1. **Purpose.** The purpose of the child allegation matrix is to guide Florida Abuse Hotline (FAH) counselors and field investigation staff in determining which situations are appropriate for accepting an intake for investigation, which factors must be considered in making that determination and in conducting an investigation, and what documentation is needed to “Verify” each specific maltreatment.

2. **Scope.** The matrix applies to all calls received at the Hotline and all child protective investigations conducted pursuant to Chapter 39, Florida Statutes.

3. **Definitions.** For purposes of the matrix, the following terms shall mean:

   A. **Allegation.** A statement by a reporter to the FAH, that a specific harm or threatened harm to a child has occurred or is suspected.

   B. **Maltreatment.** A specific type of harm. The matrix contains 20 defined maltreatments that are inclusive of all forms of child abuse or neglect.

   C. **Finding.** The determination, after a thorough investigation, as to whether there is a preponderance of evidence supporting the reported harm or threat for each alleged maltreatment.

4. **Objective.** The child allegation matrix incorporates the mandates of state law, administrative rules, operating procedures and recognized best practices as they relate to the receipt of and response to reports of child abuse, neglect, and abandonment. The allegation-based system allows each specific type of abuse and neglect to be defined clearly and treated consistently throughout the state. The objective is to improve the consistency of judgments made by Hotline counselors and by investigators when dealing with similar allegations of harm or threatened harm. Improved consistency helps to ensure individuals are treated with fairness throughout the reporting and investigative process. Clear definitions also reduce confusion and allow for greater confidence when making determination decisions.

5. **Utilization.** This matrix requires a decision by Hotline counselors as to what reported allegations meet established criteria. All specific allegations identified by the Hotline must be addressed by investigation staff prior to closure of the investigation. The matrix is a tool to be used by both Hotline counselors and child protective investigators.

   A. The matrix provides Hotline and investigative staff with information necessary for purposes of consistency, specifically:

      1) Descriptions of specific types of injury or harm to use in determining whether the reported information meets the criteria for acceptance and validation of an intake.

      2) Factors to consider when assessing specific types of maltreatment. These factors should be used in conjunction with the assessment of safety and risk, along with each family’s strengths and needs.
B. Utilization of the matrix will enable investigative staff to make knowledgeable decisions about the most crucial steps in the investigation process, which are:

1) Assessing the nature and severity of reported harm;
2) Assessing if immediate injury or harm exists;
3) Assessing the probability of further harm; and
4) Determining if the necessary documentation and evidence are present to verify a finding of abuse, neglect, or abandonment.

C. Certain investigative activities are best practice in conducting all investigations. In addition, each maltreatment may require activities that are specific to the investigation of that maltreatment. The activities which are essential to all investigations before they are closed are contained in Florida Administrative Rule 65C-29, Protective Investigations.

6. Findings.

A. The findings based upon the matrix relate to the evidence found during the investigation. The types of documentation necessary to make an accurate finding are noted in each specific maltreatment. The findings are only one set of considerations in determining the safety of the child and the family’s capacity to provide care.

B. Upon completion of the investigation, investigators will reach a determination regarding each of the alleged maltreatments. This determination will be based upon whether information gathered from interviews, records reviews, and observations during the investigation constitute credible evidence that indicators of child abuse or neglect are present. Those findings are entered into the Florida Safe Families Network (FSFN) as follows:

**VERIFIED:**
When a preponderance of the evidence results in a determination that the specific harm or threat was the result of abuse or neglect, this finding is used.

**NOT SUBSTANTIATED:**
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 or neglect, this finding is used.

**NO INDICATION:**
When there is no credible evidence to support the allegations of abuse, neglect, or threatened harm, this finding is used.

C. Investigators may also add additional maltreatments that they become aware of during the course of an investigation. No call to the Hotline is necessary to add maltreatments, except for “Death.”
D. Although the Hotline uses the maltreatment “Threatened Harm” only for narrowly defined situations, investigators may add this maltreatment to any investigation where they are unable to document existing harm, but the documentation gathered yields a preponderance of evidence that the child is at risk of harm.

7. Maltreatments. There are 20 possible maltreatments that can be assigned to an intake; each intake of abuse or neglect must contain at least one of the following maltreatments. There is no limit as to how many maltreatments may be included on an intake, as long as each one is justified by the allegation narrative.

<table>
<thead>
<tr>
<th>Abandonment</th>
<th>Human Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphyxiation</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Bizarre Punishment</td>
<td>Internal Injuries</td>
</tr>
<tr>
<td>Bone Fracture</td>
<td>Malnutrition/Dehydration</td>
</tr>
<tr>
<td>Burns</td>
<td>Medical Neglect</td>
</tr>
<tr>
<td>Death</td>
<td>Mental Injury</td>
</tr>
<tr>
<td>Environmental Hazards</td>
<td>Physical Injury</td>
</tr>
<tr>
<td>Failure to Protect</td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Failure to Thrive</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Family Violence Threatens Child</td>
<td>Threatened Harm</td>
</tr>
</tbody>
</table>

8. Special Conditions Referrals. There are certain special conditions that are called to the Hotline that do not constitute allegations of abuse, neglect, or abandonment, but require a response by DCF to assess the need for services. The four categories of these calls are defined below. Directions on the processing of these call types are included at the end of the matrix.

All calls must be assessed to determine whether there is reasonable cause to suspect abuse, neglect, or abandonment. If an intake for a maltreatment is accepted, the counselor must determine whether a special conditions referral is also needed. Florida Statutes 39.201(2)(8)2 provide the legal authority for special conditions referrals.

- Caregiver Unavailable – Situations in which the parent or caregiver has been incarcerated, hospitalized, or died and immediate plans must be made for the children’s care. This referral type also includes situations where children are unable or unwilling to provide information about their caregiver or custodian.
- Child on Child Sexual Abuse – Calls alleging sexual behavior between children 12 years or younger which occurs without consent, without equality, or as a result of coercion.
- Foster Care Referral – Calls to the FAH regarding concerns about the care provided in a licensed foster home, group home or emergency shelter that do not meet the criteria for acceptance of a reports of abuse, neglect or abandonment.
- Parent Needs Assistance – Situations in which a parent or caregiver is having difficulty caring for a child, is afraid of abusing the child, or is looking for help to the degree that it appears likely that, without intervention, abuse, neglect, or abandonment will occur.
9. **Prevention Referrals.** There are situations that do not meet criteria for an intake, but the victims or their family may need services to prevent future abuse, neglect, or abandonment. In these situations, the counselor can send information directly to the appropriate circuit as a “Prevention Referral.” These referrals allow DCF or a provider agency to determine whether a child or a family needs services to prevent a future intake that will have to be investigated.
Abandonment

Definition

Abandonment is a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, makes no provision for the child’s support and has failed to establish or maintain a substantial and positive relationship with the child. “Establish or maintain a substantial and positive relationship” includes, but is not limited to, frequent and regular contact with the child through visitation or communication to or with the child, and through the exercise of parental rights and responsibilities.

Accepting an Intake for Investigation:

Use this maltreatment when a child has allegedly been abandoned due to the actions or non-actions of caregivers.

Examples include, but are not limited to:

- Leaving a baby on a doorstep;
- Leaving a baby in a garbage can or dumpster;
- Leaving a child in any circumstance with no intent to return.
- Leaving a child with an alternate caregiver for an established period of time but failing to return, and the alternate caregiver does not know how to contact the primary caregiver. The alternate caregiver either does not wish to keep the child any longer or does not have the means to care for the child (due to lack of funds, ability to consent to medical or educational needs, personal disabilities or advanced age, etc.).
- For all lockouts, when an intake is being accepted in accordance with lockout procedures.
Situations which should not be coded “Abandonment” include, but are not limited to:

- Parents who are late to pick children up at day care or school. Short-term lateness is an issue that should be resolved between the parents and the providers. Refer to law enforcement.
- Foster parents who drop off a disruptive child at a DCF or a Community Based Care office.
- Situations when the child lives with the custodial parent and the non-custodial parent does not have frequent or regular contact with the child.
- Situations where one parent leaves the child with another parent. Assess whether there is a court order that limits or prohibits that second parent from unsupervised contact with the child. If so, use “Inadequate Supervision.”

Surrendered Newborn Infants

Chapter 39.01 (1), Florida Statutes, which contains the definition of “abandoned”, states that this term does not include a “surrendered newborn infant”. Chapter 383.50 F.S., defines “surrendered newborn infant” as a child who is believed to be seven (7) days old or younger at the time the infant is left at a hospital, emergency medical services station or fire station. If a parent of a newborn does any of the following, they have not abandoned the infant and an intake should not be accepted:

- Leave a newborn infant with a firefighter, emergency medical technician, or paramedic at a fire station or emergency medical services station; or
- Leave a newborn infant with staff at an emergency room or hospital; or
- Give birth in the hospital and express the intent to leave the newborn and not return.

For these situations, the Hotline counselor should refer the caller to the nearest child placement agency in that county.

NOTE: All situations of “surrendered newborn infants” must be assessed for other maltreatments. If the criteria for other maltreatments are present, accept an intake and do not refer to a child placement agency. For example, the infant has physical injuries that appear to be inflicted, or the infant is addicted to drugs.
Child in Need of Services

Chapter 39.01(1), Florida Statutes, states the following: “The term ‘abandoned’ does not include a ‘child in need of services’ or a ‘family in need of services’ as defined in Chapter 984.

- “Child in need of services” means a child for whom there is no pending child protective investigation or referral alleging the child is delinquent; or no current supervision by DCF or DJJ for adjudication of dependency or delinquency. The child must also be found by the court to have persistently run away, be habitually truant from school, or have persistently disobeyed the reasonable and lawful demands of the parents or legal custodians, and to be beyond their control.

- In creating this Chapter, the Legislature recognizes the need to distinguish the problems of truants, runaways, and children beyond the control of their parents, and the services provided to these children from the problems and services designed to meet the needs of abandoned, abused, neglected, and delinquent children. In achieving this recognition, it shall be the policy of the state to develop short-term, temporary services and programs, utilizing the least restrictive method for families in need of services and children in need of services.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Parent’s most recent contact with the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How frequently the parent has contacted the child, and the nature of these contacts.</td>
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<tr>
<td></td>
<td>Whether the parent’s location or phone number is known. Whether there been attempts to contact the parent.</td>
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<tr>
<td></td>
<td>The involvement level of the other parent with the child.</td>
</tr>
<tr>
<td></td>
<td>The ability of the person the child is with to access educational and medical care for the child.</td>
</tr>
<tr>
<td></td>
<td>The degree to which the child’s needs are being met.</td>
</tr>
<tr>
<td>Investigation Factors</td>
<td>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Circumstances</td>
<td>• Circumstances surrounding the parent’s broken contact with the child.</td>
</tr>
<tr>
<td>surrounding the</td>
<td>• Is there any reason to believe that the parent thinks the arrangements made were temporary and appropriate?</td>
</tr>
<tr>
<td>parent’s broken contact</td>
<td>• Caregiver’s age, mental and emotional development as it impacts the ability to comprehend parental responsibilities.</td>
</tr>
<tr>
<td>with the child.</td>
<td>• Drug and/or alcohol use by the caregiver which may have aggravated or impacted the situation.</td>
</tr>
<tr>
<td>• Is there any reason</td>
<td>• Degree to which the parent is providing for the child (funds, releases, etc.) even if no contact is occurring.</td>
</tr>
<tr>
<td>to believe that the</td>
<td>• Arrangements made regarding the time frame the parent would be gone, how the cost of the child’s maintenance would be handled,</td>
</tr>
<tr>
<td>parent thinks the</td>
<td>• Medical reports on the condition of the child, if available.</td>
</tr>
<tr>
<td>arrangements made were</td>
<td>• Can the other parent be located, and is that person is aware that the child has been abandoned?</td>
</tr>
<tr>
<td>temporary and</td>
<td></td>
</tr>
<tr>
<td>appropriate?</td>
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</tbody>
</table>

**Documentation/Evidence to Support a Finding**

To support a “Verified” finding, the following information may be used:

- Verify that this is not a “surrendered newborn infant.”
- Document how long the parent has been out of contact with the child.
- Document attempts to locate the parent.
- Documentation from interviewing the parent if the CPI is able to contact that person, assessing whether the explanation provided for the absence is reasonable and mitigates the incident that occurred.
- Documentation from interviewing the person who has the child now, including the precise arrangements agreed to when the child was left with this person, and whether the parent lived up to those arrangements.
- Reviews of prior history of abandonment or appropriate supervision of this child or other children.
- Documentation from interviewing the child (if old enough).
**Definition**

Asphyxiation, suffocation, or drowning that is caused by a willful act of a caregiver.

- **Asphyxiation**: Unconsciousness or death resulting from a lack of oxygen.
- **Suffocation**: To impede breathing by choking, smothering, or other mechanical means.
- **Drowning**: To suffocate by immersing in water or other liquid.

**Accepting an Intake for Investigation:**

**Hotline Coding Guidelines**

Use this maltreatment when a child has allegedly suffered asphyxiation, suffocation, or drowning as a result of a direct, willful act of a caregiver. This maltreatment includes, but is not limited to:

- Situations where a child’s breathing was impaired due to the actions of a caregiver.
- When a caregiver chokes a child and it is not known if the breathing was impaired or there are injuries.
- If the child has died of abuse as a result of asphyxiation, suffocation, or drowning, use this maltreatment and the “Death” maltreatment.
- Situations where a child has brain damage from asphyxiation, suffocation, or drowning. Do not add “Internal Injuries” as a maltreatment, since this maltreatment covers any injuries resulting from these acts.

Assess for “Inadequate Supervision” and/or “Environmental Hazards” if a child asphyxiated, suffocated, or drowned due to neglect.
## Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Investigation Factors</th>
</tr>
</thead>
</table>
| • Did the action substantially impede the child’s breathing?  
• Was consciousness lost?  
• Does the child have medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical handicaps?  
• Did the age of the child impact the seriousness of the incident? Younger children are at higher risk of severe damage and less able to describe or interpret what happened.  
• Is there a previous history of abuse/neglect?  
• What were the parent/caregiver’s physical condition and mental state at the time of the injury?  
• Were there physical injuries to the child?  
| All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:  
• Findings of the medical exam, preferably completed by the Child Protection Team (CPT).  
• Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver, following the incident.  
• Degree to which the child’s breathing was affected.  
• Circumstances that led to the caregiver’s actions. |
To support a “Verified” finding, the following information may be used:

- Medical reports from a physician, preferably through the CPT, that provide findings that the damage was most likely inflicted (non-accidental). This should include an assessment of any injuries on the child, to determine the source of the injuries when the explanation of the incident is inconsistent or unknown.
- Documentation from interviewing and/or observing the alleged victim.
- Documentation from the Medical Examiner if the child died.
- Documentation or photographic evidence of injuries that appear to be related to the asphyxiation, suffocation, or drowning.
- Documentation from interviewing and/or observing the caregivers and other children in the home.
- Documentation from interviewing witnesses to the incident or persons who know of past abuse.
- Reviews of prior history of maltreatment in this family.
Bizarre Punishment

Definition

Confinement or bizarre punishment that is caused by a willful act of a caregiver. In addition, for facility reports, inappropriate/excessive use of restraints or inappropriate/excessive use of isolation.

**Confinement:** Unreasonable restriction of the child’s mobility, actions or physical functioning; forcing a child to remain in a closely confined area that restricts movement, and/or doesn’t allow a child free access to a restroom, food, or water for a longer time than is reasonable, based on the age and disabilities of the child. Care should be taken to distinguish between brief, supervised confinements such as “time-outs” and more long-term and damaging confinements.

**Bizarre Punishment:** Torture of a child that is called “punishment” by the caregiver. “Torture” means inflicting or subjecting the child to intense physical or mental pain, suffering, or agony that is either repetitive, increased, or prolonged.

**Inappropriate/Excessive Use of Restraints (Facilities Only):** Physical actions or use of mechanical devices or unreasonable restraint by an employee of a public or private facility (including volunteers and interns) which severely impact the child’s mobility or physical functioning.

**Inappropriate/Excessive Use of Isolation (Facility Only):** Use of isolation by an employee of a public or private facility (including volunteers and interns) which causes or threatens physical or mental harm to the child.
## Accepting an Intake for Investigation:

**Hotline Coding Guidelines**

Use this maltreatment when a child has allegedly suffered bizarre punishment as a result of a direct, willful act of a caregiver. No physical injury is required to use this maltreatment. If physical injuries occur, also select those maltreatments. Other guidelines for using this maltreatment include:

- When a child’s limbs are tied.
- Use of excessive restraints, including tying or physically holding a child to the point that injuries are sustained or are likely to be sustained.
- If actions in a “takedown” are excessive.
- If a child is injured in a “takedown” at a facility, assess the circumstances of the action.
- If injuries are sustained as the result of the actions of the staff or a caregiver.

If a child at a facility sustains injuries due to the actions of the child and there is no reason to believe that staff could have prevented them, no intake should be accepted.

An intake will be accepted if the use of restraints has been authorized or prescribed by a physician and the child sustains an injury that may have been preventable.

### Factors to Consider

**Intake Factors**

- Length of time the child was tied, tethered, or isolated.
- Adverse effects to the child, both physically and emotionally.
- The child’s age, medical condition, behavioral, mental, or emotional problems, developmental disabilities, and physical handicaps. These should be considered in assessing what is “reasonable”.
- Was this maltreatment reported together with current lack of supervision? If so, the counselor should code an immediate response priority, as the child may be in imminent danger.
- Previous history of abuse/neglect.
- Parent/caregiver’s physical and mental condition at the time of the injury.
- The punishment inflicted was cruel, sadistic, or meant to torture the child.
- For confinement, assess for: the size of the space, whether the child had access to assistance if needed, whether there was sufficient heat or ventilation, and the presence or absence of lighting.
- For tying, assess for: what material was used (wire is more dangerous than cloth), what object the child was tied to, whether the child had access to assistance.
- For restraints, assess for: any resulting injuries, were injuries self-inflicted, was the restraint properly applied.

### Investigation Factors

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors for facility intakes must be assessed:

- How is this action (restraints or isolation) addressed in the facility’s policies?
- Was the staff’s action consistent with policy?
- Have staff been trained on the approved restraint/isolation process and techniques?
- Could other interventions have prevented the need for more advanced or restrictive techniques; could the situation have been de-escalated verbally without resorting to physical intervention?

### Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- If the alleged abuser contends that tying or close confinement was recommended by a physician, psychiatrist, or other mental health professional as a means to ensure the child’s safety or control the child’s behavior, verification must be obtained from that professional. This must take into account whether the extent of the action was within the limits of the recommendation.
- Documentation from interviewing and/or observing the alleged victim.
- Documentation or photographic evidence of injuries that appear to be related to the confinement, bizarre punishment, or restraint.
- Documentation from interviewing and/or observing the caregivers and other children in the home.
- Documentation from interviewing witnesses to the incident.
- Review of prior history of maltreatment in this family or facility.
Bone Fractures

Definition

A bone fracture is any broken bone in a child that is caused by the willful action of a caregiver. Types of fractures include:

**Simple:** The bone is broken, but there is no external wound.

**Compound:** The bone is broken, and there is an external wound leading down to the sight of the fracture and fragments of the bone protrude through the skin.

**Complicated:** The bone is broken and has injured some internal organ, such as a broken rib piercing a lung. There is significant soft tissue damage.

**Spiral:** Twisting causes the line of the fracture to encircle the bone in the form of a spiral.

**Skull Fracture:** A broken bone in the skull.

Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this maltreatment when a child has allegedly sustained a bone fracture as the result of the willful act of a caregiver. If the bone fracture is sustained as a result of neglect, the maltreatment will be “Inadequate Supervision.” This maltreatment includes, but is not limited to situations where:</td>
</tr>
<tr>
<td>- The child has sustained a spiral fracture, as these are rarely accidental, specifically in children too young to walk.</td>
</tr>
<tr>
<td>- The explanation for the fracture is not consistent with the injury.</td>
</tr>
<tr>
<td>- There are conflicting explanations for the fracture, or the child refuses to say how the fracture occurred.</td>
</tr>
<tr>
<td>- Fractures of an unknown origin that appear to be inflicted.</td>
</tr>
</tbody>
</table>
**Factors to Consider**

<table>
<thead>
<tr>
<th><strong>Intake Factors</strong></th>
<th><strong>Investigation Factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Situations where a caregiver has made a credible threat to break the bones of a child and there is reasonable cause to suspect the caregiver will carry out the threatened action. Reasonable cause may be based on a stated threat with prior history of injuring the child or on actions that could result in a bone fracture.</td>
<td>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</td>
</tr>
<tr>
<td>• Any fracture on a child under six years old that is suspected of being inflicted should be accepted as an intake by the Hotline</td>
<td>• All reports of intakes with bone fractures must be referred to the CPT.</td>
</tr>
<tr>
<td>• Accidental bone fractures that were not alleged to be inflicted, and no supervision issues are suspected, should not be accepted as intakes.</td>
<td>• A medical exam, preferably by the CPT, is needed to determine the source of the injuries when the explanation of the origin of the bone fracture is inconsistent or unknown.</td>
</tr>
<tr>
<td>• Bone fractures of unknown origin and those where the injury is not consistent with the explanation should be accepted by the Hotline for investigation.</td>
<td></td>
</tr>
<tr>
<td>• Age of the child. Younger children are at higher risk and less able to describe or interpret what happened.</td>
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</tr>
<tr>
<td>• Location of the fracture, particularly when assessing whether the injury was non-accidental.</td>
<td></td>
</tr>
<tr>
<td>• Spiral fractures should always be accepted as intakes, unless supervisory approval is given to screen the call.</td>
<td></td>
</tr>
<tr>
<td>• Pattern or chronicity of similar incidents involving this child, siblings, or other children associated with the caregiver.</td>
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</tr>
<tr>
<td>• Previous history of abuse or neglect.</td>
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<tr>
<td>• Documentation of the environment in which the injury occurred.</td>
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</tbody>
</table>

**NOTE:** Assess for “Physical Injury” for injuries involving broken teeth.
• Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.
• Do X-rays identify other fractures, either healed or in some stage of healing? If so, assess the medical treatment and explanations for those injuries.
• The child’s medical condition; any statements that a child has brittle bones or is prone to fractures must be analyzed by the CPT or another qualified physician.
• The child’s emotional and/or psychological problems.
• Age of the caregivers, their knowledge of child growth and development, and their parenting skills.

Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

• Medical reports from a physician, preferably through the CPT, that provides findings that the child had one or more bones fractured, and that the fracture(s) was most likely inflicted (non-accidental).
• Documentation from interviewing and/or observing the alleged victim.
• Findings from the law enforcement investigation, if any.
• Photographic evidence of the injuries.
• Documentation from interviewing and/or observing the caregivers and other children in the home.
• Documentation from interviewing witnesses to the incident or persons who know of past abuse, including school or day care personnel.
• Reviews of prior history of maltreatment in this family.
Burns

Definition

A burn or scald resulting in damage to the skin through the willful action of a caregiver.

Burns: Tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. Burns are classified as:

- FIRST DEGREE: Superficial burns or damage limited to the outer layers of the skin.
- SECOND DEGREE: Burns or damage that extends through the outer layer of the skin into the inner layer. Blistering will generally be present within 24 hours.
- THIRD DEGREE: Burns in which the skin is destroyed, with damage extending into underlying tissues, which may be charred or coagulated.

Scalds: A burn of any degree to the skin or flesh caused by moist heat and hot vapors, such as steam.

Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has allegedly sustained a burn or scald as a result of a direct, willful act of a caregiver. If the burn or scald is sustained as a result of neglect, the maltreatment will be “Inadequate Supervision”. This maltreatment includes, but is not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Cigarette burns.</td>
</tr>
<tr>
<td></td>
<td>• Burns in which it appears a hot instrument was applied to the skin.</td>
</tr>
<tr>
<td></td>
<td>• Immersion burns which indicate dunking in a hot liquid.</td>
</tr>
<tr>
<td></td>
<td>• Burns of an unknown origin that appear to be inflicted.</td>
</tr>
<tr>
<td></td>
<td>• Burns where the injury is not consistent with the explanation, or there are conflicting explanations.</td>
</tr>
</tbody>
</table>
• The child refuses to say how the burn was sustained.
• Situations where a caregiver has made a credible threat to burn a child and there is reasonable cause to suspect the caregiver will carry out the threatened action. Reasonable cause may be based on a stated threat with prior history of burning the child or on actions that could result in a burn.
• Any burn on any age child that is suspected of being inflicted should be accepted as an intake by the Hotline.
• Accidental burns that were not alleged to be inflicted, and no supervision issues are suspected, should not be accepted as intakes.
• Burns of unknown origin and those where the injury is not consistent with the explanation should be accepted by the Hotline for investigation.

Assess for “Inadequate Supervision” for sunburns that require professional medical treatment.
Assess for “Physical Injury” for rug, rope, or abrasion burns.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Investigation Factors</th>
</tr>
</thead>
</table>
| • Age of the child. Younger children are at higher risk and less able to describe or interpret what happened.  
• Location of the burn.  
• Description of the burn – size, degree, shape, number, details of how it looks. Immersion burns – “stocking” burns on the arms or legs and “doughnut” shaped burns on the buttocks or genitals are rarely accidental.  
• Pattern or chronicity of similar incidents involving this child, siblings, or other children associated with the caregiver. |
| All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:  
• All intakes alleging burns or scalds must be referred to the CPT.  
• A medical exam, preferably by the CPT, is needed to determine the source of the injuries when the explanation of the origin of the burns is inconsistent or unknown.  
• Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.  
• Previous history of abuse or neglect. |
Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- Medical reports from a physician, preferably through the CPT, that provides findings that the child has suffered a burn or scald, and that the injury was most likely inflicted (non-accidental).
- Documentation from interviewing and/or observing the alleged victim.
- Photographic evidence of the injuries.
- Documentation from interviewing and/or observing the caregivers and other children in the home.
- Documentation from interviewing witnesses to the incident or persons who know of past abuse.
- Reviews of prior history of maltreatment in this family.
- Documentation of physical objects that fit the burn pattern.
Death

Definition

Death is the permanent cessation of all vital functions, including the respiratory system, the cerebral function, and the circulatory system, accompanied by the cessation of heartbeat and respiration.

For an intake to be accepted, there must be an allegation that the preventable death of a child resulted from any of the other defined maltreatments. There must be reasonable cause to suspect that the child’s death was caused by the willful act of a caregiver or as a result of abuse or neglect by a caregiver.

Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has allegedly died as a result of a direct, willful act of a caregiver. This maltreatment is also used when the caregiver has failed to provide or make reasonable efforts to provide essential care or supervision for the child, and this resulted in the child’s death. Guidelines for usage of this maltreatment include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- The intake alleging death must also include the underlying maltreatment(s) which caused or contributed to the death; death cannot be a stand-alone maltreatment.</td>
</tr>
<tr>
<td></td>
<td>- Accept an intake of death for a homicide/suicide situation where the caregiver has killed the child and him/herself, regardless of the caregiver’s mental capability.</td>
</tr>
<tr>
<td></td>
<td>- The child’s death must have occurred in Florida for an intake to be accepted. If the only allegation is that the caregiver had another child die due to abuse/neglect in another state, assess for threatened harm to the surviving children.</td>
</tr>
<tr>
<td></td>
<td>- If the reporter does not state that s/he suspects the death is due to abuse/neglect, but the facts provided create reasonable cause to suspect that the death is due to abuse/neglect, an intake must still be accepted. Certain deaths are automatically suspicious even though the reporter does not have specific details or is not alleging maltreatment.</td>
</tr>
</tbody>
</table>
These include:
- Young children drowning in pools, bodies of water, bathtubs, buckets, etc. Although the reporter may say the death was an accident, there is reasonable cause to suspect that the death is a result of neglect.
- Sudden Infant Death Syndrome (SIDS) can be identified as a cause of death only after a thorough investigation, including an autopsy, an examination of the death scene, and a review of the infant and family’s medical history. SIDS means that no other cause of death was found. Therefore, when first responders, such as Law Enforcement personnel or EMTs attempt to report a SIDS, they cannot determine that without further investigation. The Hotline will accept an intake and, in addition to the “Death” maltreatment, add “Inadequate Supervision.”
- “Rollover” or co-sleeping deaths will be accepted for investigation along with the most appropriate secondary maltreatment.

- When a child age five or younger is found deceased and there is no information that the child had been treated for a medical problem that could have caused the death and no clear reason for trauma (such as being the victim of a car accident), the Hotline will accept an intake of “Death,” with a secondary maltreatment of “Inadequate Supervision.”

Surviving Siblings: The following guidelines apply to siblings of the deceased child and other children who reside in the same home or with the alleged perpetrator:

- Assess any surviving children to determine if they are at risk; if so, use “Threatened Harm.”
- If there are allegations that the surviving children have been harmed, add the appropriate maltreatment(s) to the same intake.
- Surviving children in the household will be listed as participants. If the death provides reasonable cause to suspect that they are at risk, use the maltreatment “Threatened Harm” and code them as “Victims.” If there is no risk to them, identify them as “Children in the Home.”
- Surviving children who are alleged to be victims of maltreatment unrelated to the death will be included in the same intake as the deceased child.

Deaths on open intakes: When a child death intake is accepted and the family has an open intake, use these guidelines:

- If the new information is that the child died due to the previously reported allegations, enter an additional intake.
- If the new allegation of death is unrelated to any of the allegations of harm in the open intake, enter a new initial intake.
• If the death investigation is open and a caller provides new allegations of harm unrelated to the death, enter a new initial intake.
• If the death investigation is open and a caller provides no new allegations regarding the death and no other allegations, enter a supplemental intake.
• If the reporter indicates that a child has died as a result of abuse/neglect; or the reporter indicates that the child death has been previously reported and investigated, and a Hotline record search locates the prior intake in FSFN, an intake shall not be accepted if death is the only allegation. If other allegations are provided and accepted as an intake, the Hotline counselor will mention the death in the reporter narrative. If the only issue is the child death, the Hotline counselor will tell the reporter that a report has been accepted.

### Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Investigation Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the child been declared dead?</td>
<td>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</td>
</tr>
<tr>
<td>• What is the most appropriate secondary maltreatment?</td>
<td>• What were the results of the autopsy?</td>
</tr>
<tr>
<td>• Is the reporter providing a documented cause of death that is not related to abuse/neglect (for example, a hospital calling in a child who died of leukemia just because their policy is to call in all deaths)?</td>
<td>• During interviews, what was the demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver?</td>
</tr>
<tr>
<td>• What is the age of the child? Younger children are at higher risk of death due to abuse/neglect; they are more fragile and less able to identify dangers to their well being.</td>
<td>• Was there an indication of substance misuse?</td>
</tr>
<tr>
<td>• Is there previous history of abuse/neglect to this child or in this family?</td>
<td>• Did the observation of the environment where the child died seem consistent with the facts provided by the caregivers and collateral contacts?</td>
</tr>
<tr>
<td>• What was the parent/caregiver’s physical and mental condition at the time of the death?</td>
<td>• Was there prior history of abuse/neglect in the family?</td>
</tr>
<tr>
<td></td>
<td>• What was the demeanor of surviving siblings?</td>
</tr>
</tbody>
</table>
To support a “Verified” finding, the following information may be used:

- The “Verified” finding must also include the underlying maltreatment(s) which caused or contributed to the death; death cannot be a stand-alone maltreatment.
- Medical reports from a physician that provide findings that the damage was most likely inflicted (non-accidental). This should include an assessment of any injuries on the child.
- Documentation from interviewing and/or observing the alleged victim.
- Documentation from the Medical Examiner, including physical findings and cause of death.
- Medical records for the child prior to this incident.
- Documentation or photographic evidence of injuries that appear to be related to the death.
- Documentation from interviewing and/or observing the caregivers and other children in the home.
- Documentation from interviewing witnesses to the incident or persons who know of past abuse.
- Reviews of prior history of maltreatment in this family.
- Police reports.
- Psychological assessments of the caregivers, if available.
- Evidence collected or information gathered by the child protection investigator and law enforcement.
- Statement of the alleged perpetrator.
- Statements from surviving siblings and all caregivers.
- Timeline of events, tied to caregiver activities.
- Emergency obtained from the Emergency Medical Services reports.
- Drug screening results if there is a possible correlation between substance use and the incident surrounding the death.
Environmental Hazards

Definition

Environmental hazards means a child is permitted to live in an environment that causes the child’s physical, mental, or emotional health to be significantly impaired. This includes hazardous conditions and inadequate shelter, clothing, or food.

Hazardous conditions. The child’s person, clothing, or living conditions are unsanitary or dangerous to the point that his/her well-being is or may be impaired as the result of the caregiver’s failure to take action to correct the conditions. Examples of conditions hazardous to the health include, but are not limited to:

- Rotten, moldy, or insect infested food
- Human or animal feces which threaten a child’s health
- Drugs, alcohol or other harmful substances that are accessible to the child and present a danger
- Plumbing conditions that threaten a child’s health
- Rodents or insect infestation which threatens a child’s health
- Children found in an environment where drugs are being manufactured, sold, or distributed

Inadequate Shelter. Failure to provide or seek to provide a physical or structural shelter which is safe, healthy, and sanitary and which protects the child from the elements (weather conditions) or other risk situations. Examples of inadequate shelter include, but are not limited to:

- Condemned housing
- Exposed, frayed wiring
- Housing with serious structural defects
- Housing which is a fire hazard
- Housing with an unsafe heat source
- Peeling lead-based paint within reach of a child
- A broken set of stairs or railings which could result in the child falling or being injured
- Broken windows that present a hazard
An allegation of homelessness or living in a car or tent by itself is not a sufficient reason to accept a report of “Environmental Hazards.” The coding guidelines and factors noted here must be applied to determine whether child neglect is occurring.

**Inadequate Clothing.** The periodic or continuing failure to provide adequate clothing for the health and well-being of the child, although reasonably financially able to do so. Inadequate clothing means that a person responsible for the child is, or has been depriving the child of necessary clothing. The caregivers have the means or are provided with the means to provide adequate clothing, but fail to do so. This maltreatment is not a measure of style, fashion, or quantity, but is meant to ensure that a child has sufficient clothing for his/her health and well-being.

**Inadequate Food.** Although reasonably financially able to do so, the caregiver has failed to provide or have available adequate amounts of food. While this maltreatment may not be as severe as malnutrition or failure to thrive, both of which require a medical diagnosis, if extended over time, inadequate food can lead to malnutrition or failure to thrive. The nutritional value of the food provided is not a consideration unless the child has special dietary needs. Examples include, but are not limited to:

- The child who frequently and repeatedly deprived meals or who is frequently and repeatedly fed insufficient amounts of food to sustain health
- The child who frequently and repeatedly asks neighbors for food or steals food, and other information indicates that the child does not receive enough food at home to sustain health
- The child who is not growing or has lost weight, and the reporter believes this is due to the child being fed insufficient amounts of food

Frequently feeding a child fast food should not be accepted as an intake unless the child has a medical condition requiring a special diet and the fast food is dangerous to his/her health.

**Accepting an Intake for Investigation:**

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child is living in a hazardous environment due to the actions or non-actions of caregivers. Select environmental hazards for the following situations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Insect bites caused by hazardous conditions that affect the child’s health</td>
</tr>
<tr>
<td></td>
<td>- When a child lives in a home where drugs are manufactured or distributed</td>
</tr>
<tr>
<td></td>
<td>- For prolonged poor personal hygiene if it has led to a health problem</td>
</tr>
<tr>
<td></td>
<td>- When food is withheld or the child does not receive enough food to maintain good health</td>
</tr>
</tbody>
</table>
• When a child has special dietary needs which are not being met

If the family previously lived in hazardous conditions, but the current conditions are unknown and there are not other allegations of abuse/neglect, do not accept an intake, but consider a prevention referral.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Special attention should be paid to the child’s physical condition and the living conditions of the home in order to determine whether the information constitutes an allegation of harm. The following factors guide that decision:</th>
</tr>
</thead>
</table>
| Child Factors  | - Age and developmental stage of the child  
- Physical and emotional abilities of the child, particularly when they may be aggravated by hazardous conditions in the home  
- Recent weight losses or deterioration in appearance  
- Does the child always seem hungry? |
| Incident Factors| - When did the reporter last see the environment or the child? If not recently, consider a prevention referral.  
- Severity of the conditions  
- Frequency of the conditions  
- Duration of the conditions  
- Chronicity or pattern of similar conditions  
- Prior history of shelter-related problems  
- Weather conditions such as extreme heat or cold, particularly for inadequate clothing  
- Availability of food  

Homes where drugs are manufactured or distributed may pose further threat for weapons and paraphernalia.
Investigation Factors

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- How much control does the parent have over the conditions? Are there landlord or multi-complex issues in trying to control infestations or get repairs made?
- What was the demeanor of the caregivers during the interviews?
- Did observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home provide reason to suspect the information provided is not accurate?
- What is the caregiver’s age, mental and emotional developmental level?
- Did drug and/or alcohol use by the caregiver’s aggravated or impacted the situation?

Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- Lack of improvement after service provision or assistance.
- Documentation from interviewing and/or observing the caregivers, assessing their demeanor and efforts to protect their children.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Documentation from interviewing and/or observing the children to assess what harm or risk or harm is caused by the conditions, taking into account their ages and abilities.
- Reviews of prior history of hazardous conditions with this family.
- Photographs of the environment and/or the children.
- Law enforcement reports.
- Contact with the landlord regarding maintenance issues and pest control.
# Failure To Protect

## Definition

Failure to protect is the failure of the caregiver or other person responsible for a child’s welfare to intervene to protect a child from inflicted physical, mental, or sexual injuries caused by the acts of another, or from neglect by a caregiver.

## Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a caregiver has allegedly not intervened in order to prevent a child from being abused or neglected by another person.</th>
</tr>
</thead>
</table>

This maltreatment is used when a caregiver had the ability to intervene and prevent physical, mental, or sexual abuse, or neglect, but did not do so. It is also appropriate when the parent or other primary caregiver was unable to prevent the injury or neglect, but chose not to report the injury once it was discovered and it was safe to do so. Guidelines for using this maltreatment:

- This maltreatment can be used alone, particularly when the alleged perpetrator is not a caregiver and the caregiver failed to protect the child from that person.
- The caregiver is continually allowing a paramour or other person access to the child and/or household, and that person’s presence is creating risk to the child.
- If there are other types of abuse/neglect that were allegedly inflicted by a caregiver, select those maltreatments in addition to “Failure to Protect.”
- If the child has been sexually abused in the past and the caregiver allows the abuser to have contact with the child, the child may be at risk, even if a new incident has not yet occurred. In this situation, accept an intake of “Failure to Protect.”
- All caregivers who are responsible for the child’s welfare and did not intervene to prevent abuse/neglect, or allowed a child to be placed in a risk situation, should be listed as alleged perpetrators.
### Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What knowledge did the caregiver(s) have of prior incidents of abuse/neglect of their child?</td>
<td></td>
</tr>
<tr>
<td>• What knowledge did the caregiver(s) have of prior incidents of abuse/neglect of other children by the alleged perpetrator?</td>
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</tr>
<tr>
<td>• Are there previous or current court orders limiting contact between the child and the alleged perpetrator?</td>
<td></td>
</tr>
<tr>
<td>• What were the locations of the household members, particularly the caregiver(s) during the maltreatment events?</td>
<td></td>
</tr>
<tr>
<td>• What was the age of the child? Younger children are at higher risk and less able to protect themselves.</td>
<td></td>
</tr>
<tr>
<td>• Did injuries result from this incident?</td>
<td></td>
</tr>
<tr>
<td>• Was there a pattern or chronicity of similar incidents involving this child, siblings, or other children associated with the caregiver?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigation Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Was the child injured? If so, consider factors for the other specific maltreatment(s).</td>
<td></td>
</tr>
<tr>
<td>• What was the demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver?</td>
<td></td>
</tr>
<tr>
<td>• For domestic violence situations, what was the extent of past domestic abuse of the caregiver and were there attempts to get help in the past?</td>
<td></td>
</tr>
<tr>
<td>• What is the caregiver’s mental and emotional developmental level?</td>
<td></td>
</tr>
<tr>
<td>• Did drug and/or alcohol use by the caregiver’s aggravated or impacted the situation?</td>
<td></td>
</tr>
</tbody>
</table>
To support a “Verified” finding, the following information may be used:

- Documentation from interviewing and/or observing the alleged victim, including statements about whether the caregiver was informed of the child’s fear of the alleged perpetrator or of past incidents of the alleged perpetrator harming the child.
- Findings from the law enforcement investigation, if any.
- Assessment of past arrests or law enforcement involvement with the family.
- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on whether the caregiver has reasonable cause to suspect the child might be at risk.
- Documentation from interviewing witnesses to the incident or persons who know of past abuse, including school or day care personnel. This should include questions regarding any discussions with the caregiver about the risks associated with the alleged perpetrator.
- Reviews of prior history of maltreatment in this family or by the perpetrator with different child victims.
Definition

Failure to thrive is a serious medical condition that is most often seen in young children. The child's weight, corrected for gestational age, falls significantly short of the average weight of normal children of that age. Height and motor development may also be affected by Failure to Thrive, but weight is the primary measure.

NOTE: This maltreatment is for non-organic Failure to Thrive; it does not apply to an organic disease that results in underweight children who are failing to thrive.

Accepting an Intake for Investigation

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has been reported as failure to thrive for non-organic reasons due to the actions or non-actions of caregivers.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For an intake of “Failure to Thrive” to be accepted, the allegation must come from medical personnel or from a reporter with medical documentation.</td>
</tr>
<tr>
<td></td>
<td>• If a reporter who is not a medical person attempts to make a report of “Failure to Thrive,” assess for “Environmental Hazards.”</td>
</tr>
</tbody>
</table>

Factors to Consider

| Intake Factors | • Has the reporter or other medical personnel eliminated organic causes as the reason for the weight loss or other symptoms? In approximately 30% of the cases of a child failing to thrive, there is an organic cause, such as kidney, heart, or intestinal disease, a genetic error of metabolism, or brain damage. |
|               | • Most other cases (70%) are non-organic and meet the criteria for this maltreatment. They are generally the result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of a child. |
|               | • Pattern or chronicity of similar incidents involving this child, siblings, or other children associated with the caregiver. |
### Investigation Factors

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- All intakes of failure to thrive must be referred to the CPT.
- If the physician has not given a diagnosis of failure to thrive, the CPI must gather all medical records for consultation with the CPT.
- Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.
- The caregiver’s age, mental and emotional development.
- Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.

### Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- A final written summary must be obtained from the CPT before the investigation can be closed. If the findings conflict with the diagnosis from the reporting physician (if provided), further discussion with the reporting physician should occur to attempt to determine the reason for the discrepancy.
- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on the nurturing that was provided to the alleged victim.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Review of prior history of maltreatment in this family or by the perpetrator with different child victims.
- Review of psychological examinations of the caregivers if available.
- Review of the child’s medical records to assess prior medical issues involving this child.
**Family Violence Threatens Child**

**Definition**

Family Violence Threatens Child means an adult who is a family or household member commits any violent criminal behavior, such as assault or battery, on another adult who is a family or household member, that demonstrates a wanton disregard for the presence of a child and could reasonably result in injury to a child.

- “Family or household member” means spouses, former spouses, intimate partners, persons related by blood or marriage, persons who are presently residing together as if a family or who resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

- When the alleged perpetrator of the violent criminal behavior is a minor who is a parent, s/he can only be an alleged perpetrator of this maltreatment for his/her child, not for other children in the home.

The criminal definition for “domestic violence” is contained in Chapter 741, Florida Statutes, which states the domestic violence is any assault, aggravated assault, battery, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another who was residing in the same single dwelling unit. (741.28 F.S.). This definition is provided for information only. It includes behaviors which do not meet the criteria for this maltreatment (such as stalking).

**Accepting an Intake for Investigation:**

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this maltreatment when a child has been determined to have been harmed or is at risk of harm due to family violence.</td>
</tr>
</tbody>
</table>

- For an intake of “Family Violence Threatens Child” to be accepted, the incident must have occurred between two adults who meet the above definition for “family” or “household members,” or between a minor who is a parent and the other parent or an adult who is a family or household member.
• The incident must have included physical violence, which includes, but is not limited to: throwing objects that could cause an injury; pushing; grabbing; scratching; hitting; biting, threatening with a weapon; or any other physical action which causes or could cause an injury.
• The child does not have to be present during the incident.
• If the allegation is verbal arguments without threats of violence, assess for “Mental Injury.” Allegations of domestic disputes, whether verbal or physical, should be assessed for “Mental Injury” to the child. Mental injury may result from exposure to repeated violent acts or statements among members of the household. Assessment questions should focus on the child’s reaction to the violence or statements.
• When a caregiver is a participant in violent behavior with someone other than an adult who is a family or household member or intimate partner, which could result in an injury to the child, do not accept an intake unless the child was injured. If the child was injured use the appropriate maltreatment (“Physical Injury,” for example).
• If a deadly weapon was used during the incident of violence and children were present, and the child was injured with the weapon, also select “Physical Injury.”
• If the domestic violence occurred in the past, assess current risk of harm to the child based upon the past incident.
• The only time the alleged perpetrator for this maltreatment can be under 18 is when that minor child is the parent. If the child is attacking an adult in the home, assess for “Parent Needs Assistance.”
• When accepting an intake for this maltreatment and the reporter states that the violence is presently occurring, the Hotline counselor should get a supervisor involved to contact law enforcement while the counselor is handling the intake. If no supervisor is available, the counselor must get minimal information to enter an intake, then transfer the caller to the appropriate county sheriff’s office.

Factors to Consider

<p>| Intake Factors | Whether law enforcement was involved and whether an arrest was made. |
|               | The alleged perpetrator of the violence. If it is unclear which adult is the perpetrator, both involved adults may be listed as alleged perpetrators. |
|               | Where the children were during the incident. |
|               | Whether the children abused or neglected in other ways during the incident. If so, add the appropriate maltreatments. |
|               | Whether weapons were used or were present. |</p>
<table>
<thead>
<tr>
<th>Investigation Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Whether an act of violence occurred, and whether anyone received injuries.</td>
</tr>
<tr>
<td></td>
<td>• The proximity of the children to the incident.</td>
</tr>
<tr>
<td></td>
<td>• Whether there was damage to the home – furniture, structure, etc.</td>
</tr>
<tr>
<td></td>
<td>• Whether there are current or past Protective Orders.</td>
</tr>
<tr>
<td></td>
<td>• Whether the children were injured.</td>
</tr>
<tr>
<td></td>
<td>• What elements of control were present – financial, isolation, etc.</td>
</tr>
</tbody>
</table>

**Documentation/Evidence to Support a Finding**

**To support a “Verified” finding, the following information may be used:**

- The police report and findings, including any arrests made.
- Documentation from interviewing the children in the home, both about the current incident and any past incidents. Questions should also focus on how the incident was initiated.
- Documentation from interviewing and observing the caregivers and other participants in the incident (if any). Focus should be on their interaction, their reasons for the incident, and the extent of the violence.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of maltreatments or domestic violence in the home.
- Reviews of psychological examinations of the caregivers if available.
**Human Trafficking**

**Definition**

Human trafficking of a child is the recruitment, harboring, transportation, provision or obtaining of a child for labor or services through the use of force, fraud, or coercion. Sex trafficking is a commercial sex act which includes prostitution, pornography, and exotic dancing.

This maltreatment will almost always be accompanied by other allegations of abuse, neglect, or abandonment. There may also be an accompanying special conditions intake, particularly “Caregiver Unavailable.”

An intake for this maltreatment may be accepted even if the alleged perpetrator is not a caregiver.

**Accepting an Intake for Investigation:**

| Hotline Coding Guidelines | Use this maltreatment when a child is a victim of human trafficking due to the actions or non-actions of caregivers or non-caregivers. This may be suspected because either:
| | • The information provides the Hotline counselor with reasonable cause to suspect child human trafficking by a caregiver or non-caregiver; or
| | • A professional reporter who works with human trafficking cases suspects human trafficking
| | If the reporter is reporting human trafficking, the Hotline counselor will document that in the allegation narrative.
| | If the reporter did not mention human trafficking, but the Hotline counselor selects this maltreatment because there is reasonable cause to suspect it, the counselor will document in the reporter narrative that the reporter did not mention human trafficking and the reasons the counselor suspects it.
| | When the Hotline counselor accepts a Special Conditions intake with some suspicions of human trafficking, the...
A counselor will document in the reporter narrative the indicators of human trafficking that are present.

For all situations, the response priority will be based upon the assessment of risk.

## Factors to Consider

### Intake Factors
- Trafficking occurs in many different situations, including: domestic servitude; construction; landscaping; the sex industry; factories; migrant farm work; begging; and service industries such as nursing homes, cleaning services, bars, and restaurants.
- Indicators for human trafficking will frequently contain incidents of physical abuse, sexual abuse, or neglect, while others may meet the criteria for special conditions such as “Caregiver Unavailable.”
- Most callers will not use the phrase “human trafficking” when making a report. Law enforcement, however, is more likely to call the matter by this name or say that the child has been “trafficked.”
- Under federal law, whenever a child is induced to commit a commercial sex act (including prostitution), that child is considered to be a victim of trafficking.
- Trafficked children may reside with or accompany other children and adults who are not trafficked.
- Traffickers may pose as relatives and caregivers; relatives and caregivers may enslave and traffic their own children.
- Traffickers may be organized crime or they may be smaller criminal enterprises or individuals.
- The alleged trafficker may be unknown or have a fictitious identity.

### Investigation Factors
All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- What is the alleged perpetrator’s legal relationship to the child?
- Is the child physically confined?
- Is food being withheld?
- Are there threats being made to the child or the child’s parents or siblings? Has harm already occurred?
- Is the child being threatened with deportation?
- Is drug and/or alcohol dependency used by the perpetrator to control the child?
- Is the child isolated – not attending school, no access to telephones or friends, etc.?
- Was the child given false promises of reunification with family, citizenship, education, or eventual
The following factors should be used in making custody determinations:

- Can the adults responsible for the child produce documentation legitimizing their role as caregiver (such as birth certificate, visa, divorce papers, school records, etc.)?
- Can the child identify or describe specific familial connections (such as names of relatives, how family members are related, etc.)?
- If the adult caregivers allege that the child was placed in their custody through a “family arrangement”, does the victim have ongoing contact with biological parents?
- Can the child describe traditional familial interactions with the caregiver in the past (such as birthday parties, holiday celebrations, etc.)?
- Did the caregiver flee when the child was reported or taken into custody?

Documentation/Evidence to Support a Finding

During the investigation of this maltreatment, contact should be made with the DCF Office of Refugee Services, 850/488-3791, to speak with an expert in Human Trafficking to develop an investigation plan and to determine findings. To support a “Verified” finding, the following information may be used:

- Documentation from interviewing and/or observing the caregivers and other children in the home or with the caregiver.
- Documentation from interviewing and/or observing the child.
- Documentation from interviewing witnesses to the incident or persons who know the child or caregiver well.
- Reviews of prior history of maltreatment or medical problems involving this child.

Supportive documentation may come from law enforcement or the Department of Health and Human Services, Office of Refugee Resettlement.
Inadequate Supervision

Definition

Inadequate supervision is leaving a child without adult supervision or arrangement appropriate for the child’s age or mental or physical condition, so that the child is unable to care for his/her own needs or another’s basic needs or is unable to exercise sufficient judgment in responding to any physical or emotional crisis. This includes situations where a child has been placed in a situation or circumstances which are likely to require judgment or actions greater than the child’s level of maturity, physical condition, or mental abilities reasonably dictate, and a potential threat of harm to the child is present.

Examples include, but are not limited to the following. The factors listed in this maltreatment must be taken into account for each of these situations.

- Leaving children in the care of an inadequate or inappropriate caregiver.
- Situations where the caregiver is present but is unable to adequately supervise the child because of: the caregiver’s mental condition; behavioral, mental, or emotional problems; developmental disability; or physical handicap.
- Leaving children alone when they are too young to care for themselves.
- Leaving children alone who have a condition that requires close supervision. Such conditions may include: medical conditions; behavioral, mental, or emotional problems; developmental disabilities; or physical handicaps.
- Leaving children unattended in a place which is unsafe for them when their maturity, physical condition, and mental abilities are considered.
- Leaving children with no appropriate plan to handle emergencies.
- Leaving a deadly weapon accessible to a child.
- Allowing children to go unobserved when there are safety threats present – riding a bicycle on a busy highway, walking after dark more than short distances from home, etc.
- Situations when a child sustains an injury or dies due to caregiver neglect, such as:
  - Caregiver leaves a hot appliance or pot unattended and a child sustains a burn as a result
  - A child drowns or nearly drowns because the caregiver wasn’t closely supervising
- Situations when the caregiver’s actions cause or put the child at risk of injury or death due to a lack of regard for child safety, such as:
Accepting an Intake for Investigation:

| Hotline Coding Guidelines | Use this maltreatment when acts of commission or omission by a caregiver of a child are putting a child at risk due to placing the child in a situation which will likely require greater judgment or actions than the child is capable of. |

There is no age stated in Florida Statute after which a child can be left unattended or alone; there are also no established time frames for how long a child of any given age can be left alone. Each situation must be assessed focusing on three types of factors: Child Factors, Caregiver Factors, and Incident Factors. Those are detailed in the “Factors to Consider” section below. Guidelines for selecting this maltreatment include:

- A child has been left alone when s/he has a condition that requires close supervision, such as a medical condition, behavioral, mental or emotional problems, developmental disabilities, or physical disabilities.
- A child has been left at home alone or unattended in a place which is unsafe or the caregiver is aware that the child’s behaviors demonstrate a lack of judgment or unsafe conduct requiring supervision.
- A child is out of the sight or direct supervision of a caregiver and there are factors that create risk based on the age, developmental level, or disabilities of the child – for example, riding a bicycle in the street after dark, walking to a store that is far away or requires crossing a busy intersection, etc.
- The primary caregiver has arranged for a secondary caregiver deemed inappropriate or inadequate due to a known history of violence, substance abuse, emotional instability, immaturity, age, or other limitations which affect the ability to care for the child. The secondary caregiver will also be listed as a perpetrator if the statutory criteria are met.

  - In circumstances of substance or alcohol abuse by the secondary caregiver, see “Substance Misuse.”
  - This includes situations in which an older child has been left in charge of younger children if the responsibility appears to be greater than what the older child is capable of managing. In this situation, the older child is a victim, unless it is determined that child is also at risk.
• A caregiver leaves a loaded gun or a gun and bullets accessible to a child while not supervising the child.
  
  o Any injury sustained is covered by this maltreatment code because it is an injury caused by the lack of supervision.
  o If the child was harmed due to the caregiver’s action with a deadly weapon, see “Physical Injury.”
  o If the child was threatened by the caregiver with harm from a deadly weapon, see “Mental Injury.”

• For allegations that a facility is supposed to have 24 hour awake staff and the staff fall asleep while the residents are sleeping, assess whether something harmful occurred as a result. If nothing happened and there is no history of staff sleeping with harmful incidents resulting, do not accept an intake. Refer the reporter to the licensing authority, which will be the Department of Juvenile Justice (DJJ), the Agency for Health Care Administration (AHCA), or the Agency for Persons with Disabilities (APD). For a facility that is licensed by DCF, a “Foster Care Referral” should be accepted.
  
  o DJJ licenses facilities specifically for children who have been arrested or convicted of a crime, including Juvenile Detention Centers, Juvenile Assessment Centers, and commitment programs.
  o AHCA licenses facilities specifically for children with mental health issues, including crisis units, therapeutic group homes, residential mental health centers, and psychiatric facilities.
  o APD licenses facilities specifically for children who have a developmental disability.

• When there is an allegation of inadequate supervision due to alcohol or substance abuse, see “Substance Misuse”.

• Regardless of the age of the child, the Hotline counselor must assess for the child’s maturity level, whether safety plans are in place, whether anyone is checking on the child, the child’s ability to contact the parents, and the factors listed below.

If the allegation is that the caregiver is late picking up a child, refer to law enforcement.

Schools and teachers are not responsible for inadequate supervision when they know a young child walks home alone to an empty house. If they have reason to believe the child is being neglected, they are mandated to make a report. Schools and teachers are not perpetrators in these situations.
# Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Child Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age and developmental stage, particularly related to the ability to make sound judgments.</td>
</tr>
<tr>
<td></td>
<td>Physical condition, particularly related to the ability for self care or self protection.</td>
</tr>
<tr>
<td></td>
<td>Mental abilities, particularly related to the ability to comprehend the situation.</td>
</tr>
<tr>
<td></td>
<td>The child’s need for regular medication that cannot or should not be self administered by a child (insulin, for example).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Caregiver Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence or accessibility to the child.</td>
</tr>
<tr>
<td>Amount of time it would take to reach the child.</td>
</tr>
<tr>
<td>Whether the parent/caregiver can see and hear the child.</td>
</tr>
<tr>
<td>Whether the parent/caregiver is accessible by telephone and whether the child is mature enough to know when and how to use the telephone to contact the parent/caregiver.</td>
</tr>
<tr>
<td>Whether the physical or mental condition of the parent/caregiver impacts the ability to make sound judgments.</td>
</tr>
<tr>
<td>Whether the parent/caregiver is able to make appropriate judgments on the child’s behalf. This is particularly a factor for newborns and very young children.</td>
</tr>
<tr>
<td>Whether the parent/caregiver depends on extraordinary assistance to care for self and/or the child.</td>
</tr>
<tr>
<td>Whether the caregiver/parent show signs of confusion or memory loss.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of occurrence.</td>
</tr>
<tr>
<td>Duration of the occurrence.</td>
</tr>
<tr>
<td>Time of day or night when the incident occurred.</td>
</tr>
<tr>
<td>Child’s location, particularly regarding the child’s ability to contact the caregiver or access help if needed.</td>
</tr>
<tr>
<td>Proximity of other responsible persons.</td>
</tr>
<tr>
<td>Presence of sufficient food and other provisions left for the child.</td>
</tr>
</tbody>
</table>
All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- How does the child feel about being left alone or in charge of younger children?
- Does the child appear mature enough to handle the situation s/he was put in?
- If the child was left with an allegedly inappropriate caregiver, were there past incidents of maltreatment or criminal activity?
- Observation of the interaction between the caregivers and the child.
- The caregiver’s age, mental and emotional development, particularly as it relates to understanding child growth and development, and to accurately assess the child’s ability to self care.
- Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.

Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- Documentation from interviewing and/or observing the caregivers.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of the supervision of this child, by both the primary and secondary caregiver (if any).
- Identification of harm that occurred, or was likely to occur, based upon the circumstances.
- Information obtained from law enforcement or police reports.
- Direct observation by the child protective investigator.
**Internal Injuries**

**Definition**

An internal injury is an injury to the organs occupying the thoracic (chest) or abdominal cavities that is not visible from the outside. Internal injuries may be accompanied by other external injuries. A person so injured may be pale, cold, perspiring freely, have an anxious expression, seem semi-comatose, or exhibit other symptoms, such as lethargy, disorientation, blood in bowel movements or urine, and loss of consciousness. Pain is usually intense at first, and may continue or gradually diminish as the child’s condition grows worse.

Three other types of injuries included in this maltreatment are:

- **Brain or Spinal Cord Damage.** Injury to the large soft mass of nerve tissue contained within the cranium/skull or spinal cord.

- **Intra-Cranial Hemorrhage.** An abnormal collection of blood within the skull, including subdural or epidural hematoma and intra-cerebral hemorrhage.

- **Poisoning.** Any substance, other than controlled substances or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that substantially affects the child’s behavior, motor coordination, or judgment that results in sickness or internal injury. Virtually any substance can be poisonous if consumed in sufficient quantity; therefore, the term “poison” often implies an excessive degree of dosage rather than a specific group of substances. This includes noxious substances that, when taken into the body, would be harmful or injurious.

**Accepting an Intake for Investigation:**

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this maltreatment when a child has allegedly sustained an internal injury as the result of the willful act of a caregiver. If the internal injury is sustained as a result of neglect, the maltreatment will be “Inadequate Supervision.”</td>
</tr>
</tbody>
</table>
Use this code only when the allegation is made by a physician or someone reporting on behalf of a physician. When other reporters are making this allegation without medical documentation, select “Physical Injury” as the maltreatment. The exception to this is if the basis for the allegation is poisoning. When poisoning is alleged, an intake may be accepted from any reporter.

Other situations for using this maltreatment include, but are not limited to:

- The explanation for the internal injury is not consistent with the injury.
- There are conflicting explanations for the internal injury or the child refuses to say how the injury occurred.
- The internal injuries are of an unknown origin that appear to be inflicted.
- Allegations of Shaken Baby Syndrome, when the report is being made by a physician, or someone reporting on behalf of a physician.
- An intra-cranial hemorrhage may be the result of head injuries or the shaking of a small child or infant. It may result in the loss of consciousness, vomiting, seizures, mental or physical damage, or death.
- Brain damage may result from direct assault, poisoning, or suffocation. If the allegation is that the child suffered brain damage from suffocation, use only the maltreatment “Asphyxiation.”

Situations that should not be coded with this maltreatment include:

- A child is poisoned by the intake of controlled substances, including drugs and alcohol, when the caregiver encourages, insists, or permits the child to have the substance. The maltreatment “Substance Misuse” should be used.
- A child has suffered physical injuries, allegedly from being shaken, but the reporter is not a physician or designee, use the maltreatment “Physical Injury.”
- A child has been shaken and the action is likely to have caused an injury, but it is not known if there is an injury, use the maltreatment “Physical Injury.”
## Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
</table>
| • Whether the caller is alleging that the injury occurred accidentally or by an intentional action.  
• Age of the child. Younger children are at higher risk and less able to describe or interpret what happened. Infants under 18 months are particularly susceptible to internal injuries from being shaken.  
• Whether an instrument was used to injure the child.  
• Pattern or chronicity of similar incidents involving this child, siblings, or other children associated with the caregiver.  
• Use this maltreatment for poisoning when the caregiver gives or causes a harmful substance to be given to the child. If the parent’s lack of supervision or omission causes a child to be poisoned, use the maltreatment “Inadequate Supervision.”  
• Due to the high risk of death from internal injuries, this maltreatment usually requires immediate medical attention, so an immediate response should be used if no medical care is occurring.  
• If the child had symptoms that should have caused a reasonable person to seek medical care, and treatment was not sought, also select “Medical Neglect.” | • A medical exam, preferably by the CPT, is needed to determine the source of the injuries when the explanation of the origin of the internal injuries is inconsistent or unknown.  
• Explanations/descriptions of any playful shaking that occurred.  
• When the symptoms first appeared and what action was taken.  
• Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.  
• Do X-rays identify other injuries, either healed or in some stage of healing? If so, assess the medical treatment and explanations for those injuries.  
• The child’s medical condition; any statements that a child has brittle bones or is prone to internal injuries must be analyzed by the CPT or another qualified physician.  
• Age of the caregivers, their knowledge of child growth and development, and their parenting skills.  
• Previous history of abuse or neglect. |
## Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- Medical reports from a physician, preferably through the CPT, that provides findings that the child has, or had in the past, internal injuries that were most likely inflicted (non-accidental).
- Documentation from interviewing and/or observing the alleged victim.
- Documentation from the first responders.
- Findings from the law enforcement investigation, if any.
- Documentation from interviewing and/or observing the caregivers and other children in the home.
- Documentation from interviewing witnesses to the incident or persons who know of past abuse, including school or day care personnel.
- Reviews of prior history of maltreatment in this family.
Definition

Malnutrition is a lack of necessary or proper nutrition or liquids in the body caused by inadequate food, lack of food or liquids, or insufficient amounts of vitamins.

Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has been diagnosed as malnourished or dehydrated due to the actions or non-actions of caregivers.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• For an intake of “Malnutrition/Dehydration” to be accepted, the allegation must come from medical personnel or from a reporter with medical documentation.</td>
</tr>
<tr>
<td></td>
<td>• If a reporter who is not a medical person attempts to make a report of “Malnutrition/Dehydration,” assess for “Environmental Hazards.”</td>
</tr>
</tbody>
</table>

If a medical person is making this allegation, it must be accepted by the Hotline as an intake.
## Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Indicators of malnutrition or dehydration include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A decrease in lean body mass or fat; very prominent ribs; the child may be referred to as “skin and bones.”</td>
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<tr>
<td></td>
<td>• The hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously.</td>
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<tr>
<td></td>
<td>• The child is often pale and suffers from anemia.</td>
</tr>
<tr>
<td></td>
<td>• Excessive perspiration, especially about the head.</td>
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<tr>
<td></td>
<td>• The child’s face appears lined and aged, often with a pinched or sharp appearance.</td>
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<tr>
<td></td>
<td>• The skin has an old, wrinkled look with poor elasticity. (Classically, skin folds hang loose on the inner thigh and buttocks.)</td>
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<tr>
<td></td>
<td>• The abdomen sticks out.</td>
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<tr>
<td></td>
<td>• There are abnormal pulses, blood pressure, stool patterns, continuing infections, abnormal sleep patterns, and a decreased level of physical and mental activity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigaton Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All intakes alleging malnutrition must be referred to the CPT.</td>
</tr>
<tr>
<td></td>
<td>• If the physician has not given a diagnosis of malnutrition or dehydration, but the symptoms seem to fit, the CPI must gather all medical records for consultation with the CPT.</td>
</tr>
<tr>
<td></td>
<td>• Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.</td>
</tr>
<tr>
<td></td>
<td>• Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.</td>
</tr>
<tr>
<td></td>
<td>• The caregiver’s age, mental and emotional development as it impacts the ability to recognize that nutritional needs of the child are not being met.</td>
</tr>
<tr>
<td></td>
<td>• Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.</td>
</tr>
</tbody>
</table>
## Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- A final written summary must be obtained from the CPT before the investigation can be closed. If the findings conflict with the diagnosis from the reporting physician (if provided), further discussion with the reporting physician should occur to attempt to determine the reason for the discrepancy.

- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on the nurturing that was provided to the alleged victim.

- Documentation from interviewing witnesses to the incident or persons who know the family well.

- Reviews of prior history of maltreatment or child medical problems in this family or by the perpetrator with different child victims.
Definition

Medical neglect is when a caregiver, although reasonably financially able to do so, has failed to provide dental, medical or psychiatric treatment for a health problem or condition which, if left untreated, could become severe enough to constitute a serious or long-term harm to the child. This includes lack of follow-through on a prescribed treatment plan for a condition which could become serious enough to constitute serious or long-term harm to the child.

Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has been medically neglected due to the actions or non-actions of caregivers. It should be selected for the following situations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• When a child has severe head lice or flea infestation that is untreated and results in open and infected sores. Do not accept an intake for head lice or flea infestation if the child does not have open sores as a result.</td>
</tr>
<tr>
<td></td>
<td>• When the appropriate nutrition, hydration, medication, or other medically indicated treatment is withheld from handicapped newborn infants.</td>
</tr>
<tr>
<td></td>
<td>• When a caregiver fails to use a medical device that is prescribed by a physician when this results in reasonable cause to suspect the child is threatened with harm. (For example: apnea monitor, oxygen tank, heart monitor.)</td>
</tr>
<tr>
<td></td>
<td>• When a diaper rash is serious enough, with open or bleeding lesions, to require professional medical attention, and no such attention has been provided.</td>
</tr>
<tr>
<td>The following guidelines apply to the use of this maltreatment in HIV situations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• When a caregiver fails to provide an HIV positive child prescribed medication.</td>
</tr>
<tr>
<td></td>
<td>• When a caregiver refuses to allow a newborn to be tested for HIV when the mother has been diagnosed HIV positive. This allegation can only be accepted as an intake if it is reported by medical personnel.</td>
</tr>
</tbody>
</table>
- When a child is HIV positive and displays other symptoms of illness for which the caregiver fails to seek medical attention.
- When an HIV positive mother breast feeds her infant against medical advice. The Hotline counselor must fully assess how the reporter is aware of the circumstances, including who advised the mother not to breast feed.

This maltreatment does not include lack of immunizations under current law, nor does it include many minor conditions which under usual conditions have no potential for serious or long-term harm (such as head lice).

If a child has been diagnosed as ADHD or ADD, not providing medication should not be accepted as an intake.

A parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason alone, but this exception does not:
- Eliminate the requirement that such a report be made to the Hotline.
- Prevent the Department from accepting an intake and conducting an investigation.
- Preclude a court from ordering, when the health of the child requires it, the provision of medical services by a physician or treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well organized church or religious organization.

## Factors to Consider

### Intake Factors
- The child’s age, particularly as it relates to the ability to seek and obtain treatment.
- The child’s physical condition and seriousness of the current health problem.
- Probable outcome if the current health problem is not treated, and the seriousness of that outcome.
- Generally accepted medical benefits of the prescribed treatment.
- Generally recognized side effects or harms associated with the prescribed treatment.
- Proper administration of prescribed drugs, including the following issue:
  - What is the medication prescribed for?
  - What happens if the child does take the medication?
  - What is the potential harm?
  - How long did the child go without the medication?
Investigation Factors

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- Reasons offered for not getting treatment for the child.
- CPT findings (this is a mandatory CPT referral).
- Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver.
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.
- The caregiver’s age, mental and emotional development, particularly as it relates to understanding the child’s medical needs.
- Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.
- When failure to get treatment is due to religious reasons, explore the precise beliefs and what the impacts are on the child’s health.

Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- A final written summary must be obtained from the CPT. Supportive documentation must come from the CPT or another health care professional.
- Documentation from interviewing and/or observing the caregivers, focusing on their ability to understand the child’s health needs and to respond to those needs.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of the child’s medical problems and how/if they were treated, including a review of all past medical records.
- Reviews of psychological examinations of the caregivers if available.
- Analysis of the family’s financial ability to obtain treatment.
- Age/ability of the child to self-administer prescribed medications.
- Analyze the long-term potential harm due to the non-treatment.
Mental Injury

Definition

Mental injury is an injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior. The impairment may be in the emotional, affective, cognitive, physical, or behavioral functioning of the child. Damage can be present and observable, or can be forecast as highly probable for the near future.

Accepting an Intake for Investigation:

| Hotline Coding Guidelines | Use this maltreatment when acts of commission or omission by a caregiver of a child are assessed as impairing the behavioral, emotional, affective, cognitive, or physical functioning of the child. Guidelines for determining whether an intake is appropriate include:

- The determination of damage is based upon observable or probable impairment of the child’s ability to function as s/he normally functions. Temporary unhappiness or a distress reaction due to caregiver statements or actions does not constitute mental injury.
- Serious reactions such as self-mutilating behaviors or suicidal statements that are caused by the caregiver’s statements or actions.
- When a caregiver threatened to use a deadly weapon against a child but did not have the weapon at the time of the threat, assess whether it is a credible threat. Assessment questions should focus on:
  - What exactly was said
  - When it was said
  - Any history of threats
  - Whether specifics of what the caregiver was going to were provided
  - Whether the caregiver has access to the weapon referenced |
If there is a credible threat, select this maltreatment. If not, assess for “Parent Needs Assistance.”

- When a caregiver threatens to kill a child but does not reference a deadly weapon, the Hotline counselor will use the same assessment questions to determine whether the threat was credible. Unless the reporter provides facts that suggest the threat was just a figure of speech, the threat will be presumed to be credible and an intake with this maltreatment will be accepted.

## Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child’s age, particularly as it relates to the ability to self protect or leave the situation.</td>
</tr>
<tr>
<td>Acts or verbal mistreatment directed at the child. Such behavior is often a pattern; however, actions or statements that are episodic can be equally injurious to the child.</td>
</tr>
<tr>
<td>Exposure to repeated violent, brutal, or intimidating acts or statements among members of the household or against household residents.</td>
</tr>
<tr>
<td>Willful, malicious or violent acts directed toward a child’s pet, possessions, or environment.</td>
</tr>
<tr>
<td>Crude, brutal or severely misguided actions used in the attempt to gain submission or enforce maximum control to modify the child’s behavior.</td>
</tr>
<tr>
<td>Statements heard by the child that reflect unrealistic expectations of the child and which are inappropriate to the child’s developmental level.</td>
</tr>
<tr>
<td>Actions which result in confusing the child’s sexual identity.</td>
</tr>
<tr>
<td>Allegations of domestic violence, whether verbal or physical, should always be assessed for possible mental injury towards the child. Mental injury may result from exposure to repeated violent acts or statements among family or household members.</td>
</tr>
<tr>
<td>When assessing allegations of mental injury, questions should focus on the child’s reaction to the situation – how they functioned before the incident(s) and how they are functioning after them</td>
</tr>
</tbody>
</table>
### Investigation Factors

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- Has the child’s behavior changed?
- Referral to the CPT if the child is suffering severe emotional problems.
- Was this bizarre punishment (without physical injuries)?
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.
- The caregiver’s age, mental and emotional development, particularly as it relates to understanding child growth and development and the effects of the caregiver’s actions and statements on the child.
- Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.
- Did the actions severely and inappropriately restrict the child’s autonomy or independent learning?

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### Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

- A referral must to made to the CPT, and a final written summary must be obtained from the CPT.
- If no CPT referral was made, supportive documentation must come from a licensed professional, including physicians, psychiatrists, psychologists, or other licensed mental health professionals.
- Documentation from interviewing and/or observing the caregivers.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of the child’s mental health issues and how/if they were treated.
- Reviews of psychological examinations of the caregivers if available.
- Analysis of whether the child’s ability to function has been affected, comparing past functioning level to current functioning level.
Physical injury includes any physical maltreatment of a child which is not covered by other abuse maltreatments that results in permanent or temporary disfigurement, permanent or temporary loss or impairment of a bodily part or function, or is a willful act or threatened act which causes or is likely to cause the child’s physical health to be significantly impaired. These include, but are not limited to:

- Bruises or welts
- Cuts, punctures, or bites
- Dislocations
- Abrasions, including rope or rug burns
- Blinding, eye damage
- Oral injuries
- Damages to ears/hearing
- Sprains
- Hair pulling
- Munchausen’s syndrome by proxy

Specific term definitions:

- Bruise: An injury resulting from bleeding within the skin, where the skin is discolored but not broken.
- Welt: An elevation on the skin that can be produced by a lash or blow. The skin is not broken and the mark is reversible.
- Cut: An opening, incision, or break in the skin made by some external agent.
- Puncture: An opening in the skin which is relatively small as compared to the depth, as produced by a narrow pointed object.
- Bite: A wound, bruise, cut, or indentation in the skin caused by seizing, piercing, or cutting skin with teeth.
- Dislocation: Displacement of any body part, especially the temporary displacement of a bone from its normal position in a joint.
- Oral Injuries: Injuries to the mouth, including broken teeth.
Accepting an Intake for Investigation:

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when a child has been physically injured due to the actions or threatened actions of a caregiver.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• This maltreatment is only used for injuries or threatened injuries due to abuse. Use Inadequate Supervision for physical injuries due to neglect.</td>
</tr>
<tr>
<td></td>
<td>• Accept an intake when a caregiver has allegedly inflicted an injury to a child age five or younger.</td>
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<tr>
<td></td>
<td>• Accept an intake when the injury is severe enough to require medical attention, including dental treatment.</td>
</tr>
<tr>
<td></td>
<td>• Accept an intake if the injury is to a high risk body area – head, neck, stomach, genitals, or chest.</td>
</tr>
<tr>
<td></td>
<td>• For victims six years or older, when assessing allegations of physical injuries that do not require medical treatment and are not in a high risk body area, a full assessment of the factors listed below must occur to determine that significant impairment may be present.</td>
</tr>
<tr>
<td></td>
<td>• If an action occurred that was severe and could cause significant impairment, this maltreatment may be used even if no injuries are known. For example, hitting a child of any age with a ball bat can be accepted even if the caller does not know if there are injuries.</td>
</tr>
<tr>
<td></td>
<td>• Reasonable cause to suspect the injury is from abuse may be established because the location of the injury or its description make it seem unlikely to be an accidental injury.</td>
</tr>
<tr>
<td></td>
<td>• This maltreatment is used when a caregiver has hit a child and caused significant injuries and has also hit other children, but injuries to them are unknown.</td>
</tr>
<tr>
<td></td>
<td>• When a child has a significant injury and is unable or unwilling to say how the injury was sustained, this maltreatment can be used.</td>
</tr>
<tr>
<td></td>
<td>• When injuries are unknown, were the actions described likely to result in injuries?</td>
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<tr>
<td></td>
<td>• If a child is bitten by another child or an animal, assess for “Inadequate Supervision.”</td>
</tr>
<tr>
<td></td>
<td>• Use this maltreatment when a child was injured by the use of a deadly weapon, which can include guns, knives, machetes, tire irons, vehicles, or other instruments that can produce fatal results.</td>
</tr>
<tr>
<td></td>
<td>• For situations where a deadly weapon was left in a place accessible to a child, assess for “Inadequate Supervision.”</td>
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<tr>
<td></td>
<td>• If a caregiver threatens to use a deadly weapon against a child, but does not have the weapon at the time of the threat, assess for “Mental Injury.”</td>
</tr>
<tr>
<td></td>
<td>• If a child has injuries from being shaken and the reporter is a physician or someone reporting on behalf of the physician, assess for “Internal Injuries.” For such reports from other types of reporters, use this maltreatment.</td>
</tr>
</tbody>
</table>
Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Not every physical injury is the result of maltreatment. The following factors should be assessed for any call alleging that a child has suffered a physical injury:</th>
</tr>
</thead>
</table>
|                | • How the injury occurred  
|                | • Age of the child  
|                | • Pattern or chronicity of similar incidents  
|                | • Severity of injuries – size, number, extent, depth of damage  
|                | • Location of injuries – the closer to the center of the body, the more likely the injury is non-accidental  
|                | • Whether an instrument was used; if so, determine what was used; if not, determine whether an open hand or a fist was used to inflict the injury  
|                | • Demeanor of the alleged perpetrator – violent, aggressive, out of control  
|                | • Claims that a victim’s evasive action or lack of cooperation during the administration of corporal punishment led to the injuries are not grounds to dismiss a significant injury as accidental  
|                | • Prior history, both that provided by the reporter and any found in FSFN  
|                | • Mitigating circumstances – what led to the incident |

<table>
<thead>
<tr>
<th>Investigation Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
</table>
|                       | • Does the injury appear to be non-accidental?  
|                       | • Did the injury require medical treatment?  
|                       | • Is the explanation of the injury consistent with the injury?  
|                       | • Is the child’s story credible? Is the alleged perpetrator credible?  
|                       | • Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.  
|                       | • What is the impact on the child, both physically and emotionally?  
|                       | • What dynamics are present in the family? Is the child fearful of further abuse? Are other household members fearful for this child? Does the alleged perpetrator seem remorseful or concerned about the child’s welfare?  
|                       | • Does the child have a medical condition, disability, behavioral or emotional problem, or other issue that significantly increases the caregiver’s stress level? |
• Is there a pattern of similar incidents with this child or other children that the caregiver has been responsible for? This should include both those alleged by the reporter and those found in FSFN.
• Are there multiple injuries that appear to have been inflicted at various time intervals?
• Are there supportive people in the home who will protect the child?
• Refer to the CPT if the intake involves any of the following:
  o Injuries to the head or bruises to the neck or head of a child of any age; or
  o Bruises anywhere on a child five years of age or under; or
  o Victims who exhibit serious emotional problems.

Documentation/Evidence to Support a Finding

To support a “Verified” finding, the following information may be used:

• If the intake was referred to the CPT, a final written summary must be obtained from the CPT before the investigation can be closed. If the findings conflict with the diagnosis from the reporting physician (if provided), further discussion with the reporting physician should occur to attempt to determine the reason for the discrepancy.
• Verify that the child currently has physical injuries or has sustained them in the past. If a professional person has seen the injuries, an investigation can be “Verified” even if the marks or bruises are gone when the CPI sees the child.
• Verify the typology of the injury, including the exact location of the injuries and a description of them through photographs or a body chart.
• Documentation from interviewing and/or observing the caregivers and other children in the home.
• Documentation from interviewing witnesses to the incident or persons who know the family well.
• Reviews of prior history of maltreatment or child medical problems in this family or by the perpetrator with different child victims.
• Identify the possible etiology (hand, belt, electrical cord, etc.) based upon observation, interviews, and medical input.
• Obtain the police report if there is one.
• If multiple perpetrators are alleged, each must be addressed in the findings.
• For threats of physical injury, identify the specific statements or other evidence that support a “Verified” finding.
Sexual Abuse

Definition

Sexual abuse is sexual conduct with a child for arousal or gratification of the sexual needs or desires of the caregiver. This maltreatment includes both allegations of sexual abuse and the threat of harm by sexual abuse. Three types of sexual conduct are included in this maltreatment:

**Sexual Molestation.** Sexual conduct with a child when contact, touching, or interaction is used for arousal or gratification of the sexual needs or desires of the caregiver, including, but not limited to:

- The intentional touching of the genitals or intimate body parts, including the breasts, genital area, groin, inner thighs, penis, and buttocks, or the clothing covering them.
- Encouraging, forcing, or permitting the child to inappropriately touch the same parts of the caregiver’s body.

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

**Sexual Exploitation.** Sexual use of a child for sexual arousal, gratification, advantage, or profit. This includes, but is not limited to:

- Indecent solicitation of a child or explicit verbal enticement.
- Allowing a child to participate in pornography.
- Exposing sexual organs to a child for the purpose of sexual arousal or gratification, aggression, degradation, or similar purposes.
- Intentionally perpetrated a sexual act in the presence of a child for the purpose of sexual arousal, gratification, aggression, degradation, or similar purposes.
- Intentional masturbation of the caregiver’s genitals in the child’s presence.

Allowing, encouraging, or forcing a child to solicit for, or engage in, prostitution or to engage in a sexual performance, as defined by Florida Statutes, Chapter 827. Sexual performance means any play, motion picture, photograph, dance, or other visual representation exhibited before an audience which includes sexual conduct by a child less than 18 years of age. These acts are also forms of “Human Trafficking,” and should include that maltreatment also.
Accepting an Intake for Investigation:

**Hotline Coding Guidelines**

Use this maltreatment when a child has been sexually abused or is at threatened harm of sexual abuse due to the actions or non-actions of caregivers. The caregiver is alleged to have sexually exploited the child not only if s/he engages in the behaviors or activities listed under “Sexual Exploitation,” but also if s/he condones or does not stop another non-caregiver from exposing the child to these behaviors or activities.

The following guidelines should be used by Hotline counselors in determining whether to accept an intake of “Sexual Abuse.” Select this maltreatment when:

- A caregiver French kisses a child of any age.
- A child is used for sexual arousal, advantage, or profit.
- A caregiver has child pornography in their possession, even if there is no information that they are involving the child in it or that the child has is exposed to it or can see it.
- There is a threat of sexual abuse. The following situations should be accepted as intakes of “Sexual Abuse” due to the threat of harm:
  - When a child is exhibiting sexual acting-out behavior beyond his/her age or developmental level that is so severe it is expected that someone has sexually abused the child. There is a wide variety of behaviors commonly observed in sexually abused children, including:
    - Movement simulating intercourse using dolls, toys, animals, or other children as sex objects.
    - Excessive masturbation – visible, frequent, disturbing, distracting, repetitive behavior.
    - Graphic, detailed stories or depictions of sexuality including oral sex, vaginal and/or anal intercourse, etc., from a child normally developmentally too young to be aware of the degree of detail described.
  - When sexual abuse has occurred to one child in the home and other children reside in the home, the child who was sexually abused will be a victim of the maltreatment “Sexual Abuse.” Due to that abuse, there is reasonable cause to suspect the other children in the home have been sexually abused, specifically those other children who are the same sex and similar ages as the abused child. Those children are victims of the threat of sexual abuse, so they should also have this maltreatment coded.
  - When a caregiver is alleged to have sexually abused a child who does not live with him/her and this caregiver/alleged perpetrator lives with other children, any children who are the same sex and a similar age to the victim and live with the alleged perpetrator, or the alleged perpetrator has caregiver
responsibility for them, are victims of the threat of sexual abuse and should have this maltreatment code. This situation is likely to require a second intake. If the reporter knows the alleged perpetrator lives with children but does not know the ages or genders, an intake with one unknown child will be accepted.

- When a parent was sexually abused as a child and has a child the same age and sex as when they were abused, and now allows the abuser to move into the home.

- The allegation is that a caregiver sexually abused a child age five or younger, any children age five or younger who live with the caregiver are victims of threatened harm of sexual abuse and should have this maltreatment code, since sexually abusers of very young children are rarely gender-specific in choosing victims.
- The alleged perpetrator has current access to the child; this must be an immediate response.
- Caregiver(s) expose their sexual organs to children, after an assessment of the circumstances. Counselor questions should focus on the reason the sexual organs were exposed and the effect on the children, i.e., have they told someone that it made them uncomfortable. The issue of whether this was done for sexual gratification must be explored. Exposing sexual organs is sexual exploitation if it was done for the purpose of sexual arousal or gratification, aggression, degradation, or similar purposes. For example, caregivers purposely masturbating or fondling themselves or each other in front of a child should be accepted as an intake; a child walking in on a caregiver masturbating or caregivers performing a sexual act with each other should not be an intake.

When a child has been sexually abused in the past and the caregiver allows the abuser to have contact, the child may be at risk, even if a new incident hasn’t occurred or isn’t known, do not use this maltreatment – use “Failure to Protect.” All caregivers responsible for placing the child in the threatened harm situation should be listed as alleged perpetrators.

Sexual abuse does not include touching which may reasonably be construed to be a normal caregiver responsibility, such as cleaning or wiping a child who is not able to do so without assistance. It also does not include a normal interaction with or affection for a child, or touching that is intended for valid medical purposes.

### Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Indicators of sexual abuse include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- How the information came to be known by the reporter – eye witness, child statement, third party, or speculation.</td>
</tr>
<tr>
<td></td>
<td>- Child’s inappropriate behavior, particularly recent changes in behavior or affect.</td>
</tr>
</tbody>
</table>

64
<table>
<thead>
<tr>
<th>Investigation Factors</th>
</tr>
</thead>
</table>

All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:

- Any report of sexual abuse of a child and any sexually transmitted disease in a prepubescent child must be referred to the CPT.
- Age and developmental level of the child, ability to tell fact from fiction, and credibility of the child’s story.
- Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver, and the dynamics of their relationship with the child.
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.
- The caregiver’s age, mental and emotional development as it impacts the ability to recognize that the child has been harmed or is at risk.
- Whether drug and/or alcohol use by the caregiver's aggravated or impacted the situation.
- How the disclosure occurred, to whom, and how long after the incident.
- The child's statements, assessing consistency (considering age, developmental stage, and level of trauma)
- Child’s disability or medical condition.
- Number and frequency of alleged incidents.
- Non-offending caregiver’s response and actions taken after becoming aware.
- Non-offender’s assessment of child’s credibility.
- An assessment of whether there are multiple perpetrators.
To support a “Verified” finding, the following information may be used:

- A final written summary must be obtained from the CPT before the investigation can be closed. If the findings conflict with the diagnosis from the reporting physician (if provided), further discussion with the reporting physician should occur to attempt to determine the reason for the discrepancy.
- Records from the child’s primary care physician.
- Documentation of the statement given by the victim, including an assessment of consistency and credibility.
- Documentation of the statement(s) given by the alleged perpetrator.
- Documentation from interviewing and/or observing the caregivers and other children in the home, focusing on the dynamics of the interfamilial relationships.
- Documentation from interviewing witnesses to the incident or persons who know the family well, including their assessment of the credibility of the child and the alleged perpetrator.
- Reviews of prior history of maltreatment in this family or by the perpetrator with different child victims, including prior allegations of sexual abuse made by this child.
- Documentation from the police report, including findings, if any.
- Results of psychological exams of the child and/or the caregivers, if any.
- Physical evidence observed by the CPI or gathered by the police.

NOTE: When an allegation of “Sexual Abuse” is made due to threatened harm from sexual abuse, a CPI sometimes is able to determine that a child has not been sexually abused, but is at serious risk of sexual abuse because of the documentation and evidence obtained. In such situations, the CPI should add the allegation of “Threatened Harm.”
Definition

Substance misuse covers two areas: a caregiver using drugs or alcohol and a child consuming drugs or alcohol due to caregiver neglect. Each of these areas has different definitions, coding guidelines and factors to be considered.

Caregiver using drugs or alcohol

Exposure of a child to a controlled substance or alcohol is established by:

- A test administered at birth which indicated that the child’s blood, urine, or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
- Evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a caregiver when the child is demonstrably affected by such usage.
- Breastfeeding a child while frequently consuming drugs or alcohol, or by using an excessive amount of drugs or alcohol.

“Controlled substance” means prescription drugs not prescribed for the child or not administered as prescribed and the controlled substances as outlined in Schedule I or II of F.S. 893.03.

Child has consumed drugs or alcohol due to caregiver neglect.

A child has consumed drugs or alcohol that substantially affects the child’s behavior, motor coordination or judgment, or that results in sickness or internal injury. Drugs or substances include: cannabis (marijuana); hallucinogens (LSD, mushrooms); stimulants (including cocaine), sedatives (including alcohol and valium), narcotics (pain relievers), inhalants, or any over-the-counter or prescribed drugs.

When a child is consuming drugs or alcohol to the point of being affected, it must be determined that s/he is doing so with the consent, encouragement, insistence, or neglect of the parent.

Substance misuse also occurs when a caregiver exceeds the proper dosage for drugs when the drug substantially affects the child’s behavior, motor coordination, or judgment, or when the child sustains an internal injury from the drug.
Accepting an Intake for Investigation:

**Hotline Coding Guidelines**

Use this maltreatment when a child is affected by substance misuse, due to the actions or non-actions of caregivers. This includes evidence of extensive, abusive, and chronic use that is demonstrably affecting the child, allowing the child to ingest substances due to neglect or insistence. “Demonstrably affecting” means that the child is suffering from abuse or neglect as a result of the caregiver’s drug or alcohol use.

**Use these guidelines when assessing for this maltreatment when the allegations are that a caregiver is using drugs/alcohol:**

- The reporter provides specific adverse affects to the child as a result of the drug/alcohol use.
- An infant was tested “positive” for alcohol or drugs at birth. If the child is to be discharged within 24 hours of the time of the call, the intake must have an immediate response.
- A newborn has withdrawal symptoms, is physically affected, or is diagnosed with fetal alcohol syndrome.
- The mother was positive for alcohol or drugs when the child was born and there is no information that the positive toxicology is a result of prescribed medication, including methadone.
- Law enforcement reports a caregiver driving while intoxicated and has a child in the vehicle.
- The caregiver of a child of any age is using crack cocaine, methamphetamines, or heroin, even if the reporter cannot provide specific affects on the child. These situations are automatically accepted an intakes because of the effects these drugs have on a person using them, including:

Examples include, but are not limited to:

- Giving a child any amount of narcotics that a physician has not prescribed for that child.
- Encouraging, insisting, or permitting a child or adolescent to become intoxicated by alcohol, drugs, or other mood altering substances, even if on an infrequent basis.
- Exceeding the dosage recommended by the manufacturer of prescribing physician for over-the-counter or prescription drugs.
- Giving a child five years old or younger any amount of alcohol or illegal drugs.
- Blowing smoke from a controlled substance (listed in Schedule I or II, 893.03, Florida Statutes) into the face of a child of any age so that the child will inhale the smoke.
- Leaving these substances in a location where a child gets access to ingest them due to parental neglect. Do not add the maltreatment “Inadequate Supervision” for these situations.
- Lowers frustration tolerance
- Raises anger reactivity
- Interferes with parenting judgment
- Shifts focus from caring for the children to acquisition of the substance

- Use this maltreatment when the caregiver’s drug or alcohol use has resulted in inadequate food, clothing, shelter, medical care, or supervision for a child. “Substance Misuse” covers these issues, so no other maltreatment is necessary.
- The caregiver’s admitted or observed history of drug or alcohol use, including positive toxicology other than at birth, causes concern about the caregiver’s current ability to provide safe care for the newborn or other child.
- When a non-law enforcement reporter calls about a child who is currently in a vehicle with an intoxicated caregiver, transfer the reporter to law enforcement and do not accept an intake.
- When there are concerns about a caregiver’s ability to provide safe care for a child due to the caregiver’s chronic or severe use of a controlled substance or alcohol, an intake can be accepted even if the adverse effects are unknown.
- When the allegation is that a caregiver is using marijuana and there are no details to establish direct effects to the child, the counselor needs to assess for indicators of the caregiver’s inability to provide safe care for the child. This assessment should focus on history of use, frequency, and severity, to determine whether harm has occurred or is likely to occur before an intake can be accepted.

**Use these guidelines in conjunction with the factors below when assessing for this maltreatment when the allegation is that the child has consumed drugs or alcohol due to parental consent or parental neglect.** This maltreatment should be used when:

- A caregiver is giving a child drugs to make them sleep or quiet them down.
- A parent provides drugs or alcohol to a child.
- The child is adversely affected by the drugs or alcohol.
- Drugs are left in a location that is easily accessed by a child.
- Any illegal or unprescribed drugs are given to a child five years old or younger.
## Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Factors when the allegation is that the caregiver’s use is affecting the child.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Frequency of the use of the drugs or alcohol; whether there is an addiction or occasional use</td>
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<tr>
<td></td>
<td>• Extent or amount of use; e.g., the caregiver gets too intoxicated to provide parental care</td>
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<tr>
<td></td>
<td>• Which drugs are being used</td>
</tr>
<tr>
<td></td>
<td>• Degree of behavioral dysfunction or physical impairment linked to the substance misuse.</td>
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<td></td>
<td>• How long the caregiver has been using the drugs/alcohol</td>
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<td>• Whether an incident of harm or threat of harm to the child occurred</td>
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<td>• How the caregiver behaves when using drugs or drinking, and whether it is different from his/her behavior at other times</td>
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<td></td>
<td>• Where the child is when the caregiver uses drugs or alcohol</td>
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<td></td>
<td>• Whether the caregiver comes home under the influence</td>
</tr>
<tr>
<td></td>
<td>• Whether there is a history of neglect or abuse linked to drug or alcohol use</td>
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<td>• Ages of the children; younger children are more dependent on caregivers for basic needs.</td>
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</tbody>
</table>

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<tr>
<th></th>
<th>Factors when the allegation is that the child has consumed drugs or alcohol with the caregiver’s consent or due to neglect.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Why the drugs or alcohol were provided to the child – religious ceremony or holiday tradition?</td>
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<td></td>
<td>• What substance was consumed by the child and in what quantity?</td>
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<td></td>
<td>• Whether the caregiver made any attempt to stop the child from using the drugs or alcohol, including whether the caregiver had the ability to stop the child (consider the size of the child, for example)</td>
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<td></td>
<td>• Age of the child.</td>
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<td>• Where the parent was when the usage occurred</td>
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<td></td>
<td>• Whether there is a history of harmful substances being consumed by the child or other children in the home</td>
</tr>
</tbody>
</table>
| Investigation Factors | All factors identified for the Hotline should also be considered by CP investigators.  

**Additionally, the following factors must be assessed when the allegation is that the caregiver’s use is affecting the child:**  

- What harm resulted or was threatened by the caregiver’s substance misuse  
- Demeanor of the caregivers, both the alleged perpetrator and the non-involved caregiver  
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home  
- The caregiver’s age, mental and emotional development as it impacts the ability to recognize that nutritional needs of the child are not being met  
- Whether another caregiver was present who was not intoxicated  
- For newborns, whether the child is in PICU or NICU due to addiction, withdrawal, or other drug related issues  

**Additional factors when the allegation is that the child has consumed drugs or alcohol with the caregiver’s consent or due to neglect:**  

- The actions the caregiver took upon discovering the child had consumed drugs or alcohol  
- If the caregiver claims “family traditions” (such as wine at a party), whether this can be confirmed and whether the amount consumed was reasonable, given the child’s age  
- If the consumed substances were hidden, whether there is any reason to believe that the caregiver should have taken additional precautions  
- Demeanor of the caregiver, including an acknowledgment of an error in judgment, or attempts to justify  
- Whether the child has a known drug or alcohol problem |
To support a “Verified” finding when the allegation is that the caregiver’s drug usage is affecting the child, the following information may be used:

- For newborns with positive toxicology results, obtain the medical records. These situations should always be “Verified.”
- Documentation from interviewing and/or observing the caregivers and other children in the home that the caregiver’s use of drugs or alcohol is extensive and chronic, focusing on the frequency and level of the usage and the effects on the child.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of maltreatment linked to substance misuse in this family or by the perpetrator with different child victims.
- Documentation for the child’s counselor or therapist that identifies the effects of the caregiver’s drug or alcohol on the child (if available).
- Other documentation that the child is being seriously affected by the substance misuse (excessive school tardiness or absence, weight loss/missing meals, body odors or filth, unsanitary living conditions, etc.).
- Documentation that the caregiver was responsible for the child at the time of the drug or alcohol usage.
- Positive drug screens with no documented prescription.
- Drug screens which reveal the extent of drug usage.
- Documentation of inappropriate use / dose of prescribed medications.

To support a “Verified” finding when the allegation is that the child has consumed drugs or alcohol with the caregiver’s consent or due to the caregiver’s neglect, the following may be used:

- Documentation that the child has consumed damaging substances, either for witnesses and interviews, or from medical results.
- Documentation from interviewing and/or observing the child.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Analysis of the substance consumed, how the child obtained the substance, and what the caregiver’s level of awareness was.
**Threatened Harm**

**Definition**

Threatened harm is a behavior that is not accidental and which is likely to result in harm to the child. The Hotline is limited to only two situations for selecting this maltreatment, while the investigative unit may use it as a finding in a wide variety of situations as detailed below.

If there are no injuries for an intake involving another maltreatment, but the circumstances indicate the child is at risk of injuries, the investigator may add “Threatened Harm” to the intake. For example, when a parent tries to hit a child with a ball bat, but misses and the child is not injured, the Hotline will accept an intake of “Physical Injury.” If the investigator determines that there was substantial risk to the child, but no injury occurred, the investigator should add “Threatened Harm” as the verified maltreatment.

**Accepting an Intake for Investigation:**

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this maltreatment when acts of commission or omission by a caregiver of a child are creating a serious risk to the child’s health or well-being.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In most situations involving risk of abuse/neglect to a child, the maltreatment used will be the abuse or neglect maltreatment code that describes the type of harm that is threatened. When a child is threatened with physical abuse, the maltreatment code selected should be the appropriate abuse code, such as “Physical Injury” or “Burns.” When a child is threatened with sexual abuse, the maltreatment code selected should be “Sexual Abuse.” When the threatened harm is neglect, the maltreatment code selected should be “Inadequate Supervision.”</td>
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<td></td>
<td>The “Threatened Harm” maltreatment code will be selected by the Hotline only for the following two situations:</td>
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<tr>
<td></td>
<td>1. <strong>The preventable death of one child provides reason to suspect that another child is at risk.</strong></td>
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<td></td>
<td>• The assessment of the allegation of death must include assessing risk to surviving children in the home.</td>
</tr>
</tbody>
</table>
If there is no risk to the surviving children and there are no other allegations regarding those children, they are not victims of “Threatened Harm” and should be added to the intake as “Other Children in the Home.” For example, if a toddler drowned in the family’s swimming pool while the parents were inside the home and the surviving children were 10 and 15 years old and had no disabilities, there is no reasonable cause to suspect the siblings are at risk of drowning due to lack of supervision.

2. **The caregiver’s children are currently in out-of-home care or parental rights have been terminated.**

   - If there is now a child under age five in the home and there is no allegation regarding that child that meets the criteria for another maltreatment, use “Threatened Harm.”
   - Out-of-home care means the placement of a child in licensed and non-licensed settings, arranged and supervised by the Department or a contracted service provider, outside of the home of the parent. Examples which require an immediate response include:
     - A parent or caregiver with children currently in out-of-home care has a new child age 0-5 years of age living in the home and there is no allegation regarding the child that meets the criteria for another maltreatment.
     - A parent or caregiver has a new child 0-5 years of age living in the home after previously having parental rights involuntarily terminated for other children, or after voluntarily surrendering parental rights during previous TPR proceedings and there is no allegation regarding the child that meets criteria for another maltreatment.
   - When children were previously in out-of-home care, were reunited with the parent, and are currently with the parent, this does not apply since they are not in out-of-home care now.
   - If the reporter is the Protective Services worker, do not accept an intake or a Prevention Referral. Refer the caller to Florida Administrative Code 65C-30 for instructions. Specifically, F.A.C. 65C-30.016 states that the service worker is to visit the home where the new child resides and assess the safety of the new child. If there are concerns for the child’s safety, but no specific abuse/neglect, the service worker is to staff the case with the supervisor to determine if consultation with Child Legal Services is needed regarding the filing of a petition on the new child. The worker is required to call the Hotline only if they identify allegations of abuse/neglect after the assessment.

**Situations for which the Hotline should not accept an intake of “Threatened Harm” include, but are not limited to:**

- When the parent made a credible threat to kill a child – see “Mental Injury.”
- When there were loaded guns or unloaded guns with ammunition accessible to children and the children were not being supervised – see “Inadequate Supervision.”
Factors to Consider

| Intake Factors | Organization倾向于
<table>
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<tbody>
<tr>
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<td>The child’s age, particularly as it relates to the ability to self protect or leave the situation.</td>
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<td></td>
<td>Severity of the harm that is likely to occur.</td>
</tr>
<tr>
<td></td>
<td>The connection of the actual incident to the likelihood on injury or future injury to each specific child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investigation Factors</th>
<th>All factors identified for the Hotline should also be considered by CP investigators. Additionally, the following factors must be assessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If there are no injuries for a intake involving another maltreatment (for example, “Physical Injury”), but the circumstances indicate the child is at risk of injuries, the investigator may add “Threatened Harm” to the intake.</td>
</tr>
</tbody>
</table>
- Whether the child is suffering severe emotional problems; if so, a referral to CPT is required. When 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 other sibling children remain in the home, a referral to CPT is mandatory.
- Observation of the interaction between the caregivers and the child, and between the caregivers and the other children in the home.
- The caregiver’s age, mental and emotional development, particularly as it relates to understanding child growth and development and the effects of the caregiver’s actions on the child.
- Whether drug and/or alcohol use by the caregiver’s aggravated or impacted the situation.
- Current caregiver behaviors and how that impacts the safety and well-being of the child.
- If a “Sexual Abuse” intake was investigated based upon risk, no sexual abuse has occurred yet, but there is evidence that the child is at risk of sexual abuse, the investigator may add “Threatened Harm” to the intake.

**Documentation/Evidence to Support a Finding**

**To support a “Verified” finding, the following information may be used:**

- If injuries are identified, the appropriate maltreatment for those injuries must be used.
- Documentation from interviewing witnesses to the incident or persons who know the family well.
- Reviews of prior history of the abuse/neglect of this child, siblings, or other children where the same perpetrator was identified.
The following pages contain information regarding the four special conditions referrals. They are structured differently, since no investigation is required.

If a child protection investigator is conducting an assessment of a special conditions referral and discovers information that constitutes reasonable cause to suspect that a child has been abused, neglected, or abandoned, a call must be made to the Hotline.
Caregiver Unavailable

Definition

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

Examples include, but are not limited to the following. All examples presume that no appropriate, alternate caregiver is available or known:

- The parent or person responsible for the child’s welfare has been incarcerated and immediate plans must be made for the child’s care.
- The parent or person responsible for the child’s welfare has been hospitalized and immediate plans must be made for the child’s care.
- The parent or person responsible for the child’s welfare is deceased and immediate plans must be made for the child’s care.
- Law enforcement is reporting that a parent or caregiver has not picked up the child from an arrangement for temporary care, and attempts to reach them or their emergency contacts have been unsuccessful.
- A child is ready for discharge from a residential facility or hospital and the facility has made substantial attempts to contact the parent/caregiver, but has been unsuccessful. For example: all the phone numbers provided at admission are disconnected; mail is returned when sent to the addresses provided; no valid phone numbers for relatives or other emergency contacts are available; or the contact information seems valid, but the facility has left numerous messages and sent letters, but has gotten no response.
## Accepting a Referral

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
<th>Use this special conditions referral only after a full assessment to determine whether there are any allegations that meet the criteria for an intake of abuse, neglect, or abandonment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidelines to use:</strong></td>
<td><strong>•</strong> Allegations of abuse, neglect, or abandonment may or may not be related to the reason that the caregiver is unavailable.</td>
</tr>
<tr>
<td></td>
<td><strong>•</strong> This referral will only be used if there are no allegations that meet the criteria for any maltreatment; it is not necessary to use both a maltreatment code and “Caregiver Unavailable.”</td>
</tr>
<tr>
<td></td>
<td><strong>•</strong> Any situation in which a child cannot, or will not, provide information about their caregiver, or the information is suspicious, will be accepted as an intake of “Caregiver Unavailable.”</td>
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<tr>
<td></td>
<td><strong>•</strong> Parents are responsible for making arrangements for their children. When a parent is arrested or hospitalized, they have the right to make an arrangement for someone to keep their child. The Hotline assess any concerns about the planned arrangement and will not accept a “Caregiver Unavailable” intake, but may accept an abuse/neglect intake if criteria are met.</td>
</tr>
</tbody>
</table>

If a relative has been caring for a child for some time and is seeking custody, refer to the clerk of court and Chapter 751, Florida Statutes, “Temporary custody of minor children by extended family.”

## Factors to Consider

| Intake Factors | • Are the criteria for abuse, neglect, or abandonment present? |
|               | • Who has the child now? Is that an acceptable temporary living arrangement? |
|               | • Is law enforcement refusing to release the child to anyone until a DCF person makes contact? |
|               | • Previous history of abuse/neglect. |
|               | • How long is the parent/caregiver expected to be unavailable to care for the child? |
**Definition**

Child-on-child sexual abuse refers to any sexual behavior between children which occurs without consent, without equality, or as a result of coercion, defined in Chapter 39, Florida Statutes. This Statute limits the definition of “alleged juvenile sexual offender” to children under 12, and is further defined as follows:

- **A child 12 years of age or younger who is alleged to have committed a violation of Chapters: 794 (sexual battery), 796 (prostitution), 800 (lewdness, indecent exposure), 827.071 (child abuse, sexual performance by a child, which means any play, motion picture, photograph, or dance or other visual representation exhibited before an audience which includes sexual conduct by a child of less than 18 years of age), or 847.0133 (obscenity).**

The incident must have occurred without consent, without equality, or as a result of coercion. At least one of the following three statutory definitions must apply for the allegation to meet the criteria of “Child-on-Child Sexual Abuse.”

- **Coercion.** The exploitation of authority or the use of bribes, threats of force, or intimidation to gain cooperation or compliance.

- **Equality.** Two participants operating with the same level of power in a relationship, neither being controlled nor coerced by the other.

- **Consent.** An agreement, including all of the following:

  - Understanding of what is proposed based on age, maturity, developmental level, functioning, and experience;
  - Knowledge of societal standards for what is being proposed;
  - Awareness of potential consequences and alternatives;
  - Assumption that agreement or disagreement will be accepted equally;
  - Voluntary decision; and
  - Mental competence.
Accepting a Referral

Use this special conditions referral only after a full assessment to determine whether there are any allegations that meet the criteria for an intake of abuse, neglect, or abandonment. However, a “Child on Child Sexual Abuse” referral may be made even when other maltreatments are accepted for investigation by the Hotline.

Juvenile sexual offender behavior ranges from non-contact sexual behavior such as making obscene phone calls, exhibitionism, voyeurism, and the showing or taking of lewd photographs to varying degrees of direct sexual contact, such as frottage, fondling, digital penetration, rape, fellatio, sodomy, and other sexually aggressive acts.

If it cannot be established that the sexual incident occurred without consent, without equality, or as a result of coercion, the incident does not meet the criteria for “Child-on-Child Sexual Abuse.” The situation may meet the criteria for “Sexual Abuse,” based on the age and behaviors of the child.

Guidelines for determining jurisdiction in this situations include:

- The alleged offender must be 12 years old or younger at the time of the call. If the alleged offender is over the age of 12, the Hotline must transfer the call to the local sheriff’s office.
- If the alleged victim is a Florida resident, DCF has jurisdiction regardless of where the 12 year old or younger alleged offender lives or where the incident occurred.
- If the alleged offender is a Florida resident, DCF has jurisdiction regardless of where the victim child lives or where the incident occurred.
- If the incident occurred in Florida, but both the victim and alleged offender live out of state, DCF does not have jurisdiction. The caller shall be transferred to the sheriff’s office in the county where the incident occurred. If this information is received via fax or web report, the Hotline staff will call the sheriff’s office and provide the information.
- The victim child will have the role of “victim” in FSFN; the alleged offender will have the role of “alleged offender.”
- The intake will be assigned to the county where the victim is located at the time of the call.
- If the victim is not a Florida resident, the intake will be assigned to the county where the alleged offender is located at the time of the call; if this is unknown, then the alleged offender’s county of residence will be used.
When the alleged offender is a foster child who lives in a DCF licensed foster home, group home, or emergency shelter and was age 13-17 at the time of the incident, see “Foster Care Referral.”

When a “Child-on-Child Sexual Abuse” intake is accepted, after the information is taken, the caller must be transferred to the sheriff’s office in the county where the incident occurred. When the information is received by fax or web, DCF must call the sheriff and provide the information.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
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</thead>
<tbody>
<tr>
<td>• Are the criteria for abuse, neglect, or abandonment present?</td>
</tr>
<tr>
<td>• Assess the specific behaviors of the alleged offender and the victim.</td>
</tr>
<tr>
<td>• Consider the age of the alleged offender, and the difference in age between the alleged offender and the victim.</td>
</tr>
<tr>
<td>• Previous history of abuse/neglect involving either of these children.</td>
</tr>
</tbody>
</table>
Foster Care Referral

Definition

Foster care referral is a situation involving concerns about the care being provided in a licensed foster home, group home, or emergency shelter that do not meet the criteria for acceptance as a report of abuse, neglect, or abandonment.

Examples include, but are not limited to the following:

- Use of corporal punishment of a foster child that did not result in significant injury.
- Allowing an inappropriate minor, based upon age and developmental abilities, to babysit for other foster children.
- The electricity and/or gas has been turned off, but the foster children are being fed, staying warm and clean.
- Forcing foster children to do excessive chores or housework.
- Housing numbers of children that exceed the licensing capacity for the home.

Accepting a Referral

<table>
<thead>
<tr>
<th>Hotline Coding Guidelines</th>
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</thead>
<tbody>
<tr>
<td>Use this special conditions referral only after a full assessment to determine whether there are any allegations that meet the criteria for an intake of abuse, neglect, or abandonment.</td>
</tr>
</tbody>
</table>

Guidelines to use:

- Allegations of abuse, neglect, or abandonment may, or may not, be related to the reason that a “Foster Care Referral” is being made.
- This referral will only be used if there are no allegations that meet the criteria for any maltreatment; it is not necessary to use both a maltreatment code and “Foster Care Referral.”
- Issues involving corporal punishment, excessive chores, babysitting, etc., must involve the foster children. If a foster parent is allegedly using corporal punishment on a biological child, do not accept a “Foster Care Referral,” assess for “Physical Injury.”
• Do not accept a “Foster Care Referral” intake when a caller is trying to provide notification that a foster child ran away. Refer the reporter to the child’s worker or the local child investigations office.
• When a child 18 years or older is providing information of maltreatment or other concerns about a foster home, and there is no longer any children under 18 in the foster home, use “Foster Care Referral.” For this situation, Hotline counselors must create an “unknown” child with a birth date making that child under 18. This is because FSFN requires a child participant in “Foster Care Referral” intakes.

This special conditions referral type is also used for two situations involving child-on-child sexual abuse:

• The alleged juvenile sex offender is a foster child who was 13-17 years old and was living in a licensed foster home, group home, or emergency shelter at the time of the incident.
• The alleged juvenile sex offender is over age 18 when the information is received at the Hotline, but was under 18 when the incident occurred. An unknown child with a birth date making that child under 18 must be entered.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
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<tbody>
<tr>
<td>• Are the criteria for abuse, neglect, or abandonment present?</td>
</tr>
<tr>
<td>• If the call is about a former foster child and there are still foster children in the home, assess for abuse/neglect.</td>
</tr>
<tr>
<td>• Are the chores or housework required excessive?</td>
</tr>
<tr>
<td>• Previous history of abuse/neglect or licensing violations in the foster home.</td>
</tr>
<tr>
<td>• Corporal punishment of foster children of any kind or degree is forbidden; an intake must be accepted.</td>
</tr>
</tbody>
</table>
Definition

“Parent Needs Assistance” situations are those in which a parent or other caregiver is having difficulty in caring for a child to the degree that it appears likely that, without intervention, abuse, neglect, or abandonment will occur.

Accepting a Referral

Use this special conditions referral only after a full assessment to determine whether there are any allegations that meet the criteria for an intake of abuse, neglect, or abandonment. If an intake is being accepted for any maltreatment code involving this named child, it is not necessary to also use this special conditions referral. These Guidelines for accepting a referral include, but are not limited to:

- The situation involves an ungovernable child under age 13 and other options for services have been attempted. Child in Need of Services/Family in Need of Services (CINS/FINS) programs provide only limited services to children under age 13.
- If the child has a significant history of Baker Acts, significant mental health history, or diagnoses of Depression, Bipolar Disorder, Schizophrenia, etc., accept an intake because CINS/FINS is also unable to provide services to these children.
- Situations where a parent is seeking help to prevent abusing or neglecting a child in the present situation.
- The parent does not have to be requesting help for a “Parent Needs Assistance” intake to be accepted. However, Hotline counselors should ask the reporter if the parent knows the call is being made, as that is valuable information for DCF field staff to have.
- The parent does not have to be the person calling.
- The parent does not have to be present during the reporter’s call to the Hotline, or have to know the call was made.
If a caregiver makes a credible threat to kill a child, do not use this code; instead assess for “Mental Injury.”

Assessment questions should focus on:

- What was said
- When it was said
- History of threats
- Were there specifics about how the child was to be killed
- The caregiver’s access to weapon; was a weapon present when the threat was made

If the assessment determines that the threat was just a statement made out of frustration, accept an intake of “Parent Needs Assistance”.

Factors to Consider

<table>
<thead>
<tr>
<th>Intake Factors</th>
<th>Are the criteria for abuse, neglect, or abandonment present?</th>
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<tbody>
<tr>
<td></td>
<td>Assess the specific behaviors of the alleged offender and the victim.</td>
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<tr>
<td></td>
<td>Does the caregiver have a physical or mental condition for which assistance is being requesting in managing the child?</td>
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<tr>
<td></td>
<td>Previous history of abuse/neglect.</td>
</tr>
<tr>
<td></td>
<td>Age of the child, and ability to self protect.</td>
</tr>
<tr>
<td></td>
<td>Is there a history of seeking services? Even if there is no history of this, the Hotline will not automatically refuse to accept an intake because the family has not tried to get help or the reporter does know the history of efforts.</td>
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<tr>
<td></td>
<td>If the child is repeatedly hitting or beating the parent, determine whether the parent is a vulnerable adult. If so, accept an intake of adult abuse rather than “Parent Needs Assistance.”</td>
</tr>
</tbody>
</table>