Child Welfare Pre-Service Training

Decision-Making

Participant Guide

July 2012
The materials for the Child Welfare Pre-Service Training curriculum were produced by Florida International University for the State of Florida, Department of Children and Families, Office of Family Safety.

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The materials for the Child Welfare Pre-Service Training curriculum were formatted and edited by the Child Welfare Training Consortium at the University of South Florida.

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**PowerPoint Slides**

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Bobby Lee Jenkins Part I: 1st Intake

Materials
- PG1  Bobby Lee Jenkins Part One: 1st Intake
- PG 2-3  Jenkins 1st Intake: 05/01/10
- Child Maltreatment Matrix (175-28)
- Quality of Practice Standards (QPS) Job Aid: Section I: Investigative Response
- PI Checklist

Small Group Directions
- Read the first intake for Bobby Lee Jenkins dated 05/01/10.
- Discuss with your group how you will prepare to visit this family.
- Use the Child Maltreatment Matrix.
- Record your preparation steps by using the questions on this guide.
- Add any additional preparation decisions that might be relative to the case based on the QPS Job Aid and the PI checklist.
- Share your group’s answers and decisions during class discussion.

Small Group Discussion Questions
- How did the Child Maltreatment Matrix assist your investigation of the alleged maltreatment(s)?
- What records must be checked?
- What additional information will you seek if you contact the reporter?
- Who must you interview face-to-face?
- What contacts will you make with other professionals within or outside the agency?
- Who must be notified prior to visiting the family?
Jenkins 1st Intake: 05/01/10

Bobby Lee Jenkins Part II: Case Notes

Materials

♦ PG 5-14  Jenkins Case Notes: 05/01/10-05/02/10
♦ PG 15-17  Jenkins Investigative Summary (IS from 1st SA)
♦ PG 18-22  Florida Statutes/F.A.C. References
♦ Child Maltreatment Matrix (175-28)
♦ QPS Job Aid
♦ PI Checklist

Group Directions

• Read the first intake for Bobby Lee Jenkins dated 05/01/10.
• Read the case notes 05/01/10-05/02/10.
• Read the IS from the Jenkins 1st SA.
• Use the Child Maltreatment Matrix, the IS and the QPS Job Aid and Checklist.
• Record your answers to the questions on this guide.
• Share your group’s answers and decisions during class discussion.

Group Discussion Questions

• What would you like to ask the child victim and the caregiver(s)?
• What other collateral contacts would you make, and for what purpose?
• What are your options once the mother failed to appear for the CPT appointment?
• What must you observe in the home environment?
• What additional information would you seek prior to closing this case?
• What guidelines must you use when documenting information?
• How would you investigate the mother’s explanation for the injuries?
• Is information reasonable, reliable, and supported?
• Have all relevant sources of information been contacted and documented?
• How did the Child Maltreatment Matrix assist your investigation of the alleged maltreatment(s)?
Florida Statutes/F.A.C. References

Complete investigation within 60 days after receiving the initial intake unless:

s. 39.301(16)(a)-(c):

- There is an active, criminal investigation which continues beyond the 60 days.
- Child death cases: Final report of the medical examiner is not received within 60 days.
- Child is missing: 60 days extended until child is located or sufficient information exists to close the investigation.

Notify LE, SAO. 39.301(17)

Must immediately forward allegations of criminal conduct to LE in the municipality or county where the alleged conduct occurred.

- F.S. 39.301(2)(b)1.-6. defines criminal conduct as: Child is known or suspected to be the victim of:
  - Child maltreatment
  - Aggravated child abuse
  - Sexual battery or sexual abuse
  - Institutional child abuse or neglect
  - Human trafficking
  - Or the child is known or suspected to have died as a result of maltreatment.

- Orally notify the jurisdictionally responsible state attorney, and law enforcement agency according to 39.301(17) and within 3 working days, transmit written report.
- SA must report findings to the agency office within 15 days. 39.301(20)
- Orally notify the CBC within 1 working day in the event that the case is open to services.
- For cases accepted by LE for criminal investigation, document in investigative file per 39.301(14)(c) that the administrative review included:
  - Input from law enforcement (if criminal investigation occurred)
  - Results of CPT evaluation, if referral was completed
  - If intake includes a maltreatment of human trafficking or if PI suspects human trafficking, local and federal law enforcement must be notified. 175-14, CFOP

Conduct face-to-face interviews. 39.301(6) and (13): QPS #3, 4, 5, 6

- An assessment of risk and the perceived needs for the child and family must be conducted in a manner sensitive to the social, economic, and cultural environment of the family.
- This assessment must include a face-to-face interview with the child, other siblings, parents, and other adults in the household and an onsite assessment of the child’s residence.
- Onsite visits and face-to-face interviews with the child or family must be unannounced, unless such unannounced visit will threaten the safety of the child.
Document child’s condition, appearance and development.  65C-29.003(3)(c)

- Must observe and document the condition, appearance, and development of each child named in the intake and all other children who reside in the household.

Document the physical condition of the child’s residence.  65C-29.003(3)(g)

- Must observe and document the conditions of the child’s home; consider the child’s bedroom, presence of hazardous condition, clothing, food, etc.

- If physical evidence must be removed (other than the child) a request must be made for LE to initiate a criminal investigation.

Factors to consider when determining high risk cases  39.301(8)(b) F.S.

- A petition for dependency must be filed in all cases classified as high risk. Factors to consider in deciding if a case is high-risk include, but are not limited to:
  - Young age of the parents or legal custodians
  - Use of illegal drugs
  - Domestic violence
  - The arrest of the parents or legal custodians on charges of manufacturing, processing, disposing of, or storing, either temporarily or permanently, any substances in violation of Chapter 893, F.S.

Cases required to be referred to CPT  39.303(2)(a)-(h); QPS #13

- Certain cases must be referred to CPT for assessment and appropriate available support services:
  - Head injuries, bruises to the neck or head, burns, or fractures in a child of any age
  - Bruises anywhere on a child 5 years of age or younger
  - Any intake alleging sexual abuse of a child
  - Any sexually transmitted disease in a prepubescent child
  - Malnutrition and failure of a child to thrive
  - Medical neglect
  - 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 maltreatment when any sibling or other child remains in the home
  - Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected
  - Exception is when you determine “no injuries” occurred. You must complete the safety assessment and obtain supervisor approval.
Make collateral contacts. 65C-29.003(9); QPS #1.9, 1.10

- Your supervisor will assure that relevant collateral contacts are made and documented in the file.
- To be relevant, this person needs to have had contact with the child, alleged perpetrator, or the family and must have had direct knowledge or information regarding the family’s situation.
- “Zahid Jones, Jr., Give Grandparents and Other Relatives a Voice Act”: Requires CPI to obtain collateral contact from a relative if a family if offered but refuses services, if the CPI has knowledge of and the ability, to contact a relative.

Judicial vs. Non-judicial In-Home Services

39.301(8)(a) and (b), 39.301(14)(a)-(c); F.A.C. 65C-30.010; QPS #20, 21, 22

Non-judicial In-Home Services Criteria

- Child’s safety can be assured without judicial oversight
- Can deliver services effectively through Non-judicial In-Home services provision
- Non-judicial In-Home supervision cases only;
- Does NOT include cases for children at high risk.
- May or may not have legal sufficiency to file dependency petition
- Includes those families who have been referred to Family Preservation Services

Prior to offering Non – Judicial In-Home Services to the family:

Consult with supervisor using the Safety Assessment tool to determine the risk level to the child and consider the following:

- Presence of high risk factors
- Criminal, domestic violence and abuse/neglect history of the parents or legal custodians and others who live in or frequent the home
- Presence of any chronic, severe or multiple maltreatments
- Prior intakes of maltreatment and their findings
- History of non-compliance or non-cooperation during the previous interventions
- Mitigating factors, such as the degree of cooperation by the parents/legal custodians and their ability to follow through with planned actions and referrals

Grounds for TPR s.39.806 (1) (a)-(e) summarized

- (a) Parent or parents voluntarily executed a written surrender of the child.
- (b) Abandonment as defined in s. 39.01(1) or when the identity or location of the parents is unknown and cannot be ascertained by diligent search within 60 days.
- (c) Continuing involvement of the parent or parents in the parent-child relationship threatens the life, safety, well-being, or physical, mental, or emotional health of the child irrespective of the provision of services.
- (d) Parent of a child is incarcerated in a state or federal correctional institution and either
is expected to be incarcerated during a substantial portion of the period of time before the child will attain the age of 18 years;

has been determined by the court to be a violent career criminal; or

the court determines by clear and convincing evidence that continuing the parental relationship with the incarcerated parent would be harmful to the child.

(e) The child has been adjudicated dependent, a case plan has been filed with the court, and:

The child continues to be abused, neglected, or abandoned by the parent(s): failure of parents to substantially comply for 9 months after adjudication or shelter, whichever occurs first, constitutes evidence of continuing abuse unless parents lack financial resources or the department fails to make reasonable efforts to reunify.

Parent or parents have materially breached the case plan. The court must find by clear and convincing evidence that the parent(s) are unlikely or unable to substantially comply with the case plan before time to comply expires.

No Reasonable Efforts Required s.39.806 (1) Grounds (f)-(l)

(f) Parent or parents have engaged in egregious conduct or had the opportunity and capability to prevent and knowingly failed to prevent egregious conduct that threatens the life, safety, or physical, mental, or emotional health of the child or the child’s sibling.

(g) Parent or parents have subjected the child or another child to aggravated child abuse, sexual battery, sexual abuse, or chronic abuse.

(h) Parent or parents have committed the murder, manslaughter, aiding or abetting the murder, or conspiracy or solicitation to murder the other parent or another child, or a felony battery that resulted in serious bodily injury to the child or to another child.

(i) Parental rights of the parent to a sibling of the child have been terminated involuntarily.

(j) The parent or parents have a history of extensive, abusive, and chronic use of alcohol or a controlled substance which renders them incapable of caring for the child and have refused or failed to complete available treatment for the 3-year period immediately preceding the filing of the TPR petition.

(k) A test administered at birth that indicated the child’s blood, urine, or meconium contained alcohol or a controlled substance not the result of medical treatment for the mother or the newborn and the biological mother of the child is the biological mother of at least 1 other child who was adjudicated dependent due to a finding of harm due to exposure to alcohol or a controlled substance re: 39.01 (31)(g) after which the biological mother had the opportunity to participate in substance abuse treatment.

(l) On 3 or more occasions the child or another child of the parent(s) has been placed in out-of-home care and the conditions that led to the child’s out-of-home placement were caused by the parent(s).
Identification of Children F.A.C. 65C-30.004

Photographs
- Photographs must be kept in the case file and maintained in the statewide photo database.
- Photos must include shoulders to the top of the head with name, D. O. B., and date the photo was taken written on it.
- Children who must be photographed:
  - Timeframes:
    - out-of-home care—within 72 hours of removal
    - Judicial In-Home services; within 15 days of transfer to service unit
  - Photograph children:
    - and sibling groups ready for adoption who must be registered on Adoption Exchange System
    - upon removal in case the child runs away or is taken by the parent after placement.
    - returning to care from missing or runaway status, unless appearance has not changed significantly since last photo
- Photos must be updated:
  - every 6 months for ages 0-60 months;
  - yearly for ages 60 months to age 18.
  - Children receiving Judicial In-Home Services cases do not need to be photographed. 65C-30.010 (7)(b)

Fingerprints (out-of-home only)
- Ages 3 years or older, must be obtained within 15 days after initial placement and must be maintained in the child’s case file.
- Under 3, a means of obtaining the child’s footprints must be explored.

Birth Verification
- Out-of-Home care—within 15 calendar days of placement
- Judicial In-Home services—within 15 days of transfer to services unit
- children born out of state or out-of-country—request within 15 days from initial placement
- certified copy for licensed out-of-home care
Decision-Making Checklist

I. Gather and Document Information

Subjects of Intake & Allegation
- Contact reporter, if appropriate.

Current and Prior Intakes/Investigations (FSFN) - QPS #1
- current/prior intakes/investigations
- if priors with findings, staff with supervisor
- existing case files
- prior unfounded intakes
- service providers

Criminal History - F.S. 39.301 (9) (c), F.S. 39.306; QPS #1
- state and federal records checks
- local law enforcement, including call outs to home
- Child Protective Services from other states when applicable
- Department of Juvenile Justice
- Department of Corrections
- Domestic Violence Injunction Registry

Interviews - F.S. 39.301(6) (9) (10); QPS #4, 5, 9, 10
- reporter (if known)
- face-to-face:
  - child, siblings (alone)
  - note or photograph condition, appearance, development
  - parents, caregivers (separately)
  - all household members
- collaterals (neighbors, friends, relatives, teachers)
- alleged perpetrator (when appropriate)

Identify and Locate Absent Parent(s)
- begin diligent search

Other Documentation - i.e.; QPS #10; 11; 15
- CPT reports, photographs, interviews F.S 39.304 (1)
- school records
- health department records-medical records
- emergency room/medical records
- demographics/corrections in addresses, d.o.b., etc.
Physical Evidence
- follow local protocol

Observe and Document the Home Environment - FS 39.301 (6)
- living conditions inside and out
- food, shelter, clothing adequate to meet child’s needs
- safety of physical environment
- child’s bedroom
- place and cause of maltreatment

Information about the Family (Family Assessment Factors) QPS #6
- attitude regarding intervention
- culture and family background
- parent/caregiver history of abuse
- family relationships/family dynamics/interactions, attitude towards child
- child characteristics that might increase risk
- ages of children and caregivers
- community and family supports
- discipline and parenting techniques
- stressors
- substance abuse/domestic violence
- ability to meet child(ren)’s needs and keep children safe

II. ASSESS

Examine/Analyze the Information to Assess Plausibility of the Explanation QPS #10, 11, 18
- What are the indicators?
- What is the physical evidence?
- Does injury/maltreatment match the explanation?
- Is an accidental injury possible relative to child’s development?
- Does the place and the cause of injury seem plausible?
- Can anyone support/corroborate the parents/caregivers’ explanation?
- Compare CPT documentation, photographs, and interviews with other investigative information.
- Look for any inconsistencies.
- Consult supervisor and CLS attorney.
- Have all relevant sources of information been contacted and the information documented?
III. SAFETY ASSESSMENT AND DECISION-MAKING

Make decisions based upon careful assessment (analysis and synthesis) of information and based upon statutes, policy, procedures.

QPS #7, 10, 18, 24, 28

☐ What are immediate safety decisions?
  • Tools: i.e. Intake, Prior History, Child Maltreatment Matrix, SA, Family Assessment
  • Process: investigative procedures

☐ Assess immediate and long-term risk to child.

☐ Determine the need for a safety plan.

☐ Make safety decision:
  • remove child
  • leave child In-Home-non-judicial
  • leave child In-Home-judicial action
## Examples of Child Abuse Critical Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injuries and Evidence</strong></td>
<td>- numerous alleged “accidental” injuries</td>
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<tr>
<td></td>
<td>- escalating injuries</td>
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<td></td>
<td>- injuries inconsistent with explanation</td>
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<td></td>
<td>- frequent change of hospitals or physician</td>
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<td></td>
<td>- professional medical opinion contrary to facts</td>
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<td></td>
<td>- delay in seeking medical treatment of child</td>
</tr>
<tr>
<td><strong>Child Vulnerability</strong></td>
<td>- 6 years and younger; non-verbal</td>
</tr>
<tr>
<td></td>
<td>- prior reports</td>
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<tr>
<td></td>
<td>- limited access to or contact with child by outside world</td>
</tr>
<tr>
<td><strong>Target Child</strong></td>
<td>- no observable signs of bonding with target child</td>
</tr>
<tr>
<td></td>
<td>- flat or depressed affect</td>
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<td></td>
<td>- lack of peer relationships</td>
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<tr>
<td></td>
<td>- subjected to unusual forms of discipline</td>
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<tr>
<td></td>
<td>- only discipline used is physical</td>
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<tr>
<td></td>
<td>- exhibits behaviors indicative of abuse and neglect</td>
</tr>
<tr>
<td></td>
<td>- secretive about injuries</td>
</tr>
<tr>
<td><strong>Parent/Caretaker Characteristics</strong></td>
<td>- sociopathic personality (overly charming, extremely cooperative, externalizing role in abuse or other problems, “not my fault,” “smooth talker”)</td>
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<td></td>
<td>- appears to make extreme progress (always pleasing, completes/appears to complete assignments quickly, gives the right answers all the time)</td>
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<td>- tells you want you want to hear</td>
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<td>- violent and aggressive behavior (domestic violence reports, other police reports, charges involving violence, etc.)</td>
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<td></td>
<td>- unrealistic expectations of child</td>
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<td></td>
<td>- alienated from family, no family support network</td>
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<tr>
<td></td>
<td>- isolation, lack of social contact (friends, activities)</td>
</tr>
<tr>
<td><strong>Parents/Caretaker History</strong></td>
<td>- history of abuse and neglect as a child</td>
</tr>
<tr>
<td></td>
<td>- history of alcohol or other substance abuse</td>
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<td></td>
<td>- history of mental illness</td>
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<td>- history of frequent moves</td>
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<td></td>
<td>- history of job instability</td>
</tr>
<tr>
<td></td>
<td>- criminal history</td>
</tr>
<tr>
<td><strong>Parent/Caretaker Relationship</strong></td>
<td>- paramours drifting in and out of home</td>
</tr>
<tr>
<td></td>
<td>- relationship takes precedence over child’s needs (adults’ needs first)</td>
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<td></td>
<td>- imbalance of power</td>
</tr>
<tr>
<td></td>
<td>- domestic violence</td>
</tr>
<tr>
<td></td>
<td>- no clear identification of roles</td>
</tr>
<tr>
<td></td>
<td>- open hostility and/or negative perceptions</td>
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<tr>
<td><strong>Physical Environment</strong></td>
<td>- environment poses safety risks (electrical or fire hazards, weapons)</td>
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<tr>
<td></td>
<td>- sleeping area for child is inappropriate</td>
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<td></td>
<td>- child is removed from others during common activities-eating, sleeping, etc.</td>
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<td></td>
<td>- home is physically isolated (e.g., far out in the country)</td>
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</tbody>
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# In-Home Safety Assessment (Section A-C)

## A. Signs of Present Danger

<table>
<thead>
<tr>
<th>Safety Factor</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>1. Family’s whereabouts is unknown, or there is reason to believe that the</td>
<td>Yes</td>
</tr>
<tr>
<td>family is about to flee or refuse/limit access to child(ren).</td>
<td>No</td>
</tr>
<tr>
<td>2. There are household environmental hazards AND the child may be in</td>
<td>Unknown</td>
</tr>
<tr>
<td>immediate danger of harm as a result.</td>
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<td>3. The parent, caregiver or other household member(s) is responsible for</td>
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<tr>
<td>the death or serious injury of another child.</td>
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<tr>
<td>4. The parent, caregiver or household member(s) have a history of violence</td>
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<tr>
<td>or display current violent behaviors (e.g. battery, domestic violence,</td>
<td></td>
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<tr>
<td>intimidation) AND the child may be in danger of harm as a result.</td>
<td></td>
</tr>
<tr>
<td>5. The parent, caregiver or household member(s) has a criminal history</td>
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<tr>
<td>(regardless of disposition) or engages in dangerous criminal activities</td>
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<tr>
<td>that may impact child safety and/or present(s) a potential threat of harm</td>
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<tr>
<td>to the child (e.g. drug manufacture and distribution, trafficking or sale</td>
<td></td>
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<tr>
<td>of illegal drugs or weapons, prostitution)</td>
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<tr>
<td>6. The caregiver describes child(ren) in predominantly negative terms or</td>
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<tr>
<td>has unrealistic expectations.</td>
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<td>7. Caregiver or other person having access to the child has made a credible</td>
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<td>threat or expresses a credible belief that his or her actions may result</td>
<td></td>
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<tr>
<td>in harm or danger of harm to the child.</td>
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<tr>
<td>8. The parent or caregiver has not met or is unable to meet the child’s</td>
<td></td>
</tr>
<tr>
<td>immediate needs for food, clothing, shelter, medical, behavioral or</td>
<td></td>
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<tr>
<td>mental health care, or protection from harm.</td>
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</tr>
<tr>
<td>9. The parent or caregiver(s)’ apparent mental, physical or developmental</td>
<td></td>
</tr>
<tr>
<td>condition, or drug or alcohol use affects their ability to adequately care</td>
<td></td>
</tr>
<tr>
<td>for the child(ren)</td>
<td></td>
</tr>
<tr>
<td>10. The parent or caregiver(s)’ age affects their ability to adequately care</td>
<td></td>
</tr>
<tr>
<td>for the child(ren) (e.g. excessively young or elderly)</td>
<td></td>
</tr>
<tr>
<td>11. There is a pattern of continuing, escalating and/or increasing frequency</td>
<td></td>
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<tr>
<td>of incidents, either reported or unreported (e.g., child discloses ongoing</td>
<td></td>
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<tr>
<td>abuse or chronic in-Home violence for which no abuse or law</td>
<td></td>
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<tr>
<td>enforcement reports were made)</td>
<td></td>
</tr>
<tr>
<td>12. There is evidence of physical or sexual abuse and the possible</td>
<td></td>
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<tr>
<td>responsible person is Unknown.</td>
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</tr>
<tr>
<td>13. Person(s) biologically unrelated to alleged child victim(s) is visiting</td>
<td></td>
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<tr>
<td>or part of the household.</td>
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</tbody>
</table>
### Safety Factor

<table>
<thead>
<tr>
<th></th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>

14. The actual injury, neglect, or threatened harm is serious or severe. If yes, at least one of the following must be selected:
- [ ] Child death
- [ ] Inflicted Fracture
- [ ] Inflicted Burn
- [ ] Head trauma
- [ ] Crack house or similar environment
- [ ] Blunt abdominal injury
- [ ] Bruises on any child less than 6 months
- [ ] Multiple bite marks
- [ ] Extensive body bruising, especially involving the head or the torso
- [ ] Sexual abuse or exploitation
- [ ] Failure to thrive
- [ ] Bizarre punishment/confine ment
- [ ] Other _____________________________

15. Medical attention was required as a result of the actual injury, neglect or threatened harm (indicate if and when medical attention was received).

### Other Signs of Present Danger:

#### Signs of Present Danger Implications for Child Safety:

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### B. Child Vulnerability (complete for each child)

<table>
<thead>
<tr>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Enuretic and/or Encopretic</td>
<td>Physical harm to self</td>
</tr>
<tr>
<td>[ ] Uses drugs/alcohol</td>
<td>Physical aggression/threats</td>
</tr>
<tr>
<td>[ ] Fire Setting</td>
<td>Age inappropriate sexual behavior/ knowledge</td>
</tr>
<tr>
<td>[ ] Runs away from home</td>
<td>Suicidal thoughts/threats</td>
</tr>
<tr>
<td>[ ] Sexual Aggressor</td>
<td>Excessive School absenteeism</td>
</tr>
<tr>
<td>[ ] Expresses fear of caregiver(s) and/or others living in or frequenting the home</td>
<td></td>
</tr>
<tr>
<td>[ ] Other __________________________________________________________________</td>
<td>----------</td>
</tr>
</tbody>
</table>

20. Child has limited community visibility and other cannot observe the condition of the child.

21. Other signs of Child Vulnerability

#### Child Vulnerability Implications for Child Safety:
## C. Protective Capacities

<table>
<thead>
<tr>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. There are prior intakes involving any of the subjects in the current intake, regardless of finding(s)</td>
<td></td>
</tr>
<tr>
<td>23. The parent or caregiver(s) has previously had children in agency custody or out-of-home care as a result of maltreatment, and/or has had parental rights terminated or has considered relinquishment of the child(ren)</td>
<td></td>
</tr>
<tr>
<td>24. The parent or caregiver(s) is unable or unwilling to protect the child(ren) from the possible responsible person who continues to have access and/or proximity to the child(ren)</td>
<td></td>
</tr>
<tr>
<td>25. Parent or caregiver(s) demonstrate(s) ability and willingness to meet child’s basic needs and resources are sufficient to meet basic needs (e.g. housing, income, access to medical care, food, shelter, utilities)</td>
<td></td>
</tr>
<tr>
<td>26. The parent or caregiver(s) communicates with or acts toward the child (ren) in a constructive manner free of verbal/mental abuse</td>
<td></td>
</tr>
<tr>
<td>27. Has a relationship with spouse/partner that supports their ability to protect and nurture the child(ren)</td>
<td></td>
</tr>
<tr>
<td>28. Has demonstrated adequate comprehension and problem solving skills</td>
<td></td>
</tr>
<tr>
<td>29. The parent or caregiver(s) has a childhood history free from abuse or neglect</td>
<td></td>
</tr>
<tr>
<td>30. Appropriate supports are adequate and immediately available (e.g. extended family, friends, neighbors, community)</td>
<td></td>
</tr>
<tr>
<td>31. The parent or caregiver(s) has demonstrated a willingness and ability to follow through with current or prior actions, referrals and/or services</td>
<td></td>
</tr>
<tr>
<td>32. Other Protective Capacities or lack of Protective Capacities:</td>
<td></td>
</tr>
</tbody>
</table>

### Protective Capacities Implications for Child Safety:
### Investigative Summary Job Aid

#### Implications for Child Safety
Each of the implications narratives A-C should explain the determinations of your safety factors and what implications these specific factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s safety.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Signs of Present Danger Implications</td>
</tr>
<tr>
<td></td>
<td>This section will automatically populate from the initial and updated sections of the Safety Assessment.</td>
</tr>
<tr>
<td>B</td>
<td>Child Vulnerability Implications</td>
</tr>
<tr>
<td></td>
<td>This section will automatically populate from the initial and updated sections of the Safety Assessment.</td>
</tr>
<tr>
<td>C</td>
<td>Protective Capacities Implications</td>
</tr>
<tr>
<td></td>
<td>This section will automatically populate from the initial and updated sections of the Safety Assessment.</td>
</tr>
<tr>
<td>D</td>
<td>Criminal History Summary and Implications for Child Safety</td>
</tr>
<tr>
<td></td>
<td>This section can be documented at any point in the case but must be documented at disposition. Document FCIC, DOC, and Sexual offender information for each household member or frequent visitor. Also document the disposition of each criminal charge if known. Summarize how the criminal charges impact child safety.</td>
</tr>
<tr>
<td>E</td>
<td>Prior Reports and Service Records Implications for Child Safety</td>
</tr>
<tr>
<td></td>
<td>This section can be documented at any point in the case but must be documented at disposition. Document any Florida prior abuse report history and/or out of state child welfare history including the disposition and/or services offered. Summarize how the prior abuse/service history impacts child safety.</td>
</tr>
</tbody>
</table>

#### Overall Safety Assessment
This section will automatically populate from the most recent Overall Safety Assessment that is documented in the most recent Safety Assessment.

#### Summary/Findings Implications
This section is documented in the disposition section of FSFN. Document for each child/victim each alleged maltreatment and the findings (verified, some indicators, no indicators) within 45 days from receipt of intake. Specify the person responsible if the finding is determined to be verified. Also document the evidence that led to the findings determination. Summarize how these maltreatment findings impact child safety.
Module 1: Assessment and Decision-Making

Objectives
- Describe sound investigative and assessment procedures.
- Explain how assessment affects decision-making.

Gather & Document Information: Current and Prior Intakes

- If priors w/ findings, staff w/supervisor
- Existing case files
- Prior unfounded intakes
- Current/prior intakes
- E.S. 39.30(1)
- Service providers reports
Slide 4

Gather & Document Information: Criminal History

- State & federal records checks
- Local law enforcement; including call outs to the home
- Dept. of Juvenile Justice
- Dept. of Corrections
- Domestic Violence Injunction Registry

F.S. 39.301(10)(a)3 and F.S. 39.306

Slide 5

Gather & Document Information: Interviewing

F.S. 39.301(7)(10)(14)

- Reporter (if known)
- Face-to-face:
  - Child, siblings (alone)
  - Parents, caregivers (separately)
  - All household members
  - Note or photograph conditions, appearance, development FAC 65C-29-003(3)(c)

Slide 6

Gather & Document Information: Interviewing

Who else would you want to talk to

- Reporter (if appropriate)
- Collaterals (e.g. neighbors, relatives, teachers)
- Alleged perpetrator (when appropriate)
Slide 7

Gather & Document Information: Other Documentation

What other collateral contacts would you make, and for what purpose

- CPT reports, photographs, interviews 55.39.304(1)
- School records
- Health department records
- Other medical records
- Emergency room/medical reports
- Demographics/corrections in address, dob, etc.

Slide 8

Observe & Document the Home Environment

What must you observe in the home environment

- Living conditions (inside & out)
- Food, shelter, clothing adequate to meet child’s needs
- Safety of physical environment
- Child’s bedroom
- Place and cause of maltreatment

Slide 9

Gather & Document Family Assessment Factors

- Attitude regarding intervention
- Culture and family background
- Parent/caregiver history of abuse
- Child characteristics that might increase risk
- Family relationships/family dynamics/interactions, attitude towards child
Slide 10

Gather & Document Family Assessment Factors

- Child’s age/development
- Parent’s age
- Community & family supports
- Discipline & parenting techniques
- Stressors
- Substance abuse/domestic violence
- Ability to meet children’s needs & keep them safe

Slide 11

Examine/Analyze Information to Determine Plausibility

- Review indicators & evidence
- Compare injury type to child’s age/development
- Can anyone corroborate parents’ explanation
- Look for inconsistencies

Slide 12

Safety Assessment & Decision-Making

- Analyze & synthesize all information
- Implement safety plan
- Follow statutes, policies and procedures
- Determine immediate & long-term risk to child
Slide 13

Safety Assessment & Decision-Making

Determine Safety Action:

- Remove child
- Leave child in the home

Module 1: Assessment and Decision - Making

Module 2: Analysis of Assessment Information

Objectives

• Make informed decisions based upon information assessment.
• Analyze a case using the decision-making process.

Module 2: Analysis of Assessment Information