Diane is limited cognitively, not taking this seriously enough, or simply does not care. Type 1 diabetes can have very serious implications which can include: seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), foot damage which could lead to toe, foot, or leg amputation and a possible consequence is death. It was confirmed that Diane has a month’s worth of medication, which means she has provided Scott with virtually no medication since RN Leiker’s last visit. Diane’s explanation was nonchalant. She said that Scott was fine. Diane appears to not perceive or understand the acute seriousness of the situation. Scott was at the home during the initial contact. He was lying on the couch, sweating, and stating that he felt nauseous. RN Leiker checked his blood sugar and it was dangerously low. She gave him an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized within minutes. Scott is not old/responsible enough to manage this on his own. Diane’s brother, Brian, who began moving in with them on Wednesday, has diabetes as well. Brian was not available to be interviewed because he was driving back with the rest of his belongings and wouldn’t be back until late the next week. Diane stated that Brian often scolds her and Scott about Scott not taking his medicine. Brian is moving in with them to help Diane with bills and to be a male figure for Scott; both seemed excited about this situation

1 What is the Present Danger?
2. What questions do you have to inform the level of intrusiveness needed to control for safety for the child? In-home or out-of-home? What would be needed to keep the child in the home safely?

3. What would be the necessary actions, tasks, or services that would be needed to control the present danger, for in-home or out-of-home?
Activity: Safety Plan Writing

Activity: Safety Plan Writing

Directions:
• Complete a present danger safety plan on the case that you just reviewed.

Activity Notes:
FLORIDA SAFETY DECISION MAKING METHODOLOGY

Present Danger Safety Plan

Case Name: ___________________________________________  Intake/Investigation ID: ____________________________
Worker Name: ___________________________________________  Effective Date: ________________________________
Safety Plan Type: ☐ In-Home ☐ Out-of-Home

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A. DANGER THREAT(S) DESCRIPTION (Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger)


B. SAFETY PLAN

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C. TERMINATION

Termination Date: ____________________________

Explanation:

D. SIGNATURES

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CPI will provide a copy to persons included in the plan to ensure child safety

Original: Caregiver
Copy: File
Activity: Safety Plan Evaluation

Activity: Safety Plan Evaluation

Directions:
- Review a case plan completed by a class mate and critique for least intrusive safety actions and correct documentation.

Activity Notes:
Consultation with CLS

- In most situations, you will staff a case with your supervisor and the Children’s Legal Services attorney (or AG/SAO legal counsel) prior to the removal of a child, but in some circumstances the immediate danger to the child is so great that you will need to take the child into custody prior to consulting with the attorney.
- In all cases, you must ensure that reasonable efforts were made to prevent removing the child from the home.
- If there is nothing available that can alleviate the substantial and immediate danger to the child you must take them into custody.
- When you go to legal staffing, you must be prepared to discuss all of the relevant facts and information so that the attorney can determine if there is available and admissible evidence to establish probable cause to remove the child.
- The attorney is responsible for preparing any court petitions and presenting the case at the shelter hearing.
- You are expected to be adequately prepared for and available to testify at the shelter hearing.
- To ensure reasonable efforts have been made to prevent removal of the child from their household, you must:
  - Show reasonable diligence in offering, arranging, and providing all needed services.
  - Document all services that were offered, arranged, or provided for the child and family in order to prevent removal of the child or that no services were available to ensure safety.

CLS Staffing Role Play

Activity: CLS Staffing Role Play

Directions:
- Using the case scenarios from the previous exercise, make a list of the information that you would present to the CLS attorney and why you would present it.
- You will be randomly assigned the roles of CPI and supervisor.

Activity Notes:
FSFN Documentation

- Everything that you have done to this point must be in FSFN.
- This includes any staffing’s with CLS.
- You must also provide and document any information regarding reasonable efforts to prevent removal of the child.
- [http://centervideo.forest.usf.edu/fsfnenduser/lifecyclepda/start.html](http://centervideo.forest.usf.edu/fsfnenduser/lifecyclepda/start.html)
Unit 4.3: Temporary Removal Due to Present Danger

Emergency Separation/Removals
Chapter 39, F.S.

- When you get to the point of removal, you have made reasonable efforts to prevent the removal of the child, established probable cause and you have documented your efforts in FSFN.
- Section 39.402, F.S., states that a child taken into custody must not be placed in a shelter prior to a court hearing unless there is probable cause to believe that:
  o The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment;
  o The parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
  o The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.
- When you remove a child from the home, you must have the case heard before the court within twenty-four hours of the removal.
- This twenty-four hour timeframe starts from the time of the actual removal.

Out-of-Home Safety Plans

- Three safety actions:
  o The child temporarily lives with someone in the family network.
  o The child is placed with a relative after background checks have been completed and the home study initiated.
  o No appropriate relative or non-relative placement is known or available and the child is placed in a licensed emergency shelter/foster care placement.
- Emergency Placement requires the completion of a unified home study (UHS).
Activity: Determining Emergency Separation/Removal

Directions:
- Read the case scenarios below and determine if the removal was warranted and the least intrusive, most family-centered way to keep the family safe.

Activity Notes:

A concerned neighbor alleges that a mother left her 2-year-old daughter and 15-year-old son home alone. She alleges that the mother has a long history with the Department and her older son is living with his grandmother now. The caller also states that the mother is “crazy” and she thinks that she may be in the woods behind the house. She has not seen the mother for days and has not heard the baby cry for at least two nights. The 15-year-old has had several friends coming and going all hours of the night.

Upon arriving at the home, you see numerous cars at the home and eight males in the front yard ranging in age from what appears to be 12-years-old to early 20’s. There is a strong odor of marijuana in the air.

When the CPI gets to the door, she is greeted by the mother who appears to be intoxicated because of the smell of liquor on her breath. The house is very dirty and the 2-year-old is only in a diaper. She appears to be adequately nourished and clean however there are bruises on her thighs and arms. The 15-year-old son reports that he watches the baby most of the day while his mother sleeps. He has not attended school in over two weeks and is very guarded with his answers and denies any kind of abuse or neglect. The mother’s boyfriend recently left the home.

An anonymous call to the hotline alleges that there are two children are under the age of four who are living in a “house from hell.” The caller alleges that the stench from the house is so awful that she can’t go outside. She also alleges there are always a lot of people in and out of the house. The caller reported that the children are outside sometimes until 9:00 or 10:00 pm without shoes on and sometimes the little one only has a diaper on. The caller believes that the mother may be pregnant.
When you are walking up to the door, you smell a very strong odor but do not know what the odor is. The house has all of the blinds closed and there is only one vehicle in the driveway. The neighborhood is a low-income neighborhood known as a high drug and crime area.

The mother becomes beligerent with you when you introduce yourself and tell her the allegations. She tells you the children are two and 4-years-old. You observe that the children are in dirty clothes and the 4-year-old is not potty trained. The children have what appear to be bites on them. The mother reports that the children are outside all of the time and they are mosquito bites. Both children come up to you without hesitation with the two-year-old putting his arms up to be held. The four-year-old has very poor language skills and his brother did not speak any words at all. The children did not engage with their mother at all. Open beer cans were observed throughout the house. The mother states that she is 22-years-old and does not have family in the area. She knows the names of both fathers of the children but does not know where they are located. The mother admits to feeling overwhelmed with the children.

Shelter Petitions

- Chapter 39.402, F.S., and Florida Rules of Juvenile Procedure 8.305 guide what must be in a shelter petition. CLS will file the petition and it must contain the following:
  - Specify the name, address, date of birth, and sex of the child or, if unknown, designate the child by any name or description by which he or she can be identified with reasonable certainty. Rule 8.305(a)(1).
  - Specify the name and address, if known, of the child's parents or legal custodian and a description of your efforts to notify them of the shelter hearing. s. 39.402(8)(b), F.S.; Rule 8.305(a)(2).
  - If the child has been removed from the home, state the date and time of the removal. Rule 8.305(a)(3).
  - Provide probable cause that reasonable grounds for removal exist and that the provision of appropriate and available services will not eliminate the need for placement. s. 39.402(8)(d)1, F.S.
  - Specify that the child is of an age subject to the jurisdiction of the court. Rule 8.305(a)(4).
  - State the reasons why the child needs to be placed in a shelter. Rule 8.305(a)(5).
  - List the specific reasonable efforts, if any, which were made by the CPI to prevent or eliminate the need for the removal or continued removal of the child from the home or, if no such efforts were made, a description of the emergency that existed and prevented these efforts. S.§ 39.402(8)(h)5., F.S.; Rule 8.305(a)(6).
State that placement in shelter care is necessary based on the criteria in § 39.402(1)-(2). § 39.402(8)(h)1.

State that placement in shelter care is in the best interest of the child. § 39.402(8)(h)2.

State that continuation of the child in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety that cannot be mitigated by the provision of preventive services. § 39.402(8)(h)3.

State that, based upon the allegations of the petition for placement in shelter care, there is probable cause to believe that the child is dependent. § 39.402(8)(h)4.

Recommend where the child is to be placed or whether the CPI is to be responsible for placement. Rule 8.305(a)(7).

The petition should be signed by the petitioner and, if represented by counsel, by the petitioner's attorney. Rule 8.305(a)(8).
Statutory Requirements

- Section 39.401(3)(b), F.S. requires that a responsible adult relative or the adoptive parent of the child’s sibling be given placement priority over a licensed placement.
- Probable Cause:
  - The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment;
  - The parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
  - The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.
- Court must make a specific finding of fact regarding the necessity for removal and a determination that the provision of appropriate made available services will not eliminate the need for placement for child to be placed or remain in placement.
- Whenever a child is taken custody, you must:
  - Notify the parents/caregivers,
  - Provide the parents/caregivers with a statement setting forth a summary of procedures involved in dependency cases, and
  - Notify parents/caregivers of their right to obtain their own attorney.

Parental Notification

- If the child is sheltered, you must give notice to the parents or legal custodians of the child.
- If the parents or legal custodians are outside the jurisdiction of the court, are not known, or cannot be located or refuse or evade service, they must be given such notice as best ensures their actual knowledge of the date, time, and location of the shelter hearing.
- If you are providing or attempting to provide notice to the parents or legal custodians and they are not present at the hearing, you must advise the court either in person or by sworn affidavit of the attempts you made to provide notice and the results of those attempts.
- You are required to give the parents or legal custodians written notice that:
  - They will be given an opportunity to be heard and to present evidence at the shelter hearing; and
  - They have the right to be represented by counsel, and, if indigent, the parents have the right to be represented by appointed counsel, at the shelter hearing and at each subsequent hearing or proceeding, pursuant to the procedures set forth in s. 39.013.
If the parents or legal custodians appear at the shelter hearing without legal counsel, then, at their request, the shelter hearing may be continued up to 72-hours to enable the parents or legal custodians to consult legal counsel. 

If the parents or legal custodians request a continuance, the child must be continued in shelter care for the length of the continuance, if granted by the court.

Shelter Hearing

- A child may not be removed from the home or stay out of the home if appropriate services in the home would mean that the child could safely remain there.
- If the child has been removed from the home and the reasons for his or her removal have been remedied, the child may be returned to the home.
- At the shelter hearing, the court will
  - Appoint a guardian ad litem to represent the best interest of the child, unless the court finds that such representation is unnecessary;
  - Inform the parents or legal custodians of their right to counsel to represent them at the shelter hearing and at each subsequent hearing or proceeding,
  - Give the parents or legal custodians an opportunity to be heard and to present evidence.
- The CLS attorney represents the department, but depends on you to provide them with documentation and recommendations.
- The court will need copies of any available law enforcement, medical, or other professional reports, and copies of abuse hotline reports pursuant to state and federal confidentiality requirements.
- DCF will also inform the court of:
  - Any identified current or previous case plans negotiated in any district with the parents or caregivers under this chapter and problems associated with compliance.
  - Any adjudication of the parents or caregivers of delinquency.
  - Any past or current injunction for protection from domestic violence
  - All of the child’s places of residence during the prior 12-months.
- At any shelter hearing, recommendations for scheduled contact between the child and parents, if appropriate will be made to the court.
- The court determines if visitation is in the best interest of the child.
- Any order for visitation or other contact must conform to the provisions of s. 39.0139.
- If visitation is ordered it should begin within 72-hours by statute. In visitation cannot commence within 72-hours of the shelter hearing, the Department will need to provide justification to the court.
• There is a time limit for children remaining under shelter status.
• A child may not be held in a shelter under an order for more than 60 days without an adjudication of dependency.
• Additionally, a child may not be held in a shelter for more than 30-days after the entry of an order of adjudication unless the court has entered an order of disposition.

Shelter Hearing Conclusion

• At the conclusion of the shelter hearing, you must provide referral information to parents or legal custodians if they are seeking voluntary services.
• At the conclusion of a shelter hearing, the court will:
  o Inquire as to whether or not the parent has relatives who might be considered as a placement for the child. The parent will be instructed to provide to the court and all parties identification and location information regarding the relatives.
  o Advise the parent that the parent has a continuing duty to inform the department of any relative who should be considered for placement of the child.
  o Notify all parties in writing of the next scheduled hearing to review the shelter placement.
• The hearing can be held no later than 30-days after placement of the child in shelter status, in conjunction with the arraignment hearing.
Activity: Shelter Protocol

Activity: Shelter Protocol

Directions:
• Using the previous case scenarios, identify the steps that you would take to shelter the children.

Activity Notes:

Additional Steps

• Once the child is sheltered, you should continue collecting information in the six domains for the FFA, keeping in mind that you may also need to obtain supporting documents for subsequent hearings and reviews (i.e. police reports, court documents from criminal and civil cases; CPT reports, medical records, etc.).
• During the course of information collection for the FFA, you will want to also keep in mind the names and addresses of anyone who can act as a witnesses if need be.
• You must attend case planning staffings, mediations, as well as the arraignment hearing, so you want to make sure that you are prepared.
• You must also think about how you will engage fathers who may or may not have been present in the home in the safety planning process and consider them as potential placements for the child.
• Parents are required to give the names of potential placements for the child. You must be diligent in attempting to identify and engage fathers who may or may not have been active in the child’s life. You simply cannot discount them if they have not been active in the child’s life.
Additional Requirements

• When a child has been placed in shelter care, there are also (72-hours) requirements for medical evaluations and health screens that you must consider.

• You may also request a psychological evaluation of a child or family member from CPT so that you will have a comprehensive assessment of emotional, behavioral, psychological or intellectual functioning.

• When any child is removed from the home and maintained in an out-of-home placement, the department is authorized to have a medical screening performed on the child without authorization from the court and without consent from a parent or legal custodian (72-hours).

• The medical screening should be performed by a licensed health care professional. The purpose of the screen is to examine the child for injury, illness, and communicable diseases and to determine the need for immunization.

• Invasive procedures or Psychotropic medications require either:
  o A consent for medical treatment shall be obtained from a parent or legal custodian of the child.
  o A court order if a parent or legal custodian of the child is unavailable and his or her whereabouts cannot be reasonably ascertained.

• If a parent or legal custodian of the child is available but refuses to consent to the necessary treatment, including immunization, a court order is required unless the situation meets the definition of an emergency in s. 743.064 F.S., or the treatment needed is related to suspected abuse, abandonment, or neglect of the child by a parent, caregiver, or legal custodian.

• In such cases, the department has the authority to consent to necessary medical treatment.

• This authority is limited to the time reasonably necessary to obtain court authorization.

• In no case will the department consent to sterilization, abortion, or termination of life support.

• If a child who is removed from the home under s. 39.401 F.S., is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the Department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current prescription for that child and the medication is in its original container.

• If the Department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the Department will notify the parent or legal guardian as soon as possible that the medication is being provided to the child.

• You must document the reason parental authorization was not obtained and an explanation of why the medication is necessary for the child’s well-being.
Unit 4.4: Investigations Involving a False Report

False Report

- No investigation can be discontinued without first having a consultation with your supervisor to determine if sufficient information has been collected to support the determination of a false report.
- These are the four safety considerations that you need to determine before you discontinue a case:
  - That the information reported was completely inaccurate and no maltreatment occurred, and;
  - No reason to suspect impending danger threats are identified, and;
  - There are no concerns over diminished protective capacities in the caregiver;
  - All information collected from subject and collateral contacts is completely consistent (i.e., corroborated by more than one source and no discrepancies in what is reported) or additional information is provided by the investigator to reconcile any apparent discrepancies in the reported information.
- Under s. 39.01(27), F.S., a false report is defined as a report of abuse, abandonment, or neglect of a child made to the central abuse hotline, which is maliciously made for the purpose of:
  - Harassing, embarrassing, or harming another person
  - Personal financial gain for the reporting person
  - Acquiring custody of a child
  - Personal benefit for the reporting person in any other private disputes involving the child
- If you suspect that a false report was made, you will flag the report indicating a suspicion that the report is potentially false.
- Once a report is identified as a potential false report, a course of action will be decided with you and your supervisor.
- Approval of this closure type is dependent upon a supervisory consultation.
- The supervisor must concur that sufficient investigative activities were conducted to provide sufficient information to justify discontinuing the investigation.
- If the investigation is discontinued with supervisory concurrence, you will refer the report to law enforcement for possible criminal investigation and/or to the Office of General Counsel for consideration of levying an administrative fine in accordance with s. 39.206, F.S.
• You should not use this closure type when you simply “suspect” a false report.
• You must have sufficient evidence or information to warrant the necessary and required concurrent action of referring the case to law enforcement.
• Every report using this closure type must have a subsequent referral to law enforcement documented in the file.
Unit 4.5: Patently Unfounded Investigations

Patently Unfounded Reports

- “Patently Unfounded” means that the information reported was completely erroneous and inaccurate and no maltreatment occurred, there is no other identified present danger threats, and there are no reported or observed concerns about the parent, legal guardian, or caregiver’s diminished capacities.
- Patently unfounded closures may not be used in reports involving sexual abuse allegations or when you observe an actual physical injury to the child regardless of the child or parent’s explanation for the cause of the injury.
- You must have a consultation with your supervisor to determine if sufficient information has been collected to support the determination of a patently unfounded report.
- You may close the investigation with no further investigative activities recommended, with a closure reason of patently unfounded.
Unit 4.6: Continuing the Assessment Process

Activity: Minute to Win It

Activity: Minute to Win it

Directions:
• You have one minute to work with your group to come up with as many things as you can recall from Core about the FFA.
• Present your list to the group.

Activity Notes: