Child Welfare Pre-Service Training

Investigative Response

Participant Guide

July 2012
Table of Contents

Introduction: The Investigation Process ................................................................. 1

Module 1: Preparing for the Investigation ............................................................... 1
   Special Cases and Conditions: Law/Policy/Procedure Locator .................................. 1
   Child on Child Sexual Abuse Referrals ................................................................... 2
   Institutional Intakes/Investigations ......................................................................... 5
   Missing Child Quick Reference Guide .................................................................... 8
   False “Reports” ......................................................................................................... 9

Information Sources/Records to Check ............................................................... 12
   Investigative Response Checklist .......................................................................... 17
   Gathering Information from the Reporter ............................................................. 19
   Wyler Intake ........................................................................................................... 21
   Bryson Intake ......................................................................................................... 25
   Warner Intake ......................................................................................................... 29
   Warner Investigative Summary (Prior Investigation) .............................................. 34
   Warner Prior Investigation .................................................................................... 37
   The Greene Family .................................................................................................. 38
   Prepare for Initial Contact (Greene Family) .......................................................... 39

Module 2: Conducting the Investigation ............................................................. 1
   The Investigation Process ....................................................................................... 1
   Florida Statutes/F.A.C. References ........................................................................ 2
   Identification of Children F.A.C. 65C-30.004 ......................................................... 6
   Legal Requirements for Investigations .................................................................. 7
   Child Protection: Your Rights & Responsibilities .................................................. 8
   On-site Investigations ............................................................................................ 11
   On-site Justification .............................................................................................. Error! Bookmark not defined.
   Enhanced On-site Investigation ............................................................................. Error! Bookmark not defined.
   FSFN Case Notes: Greene Investigation ................................................................ 13
   Investigative Response Checklist ......................................................................... 17
   Protective Investigations Checklists ....................................................................... Error! Bookmark not defined.
   In-Home Safety Assessment (Sections A-C) ......................................................... 26
   Caregiver’s Ability and Willingness to Protect the Child ........................................ 29
   Williams Family Scenario ..................................................................................... 30
   Examples of Child Abuse Critical Indicators ....................................................... 32
   Safety Planning for the Williams Family .............................................................. 33
<table>
<thead>
<tr>
<th>Module 3: The Safety Assessment</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Aid: In-Home Safety Assessment</td>
<td>1</td>
</tr>
<tr>
<td>Institutional Safety Assessment</td>
<td>5</td>
</tr>
<tr>
<td>Initial Institutional Safety Assessment Template</td>
<td>7</td>
</tr>
<tr>
<td>Child on Child Assessments</td>
<td>10</td>
</tr>
<tr>
<td>Child On Child Assessment Template</td>
<td>13</td>
</tr>
<tr>
<td>Request for Assistance Assessment</td>
<td>16</td>
</tr>
<tr>
<td>Jensen Safety Assessment (SA)</td>
<td>17</td>
</tr>
<tr>
<td>Intake Report with Reporter Narrative (Jensen)</td>
<td>18</td>
</tr>
<tr>
<td>Investigative Summary (Jensen Prior)</td>
<td>22</td>
</tr>
<tr>
<td>Jensen Family Scenario</td>
<td>25</td>
</tr>
<tr>
<td>In-Home Safety Assessment (Blank)</td>
<td>29</td>
</tr>
<tr>
<td>Module 4: Investigative Closures</td>
<td>1</td>
</tr>
<tr>
<td>Determining Findings</td>
<td>1</td>
</tr>
<tr>
<td>Findings: Murphy, Jamie, Sexual Abuse Investigation</td>
<td>2</td>
</tr>
<tr>
<td>FINDINGS for Jamie Investigation</td>
<td>3</td>
</tr>
<tr>
<td>FINDINGS for Sexual Abuse Investigation</td>
<td>4</td>
</tr>
<tr>
<td>Investigative Summary Job Aid: In-Home Safety Assessment</td>
<td>5</td>
</tr>
<tr>
<td>Investigative Summary: Child Institutional Safety Assessment</td>
<td>7</td>
</tr>
<tr>
<td>Assessment Summary: Child on Child Assessment</td>
<td>9</td>
</tr>
<tr>
<td>Assessment Summary: Request for Assistance Assessment</td>
<td>11</td>
</tr>
<tr>
<td>Bryson Updated In-Home Safety Assessment</td>
<td>12</td>
</tr>
<tr>
<td>Bryson Investigative Summary</td>
<td>17</td>
</tr>
<tr>
<td>Ready for Investigation Closure?</td>
<td>21</td>
</tr>
<tr>
<td>Investigation Closure</td>
<td>22</td>
</tr>
<tr>
<td>FSFN Investigation Closure Checklist</td>
<td>24</td>
</tr>
<tr>
<td>No Jurisdiction Closures</td>
<td>25</td>
</tr>
<tr>
<td>Duplicate Closures</td>
<td>30</td>
</tr>
<tr>
<td>PowerPoint Slides</td>
<td>1</td>
</tr>
</tbody>
</table>
## Module 1: Preparing for the Investigation
### Special Cases and Conditions: Law/Policy/Procedure Locator

<table>
<thead>
<tr>
<th>Case Condition</th>
<th>Florida Statute</th>
<th>Florida Administrative Code</th>
<th>Operating Procedures for DCF Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Condition Referrals:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child on Child</td>
<td>39.307</td>
<td>Foster Care: 65C-29.006 65C-29.007</td>
<td>175-21 175-28</td>
</tr>
<tr>
<td>• Foster Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caregiver Unavailable</td>
<td>39.307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parent Needs Assistance</td>
<td>39.307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Reservations</td>
<td>65C-28.013 65C-30.001(7)(67)</td>
<td>175-36 175-54 (4)(I)</td>
<td></td>
</tr>
<tr>
<td>Federal Property</td>
<td>65C-30.001(86)(f)</td>
<td>175-56</td>
<td></td>
</tr>
<tr>
<td>Out-of-Town Inquiry</td>
<td>65C-29.011</td>
<td>175-33</td>
<td></td>
</tr>
<tr>
<td>Institutional Cases</td>
<td>39.302</td>
<td>65C-29.004</td>
<td></td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>39.301, 39.5075</td>
<td>65C-9.003</td>
<td>175-14</td>
</tr>
<tr>
<td>Denied Access to Child</td>
<td>39.301(13)</td>
<td>65C-29.003(3)(e)</td>
<td></td>
</tr>
<tr>
<td>Unable to Locate Child/Family</td>
<td>65C-29.013</td>
<td>175-22</td>
<td></td>
</tr>
<tr>
<td>Additional and Supplemental Intakes</td>
<td>65C-29.002(7)(e)</td>
<td>175-46</td>
<td></td>
</tr>
<tr>
<td>False “Reports”</td>
<td>39.01(29) 39.206</td>
<td>65C-29.010</td>
<td></td>
</tr>
<tr>
<td>Transfer of Cases Within/</td>
<td>65C-29.012</td>
<td>175-48</td>
<td></td>
</tr>
<tr>
<td>Between Districts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee/Entrant Unaccompanied Minors</td>
<td>39.5075</td>
<td>65C-30.007(17)</td>
<td>175-44</td>
</tr>
<tr>
<td>Child Deaths Due to Abuse, Neglect</td>
<td>39.201(3) 39.303(2)(g) 38.806(1)(h) 65C-30.020 65C-30.021</td>
<td>175-17 175-28</td>
<td></td>
</tr>
<tr>
<td>Surrendered Newborns</td>
<td>39.201(2)(g) 1-2</td>
<td>65C-29.002(5)(e)</td>
<td></td>
</tr>
</tbody>
</table>
Child on Child Sexual Abuse Referrals
s. 39.201 and s. 39.307, F.S.; 65C-29.007, F.A.C.
s. 39.201(2)(f), F.S.

- Intakes involving a known or suspected juvenile sexual offender or a child who has exhibited inappropriate sexual behavior must be made and received by the Hotline.
- The Hotline will determine the age of the alleged offender, if known.
s. 39.01(14), F.S.

- “Child who has exhibited inappropriate sexual behavior”: a child who is age 12 or younger and who has been found to have committed an inappropriate sexual act.

Alleged Offender is Age 13 or Older [s. 39.201(2)(f)3, F.S.]

- The Hotline must immediately
  - transfer the call to the appropriate county sheriff’s office
  - electronically send a written report to the appropriate county sheriff’s office within 48 hours after the initial intake to the Abuse Hotline.
- State Attorney notification is not required.

Alleged Offender is Age 12 or Younger [s. 39.201(2)(f)2, F.S.]

- You must respond to all intakes of child on child sexual abuse where the alleged offender is age 12 or younger. [65C-29.007(1), F.A.C.]
- The Abuse Hotline immediately electronically transfers the call to the appropriate law enforcement agency office. [s. 39.201(2)(f)2, F.S.]
- You must conduct an assessment and:
  - assist the family in receiving appropriate services [s. 39.307, F.S.]
  - send a written report of the allegation to the appropriate county sheriff’s office within 48 hours after the initial intake is made to the hotline; and
  - notify contract manager and CBC licensing agency.
- You must continue to notify law enforcement regarding:
  - any risk to the victim's safety;
  - if the family rejects services;
  - if services will not benefit the family; and,
  - assurance that the appropriate law enforcement agency was properly notified.

Staff Requirements to Assist Caregivers

- Help the family receive appropriate services that address the referral.
- Explain the purpose of the response to the caregiver in a way that is consistent with the legislative purpose and intent.
- Provide the name and office telephone number of the person responding to the
  - offender's caregiver
  - the victim's caregiver
• Explain the possible consequences of the response, including outcomes and services to:
  • caregivers for the alleged juvenile sexual offender or child who has exhibited inappropriate sexual behavior and
  • the victim’s caregiver.
• Involve the caregivers of the alleged juvenile sexual offender or the child who has exhibited inappropriate sexual behavior, and the victim’s caregiver to the fullest extent possible to determine the nature of the:
  • allegation
  • problem or risk to other children
• Create and complete an FSFN Child on Child Assessment.

**Safety Assessment and Perceived Treatment Needs**
• The safety assessment and the perceived treatment needs of the alleged juvenile sexual offender, or the child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers must be conducted by the:
  • region/circuit staff
  • child protection team (CPT)
  • other providers under contract
• Consider the social, economic, and cultural environment of the family.
• If necessary, CPT will conduct a physical examination of the victim sufficient to meet forensic requirements.
• Complete the following based on information obtained from participants:
  • an assessment service and treatment needs report
  • if needed, a case plan (within 30 days)
• Services to the alleged juvenile sexual offender or child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers or family must be voluntary and of necessary duration. s. 39.307(4)

**Case Management**
• A case plan must be developed and the family’s acceptance must be in writing.
• Progress toward achieving the objectives of the plan must be periodically reviewed to:
  • make adjustments to the plan or take additional action
  • terminate the case when indicated by successful/substantial achievement of the objectives of the plan
• If the family/caregiver fails to adequately participate or allow adequate participation of the juvenile sexual offender or child who has exhibited inappropriate sexual behavior in the services/treatment in the case plan, the case may be:
  • closed;
  • referred to mediation or arbitration, if available; or
  • referred to appropriate law enforcement agency for failure to comply
• At any time, as a result of additional information, findings of facts, or changing conditions, a protective investigation may be completed.
Safety Assessment and Perceived Treatment Needs

- The safety assessment and the perceived treatment needs of the alleged juvenile sexual offender, or the child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers must be conducted by the:
  - region/circuit staff
  - child protection team (CPT)
  - other providers under contract
- Consider the social, economic, and cultural environment of the family.
- If necessary, the child protection team (CPT) will conduct a physical examination of the victim sufficient to meet forensic requirements.
- Complete the following based on information obtained from participants:
  - an assessment service and treatment needs report
  - if needed, a case plan (within 30 days)
- Services to the alleged juvenile sexual offender or child who has exhibited inappropriate sexual behavior, the victim, and respective caregivers or family must be voluntary and of necessary duration. s. 39.307(4)
Institutional Intakes/Investigations

What are Institutional Intakes?
39.01(33) and (47); 39.302; 65C-29.004
Situations of known or suspected child maltreatment where the person allegedly perpetrating the maltreatment is an employee of

- a private school
- public or private day care center
- residential home, institution, facility, or
- agency or any other person at such institution responsible for the child’s care.

Chapter 2006-194
- includes school employees to the definition of “other person responsible for a child’s welfare”
- Allegations involving school employees who allegedly abuse children in their official capacity are received as institutional intakes.

Required Notifications and Reports

Oral Notifications; 65C-29.004
- You must immediately orally contact:
  - appropriate state attorney
  - law enforcement
  - licensing agency or contract manager
  - Child’s parent(s), legal guardian, attorney, GAL
- For residential child caring facilities, notify superintendent upon initial contact.
- When a facility is exempt from licensing under s. 409.176:
  - owner/operator must be informed of the intake.
  - Florida Association of Christian Child Caring Agencies (FACCCA) must be notified.

Written Reports
- Within 3 working days after making the oral report, you must forward a full written report to the state attorney.
- Within 15 days after the completion of the investigation, the state attorney will:
  - report the findings to the agency and
  - include in the report if prosecution is justified and appropriate
Contacts

You must

- conduct on site face-to-face interviews with the child;
- make unannounced visits unless unannounced visits threaten the safety of the child;
- contact the victim at the institution where the alleged maltreatment occurred;
  - If the child is no longer located at the institution/facility, the on site visit must occur where
    the child is located when the intake is received.
- conduct an onsite visit of the child’s place of residence;
- notify each child’s parent(s) or legal guardian(s) that an intake has been received and
  provide the results of the investigation; and
- interview collaterals and the alleged perpetrator

Investigative Decision-Making

Prior Investigations

For all institutional investigations you must:

- address the provider/institution’s history of compliance with corrective action
  recommendations or agreed upon safety plans from prior investigations.
- consider the history of compliance while developing any corrective/safety action
  plans/recommendations during the current investigation.

Threat of Harm to Other Children

If the investigation results, including the nature of maltreatment, indicate a threat of harm to
other children in the institutional employee’s own household, you must:

- contact the Hotline and report the concerns.

39.302(7):

- If the Alleged Perpetrator is “Unknown, Unknown” when received at the Hotline, the Alleged
  Perpetrator cannot be changed to an employee unless the case is verified.

Restricted Access to the Child(ren)

- A subject’s access to the children, pending the outcome of the investigation, may be
  restricted when their continued contact constitutes:
  - threatened harm to the physical health, mental health, or welfare of the children.
- Least restrictive includes the necessity of safeguarding the safety and welfare of children in
  care.
- This authority applies only to investigations in which there is some evidence that child
  maltreatment has occurred.
Judicial Review: Restricted Access

A subject of an investigation who has restricted access to children may petition the circuit court for judicial review.

- The court will enter written findings of fact
  - based upon the preponderance of evidence that maltreatment did occur and that the restrictive action was justified.
- The restrictive action is effective for no more than 90 days without a judicial finding supporting the actions.
- After completing the investigation, the agency can apply to the circuit court
  - for continued restrictive action against any person
  - to safeguard the child’s physical/mental health
Mandatory Protocol

Missing Child Quick Reference Guide

For ANY child who cannot be located, or who goes missing during an investigation!

<table>
<thead>
<tr>
<th>WHAT THE CHILD PROTECTIVE INVESTIGATOR MUST DO:</th>
<th>WHEN?</th>
<th>BUT ABSOLUTELY NO LATER THAN…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin following all protocols as outlined in Rule 65C-29.013, F. A. C., “Reasonable Efforts to Locate.”</td>
<td>Immediately</td>
<td>Immediately</td>
</tr>
<tr>
<td>Whenever the child’s location is unknown and the child is believed to be at risk during an open investigation, the CPI must staff with the Supervisor and CLS to determine if probable cause exists to issue a statewide alert and obtain a Take into Custody (Pick-Up) Order. <strong>Note:</strong> The case must be staffed for transfer to services after all of the following has been completed: the child has been reported as missing to local law enforcement by the CPI; a pick-up order has been issued; and the Missing Child Report Form has been completed within FSFN by the Investigator. The case must be staffed for services to ensure that the case remains active, and that diligent efforts to locate the child are continued until the child is found.</td>
<td>Immediately, based on the perceived overall risk to the child, due to such factors as the child’s age, his or her vulnerability, and the nature or severity of the allegations.</td>
<td>No later than… Immediately or up to 4 hours after initial efforts to locate the family or child have been undertaken, and it has been determined (through reasonable efforts to locate the family and child) that their whereabouts are unknown.</td>
</tr>
</tbody>
</table>

If the child is believed to be at risk, ALL of the following actions must be completed:

| Make sure the child has been reported missing to law enforcement **AND** that a Missing Child Report has been taken by the police. You must obtain the police report number and the name of the law enforcement agency contacted, from the person who reported the missing child to law enforcement. If you have any issues with obtaining a report, please contact your Child Location Specialist. (Document this in FSFN) | Immediately if the child is age 11 or younger, and/or at a **high risk**. | No later than… Immediately or up to 4 hours if child is 12 or older, willingly left care, and is not at high risk (**you must be conducting efforts to locate the child during this period of time**). |
| Complete the Missing Child Report Form through the MCTS link in FSFN. (Document this in FSFN) **Note:** If a pick-up order has been issued for the child, but local law enforcement refuses to take a missing child report, a “Dummy” police report number of 00000 may be entered into the Missing Child Report Form. | Immediately upon obtaining a report number from law enforcement. | No later than… One business day after you learn the child is missing and obtain a report number from law enforcement. |
| Notify caregivers, parent(s), relatives, GAL, service providers, school/daycare, etc., to advise them of the situation and to see if they can provide information to help locate the child. (Document contacts in FSFN) | Immediately upon learning the child is missing. | No later than… 24 hours after you learn that the child is missing. |
| Complete Incident Report and fax/deliver it to appropriate parties; follow local agency procedures for incident reporting. (Document this activity in FSFN) | Immediately upon learning the child is missing. | No later than… 8 hours (if “high risk,” fax the incident report immediately). |

**WHILE THE CHILD IS MISSING,** you must continue to perform diligent efforts to locate! **Contact and inquire of current & previous caregivers, parent(s), relatives, GAL, service providers, school and/or daycare, friends/non-relatives, etc., to try and locate the child. (Document each of these contacts in FSFN)**

| These contacts must be made Weekly for the first 3 months and Monthly thereafter, until the child is located. | No later than… **WEEKLY** for the first 3 months the child is missing and **MONTHLY** thereafter, until the child is located. Each of these contacts must be documented in FSFN as your on-going diligent efforts to locate the child. |

**High Risk:** Any child age 11 or younger; or any child (no matter the age) who is believed to be with someone who may harm him/her; or any child who may be at risk of harming him/her self; or any child who has a known medical condition or disability. Immediate action must be taken to report and locate any Missing Child who is at high risk.

Please contact the Child Location Unit at (850) 410-8543 with any questions!
False “Reports”

The agency may become aware of a potential false “reports” through staff observation, information received from third parties, or a complaint submitted by the alleged perpetrator.

False “Report” Defined (39.01(29)):

- An intake alleging maltreatment of a child to the abuse hotline, maliciously made:
  - to harass, embarrass or harm another person
  - for personal financial gain
  - to get custody of a child
  - for the reporting person’s personal benefit

Referrals to LE

When appropriate, you will make a request to law enforcement (LE) to assist in determining that a false “report” has been made.

- Referrals to LE must be standardized to include all of the following:
  - Intake number
  - All factors considered in determining if the “report” is false
  - Audio recording of the call to the Abuse Hotline
  - Identification of the physical location from where the call originated
  - Identification of the reporter of the false “report”
  - Identify of the victim

Investigator Responsibilities

- When a false “report” is suspected, you must
  - If the department or its authorized agent has determined during the course of after its investigation that a report is a false report, the department may discontinue all investigative activities and shall, with the consent of the alleged perpetrator, refer the report to the local law enforcement agency having jurisdiction for an investigation.
  - advise the alleged perpetrator falsely named of their rights to pursue civil and/or criminal penalties against the false reporter; and
  - provide written information regarding false reporting and their rights under sections 39.201 and 39.206 F.S to the alleged perpetrator and others involved in the intake.
  - Case notes must contain documentation of:
    - the suspicion of a false “report”
    - advice to the falsely alleged perpetrator
    - delivery of the brochure to the alleged perpetrator
    - consultation with region/circuit legal counsel
    - documentation of each factor considered, consent of the alleged perpetrator, and referral to law enforcement (65C-29.010)
Considerations for Determining False Reports

To determine if an intake may have been filed maliciously, consider the following:

- Has the preponderance of facts alleged in the “report” been determined untrue?
- Has the reporter admitted that the “report” is untrue or that it is a false “report”?
- Have criminal charges been filed for false reporting?
- Has the reporter made contradictory statements?
- Have prior “reports” by this reporter been determined to be false or to have no indicators of maltreatment?
- Have statements been made during the investigation, which indicate retaliation?
- Is there a history of disputes?
- Are custody issues being decided concurrently with the “report”?
- Is the reported information patently false relative to what is observable?
- Was information provided by an individual who witnessed the reporting of false information, or to whom the reporter admitted to false reporting?
- Is there likelihood of personal or financial gain as a result of the “report”?
- Did the responsible caregiver have access to the alleged victim at the time the alleged maltreatment occurred?
- Is there any other relevant information from neighbors, relatives, professionals, or other persons?

Consultation with CLS

- You must, in consultation with CLS, evaluate and document the reasons to believe that a false “report” has been made.
- The alleged perpetrator of a false “report” must be notified of the right to pursue administrative and criminal remedies.
- If a child is alleged or strongly suspected to be a false reporter, a referral for counseling or other therapeutic services must be considered prior to imposing an administrative fine or other penalty.

Administrative Fine

- The fine cannot exceed $10,000 for each determination of false reporting. In determining the amount the following is considered:
  - Gravity of the violation
  - Actions taken by the false reporter to retract the “report,” or to encourage the investigation on the basis of false information.
  - Number of prior occurrences of false reporting by the reporter
  - Nature of the false allegation, including:
    - Number of victims alleged to maltreatment
    - If the “report” required an immediate response
    - Extent to which normal family or institutional routines were disrupted
    - Necessity of any physical, medical or mental health examinations and the invasiveness of the required procedures
• Actual expense of the investigation to the subjects of the “report” and the agency
• Number of interviews required to fully investigate the “report”
• Risk of harm responding staff was subjected to, and any resultant real harm

**Notice of Proposed Agency Action**

• Notice of Proposed Agency Action is sent to the alleged false reporter by certified mail, return receipt requested. (Retain receipt in the case file.)
• If within 20 days from receipt of the Notice of Proposed Agency Action, no additional information is received and/or no response is received, the agency will issue a Notice of Intent.

**Administrative Hearing**

• The hearing is closed.
• Preponderance of the evidence is required.

**Referral to Law Enforcement - 39.205(5)and (6)**

A person who knowingly and willfully makes a false “report” or who advises another to make a false “report” is guilty of a felony of the third degree.

• If an investigation reveals that a “report” is false:
  • The agency will, with the consent of the alleged perpetrator, refer the “report” to local LE agency having jurisdiction.
  • LE will decide if sufficient evidence exists to refer the case for prosecution for filing a false “report.”
• During the criminal investigation LE must:
  • be notified of any additional “reports.”
  • respond to all subsequent intakes concerning family.
• If LE believes there is abuse, they must immediately notify the Hotline.
• Each region/circuit must work with LE to establish procedures within local agreements that deal with false reporting.
Information Sources/Records to Check

Prepare for Initial Contact

Current and Past Records

- closed records of past intakes, investigations and/or cases
- previous records of services received
- current case file with forms, reports, background checks, documentation of past investigations

FSFN Documentation of Prior Intake/Service Referrals

- The Prior Intake/Service Referrals tab displays all historical intakes involving persons who are also included on the current investigation.
- The tab displays:
  - Date intake received
  - Intake number
  - Report name
  - Intake type
  - Investigative sub-type
  - Screening decision
  - Case ID
  - Findings
- The page is grouped by intake type (child abuse intake, adult abuse intake, special conditions intake and services referral) and sorted by date/time received within each Intake grouping in reverse chronological order.
- You must document the implications of all prior intakes and service referrals upon child safety and permanency planning by considering the:
  - total number of priors
  - span of time between services
  - patterns illustrated across intakes

FSFN Documentation of Criminal Histories - CFOP 175-94

- Criminal and delinquency record checks will be completed for initial and additional intakes where DCF is responsible for investigating allegations of maltreatment.
  - Additional intakes will only have background checks completed on new participants added.
  - Supplemental intakes do not require background checks - no new participants.
- CI unit completes NCIC, FCIC, JJIS, Department of Corrections (DOC) and Sexual Offender/Predator data base checks based on the information known at the time of the initial intake.
Sheriff’s Office Investigations

- If the sheriff’s office is responsible for child protective investigations in the county where the intake is assigned, the CI Unit assigns the intake without criminal history checks.
- The sheriff’s office is responsible for conducting all checks upon receipt of the intake.

Insufficient Subject Information

- If the intake does not contain sufficient subject information to complete criminal history checks, the CI Unit documents this in the intake and assigns the intake.
- A summary of the results is documented in the intake and the full results are made available to the PI through the current FSFN on-line link.

Accessing Records Checks

- If the Hotline can complete criminal history/delinquency record checks and assign the intake within one hour from the time the intake is accepted,
  - a summary of the results is documented in the Reporter Additional Information screen; and
  - the full results are made available to the PI through the FSFN on-line link.
- If the Hotline cannot complete criminal history/delinquency record checks and assign the intake within one hour from the time the intake is accepted, the intake is assigned to the appropriate county and the full results are made available to the PI through the on-line link.
- The date of request and the date of receipt of the information is recorded in the SA and/or case note.
  - The actual information received cannot be replicated in the electronic record, but is secured in a sealed envelope in the related paper file.

Documentation: Analysis of Information and Implications for Child Safety

- You must document the analysis of information obtained and its implications for child safety and if the records indicate a current threat to child safety.
- The explanation of the impact on child safety must reference the date, specific arrest/call, and the source (i.e. FDLE) used in the analysis.
- This screen must be completed within 45 days of receipt of the intake.
- When no records are received, you must follow up within 5 days of the date of the request.
- You can only use “unknown” in your analysis of child safety when the information obtained is insufficient to assess a current threat to child safety.
- If the records indicate the potential for a current threat to child safety, the case plan must address the efforts needed to eliminate the threat.
- Criminal history information obtained from the National Crime Information Center (NCIC), including the request and receipt of such information, CANNOT be documented in the SA.
- CFOP 175-94, Criminal History and delinquency Record Checks for Investigation, Placement and Emergency Placement for specific information.
Rechecks
During an investigation, you can contact the CI Unit for additional subjects that need criminal/delinquency record checks or to complete rechecks when subject demographic information is updated.

- You must provide the following:
  - Your FSFN user ID
  - Region/Circuit/District/County of employment
  - Intake Number
  - Call back telephone number
  - For each individual that is needing a recheck:
    - First and last name
    - DOB or age
    - SSN
    - Role in the intake

Information Available via FSFN On-line Link
- Any criminal/delinquency history is available to you through the current FSFN on-line link within 3 days from the date the request is made.
- After completing the criminal history check, the CI Unit will attempt to contact you to tell you that the check is completed.
- The criminal history is only available in the on-line link for 24 hours from the time the checks are posted.
- Services Referrals created by the CBC workers do not have access to this tab.
- CI unit performs the background check tasks in the PhoeniX System and creates the appropriate file in the secure server.

Access External Link through “View Background Check Information”
- FSFN has an external link to the files for authorized users by selecting View Background Check Information.
- You must document the receipt of criminal record checks from DJJ, FDLE (FCIC, Public Access Data), Department of Corrections, and local Law Enforcement; along with documentation of problems or delays.
- Information must also be requested from the Domestic, Dating, Sexual, and Repeat Violence Injunction Statewide Verification System.
  - This statewide verification system is within FDLE and operated by the Florida Crime Information Center. F.S. 784.046(8)(b)
- Sealed or expunged criminal information received from FCIC CANNOT be documented in FSFN. This criminal information must be secured in a sealed envelope in the paper file.
- Criminal history information obtained from NCIC may NOT be recorded in the Investigative Report (CSA) and/or case notes.
  - The actual information received cannot be replicated in FSFN, but must be secured in a sealed envelope in the paper file.
Planned Placements for Children
The CI Unit completes criminal/delinquency record checks for planned placement requests made by you or a contracted provider.

Requestor Information
Requestor must provide the following:
- FSFN User ID
- Region/Circuit/County of employment
- Agency where the individual works
- Intake or Case Number
- Call back telephone number

Potential Placement Information
- For each potential placement:
  - First and last name
  - DOB or age
  - Role in the household of the proposed placement
  - SSN

CI (Crime Intelligence) Unit Records Checks
- For planned placement requests, the CI Unit completes:
  - FCIC
  - JJIS (Juvenile Justice Information System)
  - DOC (Department of Corrections)
  - Sexual Offender/Predator database checks
- Any criminal/delinquency history is made available to you within 3 days from the date the request is made.
- CI Unit will attempt to contact you to inform you that the check is complete.
- The criminal history is only available in the on-line link for 24 hours from the time results are posted.
Emergency Placement of Children in Urgent Circumstances

The CI Unit completes criminal/delinquency record checks for emergency placement in urgent circumstances based on requests made by you or a contracted provider.

Requestor Information
Requestor must provide the following:
- FSFN User ID
- Region/Circuit/County of employment
- Agency where the individual works
- Intake or Case Number
- Call back telephone number

Placement Information
For each potential placement:
- First and last name
- DOB or age
- Role in the household of the proposed placement
  - Proposed caregiver (there can be more than one per household)
  - Family member of proposed caregiver
- SSN

CI Unit Records Checks for Emergency Placement Requests
- For emergency placement requests, the CI Unit completes:
  - NCIC
  - FCIC
  - JJIS
  - DOC
  - Sexual Offender/Predator database checks
- When requesting completion of an emergency placement check, the requestor MUST answer 5 questions to determine if the NCIC check can be completed. (CFOP, 175-94)
  - Is the person being checked a parent? [Answer must be “no”]
  - Is the person a “non-licensed” relative/non-relative? [Answer must be “yes”]
  - Is placement to be made within the next 72 hours?
  - Will the fingerprints be submitted on the next business day?
  - Is age under 18 years?
Investigative Response Checklist


**Conduct pre-commencement activities.**

- □ Analyze the intake and use the Child Maltreatment Matrix.
- □ Contact the reporter unless caller ID was used and/or caller was anonymous. Provide contact information to mandatory reporter within 24 hours of report receipt. **F.S. 39.301(6)**
- □ Review all Prior Intakes/Investigations and Service Referrals.
- □ Review criminal history background checks provided by CI unit.
- □ Notify orally law enforcement and state attorney according to **F.S. 39.301(17)**.
- □ Review all previous or current case files and records of services received.
- □ Speak with current or prior Investigators, Case Managers, Supervisors, providers, schools.
- □ Plan interviews with family members; determine the location of the interviews.

**Make unannounced face-to-face contact with the family and gather information from interviews and observations.**

- □ Introduce yourself (name, agency); show identification.
- □ Explain the goal and process of the intervention; inform the family of their rights by providing and reviewing the Rights and Responsibilities Pamphlet.
- □ Provide parents with the Management and Protection of Personal Health Information Policy at initial contact and obtain signed receipt. **CFOP 60-17**
- □ Assess for child safety.
- □ Tour the home, viewing all rooms and conditions.
- □ Observe and assess for indicators. (After interviews, notify CPT if necessary)
- □ Interview face-to-face the child, siblings, parents, and other adults in the home.
- □ Inquire and document a dialogue with an adult family member re: if the child is of **American Indian/Native Alaskan decent.**
- □ Complete ICWA Eligibility form.
- □ Gather information from parent/caregivers for Request for TANF Funds and enter in FSFN.
- □ Note: If the child is determined to be a “missing child,” follow requirements of **65C-30.019** and **65C-29.013(4)(d)**. (Reasonable Efforts to Locate)
- □ If human trafficking is suspected, notify local and federal law enforcement. **CFOP 175-14**

**Analyze information to make safety/well-being decisions.**

- □ Make safety decision based on current and past information.
- □ Implement a safety plan when necessary.
Follow 65C-30.009, Tiered Services Protocol.

If a removal is necessary, refer to the PG in Removal and Placement, "Tasks for Removal and Emergency Placement."

Assure completion of “Emergency Intake Form” per 65C-29.003(6)(a)1.d. to document the child’s medical information and needs.

Gather more information and complete documentation and reports.

Prepare for the shelter hearing (for removals):
- reasonable efforts/probable cause documentation for shelter petition
- a recommended visitation schedule between child/parents, to begin within 72 hours, F.S. 39.402(9); follow guidelines in s.39.0139 for children who have been removed due to allegations of sexual abuse or exploitation
- service referral information for the family 39.402(15)
- forward received written requests from relatives to CLS for notification of hearings
  - 39.301(14)(b)
- Document in the investigative file reasons why the dependency petition was not filed or the child was not removed.
- Continue or begin diligent search process.
- Send written summary to LE and SA, if appropriate, within 3 working days and to mandatory reporter within 10 days, if requested.
- Provide family assessment information to CM for early service intervention.
- Conduct face-to-face interviews/calls with other collaterals, including reporter.
- Complete assessment of immediate child safety for each child.
- Follow up on supervisory recommendations on the SA. (supervisory review 72 hours from submission of the SA)
- Update FSFN.
  - Visitation Plan may be completed by the Case Manager if case transfer is timely.

Staff case as needed.
- Conduct Multidisciplinary Staffing if second intake and different CPI, human trafficking is suspected, or if risk and safety assessments determine need.
- ESI, if applicable to the case.
- Staff with CLS when appropriate.

Complete investigation within 60 days of receiving initial intake.
- Follow procedures for investigation case closure.
- Complete all case closure documentation on FSFN.
Gathering Information from the Reporter
F.A.C. 65C-29.003(3)(n)

You must gather information from the reporter about:

The Report and Reporter

- Validation of the reporter information provided to the hotline
- How the reporter obtained knowledge of the allegations
- The relationship of the reporter to the alleged victim
- The length of time the reporter has known/suspected the alleged maltreatment
- If any action has already been taken:
  - Has the child received medical attention or been removed from the home?
  - Has law enforcement been notified?
  - Are other professionals involved?
- Names, addresses, and phone numbers of other persons with first-hand information about the allegations
- Safety issues present (refer to “Safety Issues”)

Alleged Child Victim(s)

- Child’s name
- Date of birth, gender, school grade level, ethnicity or culture, citizenship and/or Native American Indian or Native Alaskan descent, and child’s primary language
- Name of school the child attends
- Child’s behavior and level of functioning
- Child’s ability to protect themselves
- Where and when the alleged maltreatment occurred
  - type, extent, severity, duration, and frequency of the alleged maltreatment
  - child’s current condition
  - current location of the child; specific address
- If there have been prior suspected or documented incidents of maltreatment in the family;
  - when, and of what nature
  - the circumstances or cause of the alleged maltreatment in the intake
  - if there have been any interventions by the family to reduce the risk to the child, either within the home or in an out-of-home setting.
Child’s Parent or Primary Caregiver
- name of parent or caregiver (note if name is different from alleged child victim)
- aliases or "Also Known As" (AKAs) of adults in family
- parent or caregiver’s ethnicity, culture, primary language; if the parent or caregiver can understand and converse in English
- behavior and functioning level of the parent or caregiver
- other adults living in the home, and their relationship to family members
- parents’ or caregiver’s employment information
- if parent or caregiver is aware of call to the hotline
- list and location of extended family members, friends, or neighbors, who may be helpful in intervening, or who may have relevant information about the allegation

Other Children in the Home
- names of other children in the home, ages, gender
- relationship to alleged child victim

Safety Issues
- You must determine if there are:
  - guns, knives, or other weapons in the home
  - animals in the home that might pose a danger
- You must also determine if family members are known or believed to be engaged in:
  - assaultive or violent behavior
  - domestic violence
  - using drugs or alcohol
  - crack/cocaine dealing
  - other criminal activity

Confidentiality
- Ensure that all reporter information is redacted if a copy of the intake and/or case notes is provided to the family.
- This includes any information from the allegation narrative that may assist the family members in identifying the reporter.

Information Required by Statute
- F.S. 39.301(6): PI must provide contact information to the reporter within 24 hours of report receipt.
- F.S. 39.301(6): PI must inform reporter of their right to provide a written summary of the report to the PI for mandatory inclusion in the master file.
### Wyler Intake

#### INTAKE REPORT

<table>
<thead>
<tr>
<th>Intake Name</th>
<th>Intake Number</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, JAMES</td>
<td>2010-007576-01</td>
<td>Orange</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time Intake Received</th>
<th>Program Type</th>
<th>Investigative Sub-Type</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/02/2010 2:00PM</td>
<td>Child Intake</td>
<td>In-Home</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker Safety Concerns</th>
<th>Prior Involvement</th>
<th>Law Enforcement Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Time</th>
<th>Name – Worker</th>
<th>Name – Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hours</td>
<td>HOPKINS, SUSAN</td>
<td>LAUDERDALE, MAY</td>
</tr>
</tbody>
</table>

#### I. Family Information

<table>
<thead>
<tr>
<th>Name – Family</th>
<th>Telephone Number – Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, KATHY</td>
<td>(407) 555-8765</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address – Street</th>
<th>Unit Designator</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4343 Salamander Trail</td>
<td></td>
<td>Orlando</td>
<td>FL</td>
<td>32811</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Interpreter Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes X No</td>
</tr>
</tbody>
</table>

#### Directions to House

4343 Salamander Trail, Orlando is the home address for all participants.

#### A. Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, SANDRA</td>
<td>041019832</td>
<td>PC</td>
<td>Female</td>
<td>04/10/1986</td>
</tr>
<tr>
<td>Est. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes X No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLEN, BILL</td>
<td>112011981</td>
<td>AP</td>
<td>Male</td>
<td>04/17/1984</td>
</tr>
<tr>
<td>Est. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes X No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, KATHY</td>
<td>594084758</td>
<td>CH</td>
<td>Female</td>
<td>01/01/2006</td>
</tr>
<tr>
<td>Est. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes X No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, JAMES</td>
<td>591363458</td>
<td>V-IN</td>
<td>Male</td>
<td>09/23/2005</td>
</tr>
<tr>
<td>Est. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes X No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, KAREN</td>
<td>495894260</td>
<td>CH</td>
<td>Female</td>
<td>12/14/2003</td>
</tr>
<tr>
<td>Est. Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes X No</td>
<td></td>
</tr>
</tbody>
</table>
B. Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, SANDRA</td>
<td>Primary Residence</td>
<td>4343 Salamander Trail, Orlando, FL 32811</td>
<td>(407)555-8765</td>
</tr>
<tr>
<td>ALLEN, BILL</td>
<td>Primary Residence</td>
<td>4343 Salamander Trail, Orlando, FL 32811</td>
<td>(407)555-8765</td>
</tr>
<tr>
<td>WYLER, KATHY</td>
<td>Primary Residence</td>
<td>4343 Salamander Trail, Orlando, FL 32811</td>
<td>(407)555-8765</td>
</tr>
<tr>
<td>WYLER, JAMES</td>
<td>Primary Residence</td>
<td>4343 Salamander Trail, Orlando, FL 32811</td>
<td>(407)555-8765</td>
</tr>
<tr>
<td>WYLER, KAREN</td>
<td>Primary Residence</td>
<td>4343 Salamander Trail, Orlando, FL 32811</td>
<td>(407)555-8765</td>
</tr>
</tbody>
</table>

C. Relationships

<table>
<thead>
<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>WYLER, SANDRA</td>
<td>Mother</td>
<td>WYLER, KATHY</td>
</tr>
<tr>
<td>WYLER, SANDRA</td>
<td>Mother</td>
<td>WYLER, JAMES</td>
</tr>
<tr>
<td>WYLER, SANDRA</td>
<td>Mother</td>
<td>WYLER, KAREN</td>
</tr>
<tr>
<td>ALLEN, BILL</td>
<td>Paramour – Parent/Caregiver</td>
<td>WYLER, KATHY</td>
</tr>
<tr>
<td>ALLEN, BILL</td>
<td>Paramour – Parent/Caregiver</td>
<td>WYLER, JAMES</td>
</tr>
<tr>
<td>ALLEN, BILL</td>
<td>Paramour – Parent/Caregiver</td>
<td>WYLER, KAREN</td>
</tr>
</tbody>
</table>

D. Alleged Maltreatment

- Alleged Victim: WYLER, JAMES

E. Location of Incident

<table>
<thead>
<tr>
<th>Address – Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4343 Salamander Trail</td>
<td></td>
<td>Orlando</td>
<td>FL</td>
<td>32811</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number - Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>(407)555-8765</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Narratives

A. Allegation Narrative

James has not been using his right hand to write or color and there is swelling and bruising on his right forearm. James stated that he hurt his arm on a door. Another child indicated that James told him that his mother’s friend Bill had slammed the door on his arm because he had been bad. James left school at lunchtime and did not return. The mother has a live-in boyfriend named Bill Allen and there are two other children living in the family, a seven year old girl and a four year old girl.

B. Narrative for Worker Safety Concerns
III. Agency Response
A. Probationary Worker Recommendation

<table>
<thead>
<tr>
<th>Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
</table>

B. Worker/Supervisor Decision

<table>
<thead>
<tr>
<th>Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen In</td>
<td>03/02/2010 2:30pm</td>
<td>Screen In – Accepted for Services/Investigation</td>
</tr>
</tbody>
</table>

IV. CI Unit Documentation

<table>
<thead>
<tr>
<th>First Call Attempted</th>
<th>Date/Time</th>
<th>Completed Call Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/02/2010 3:00 PM</td>
<td></td>
<td>03/02/2010 3:00 PM</td>
</tr>
</tbody>
</table>

Call Log

Called Out By: HOPKINS, SUSAN
Called To: LAMB, MARY

REPORTER NARRATIVE

Name – Worker
HOPKINS, SUSAN

Name – Reporter
Sanchez, Sandra

Reporter Type
Teacher

Reporter Caller ID
(407)555-1929

Reporter Requests Contact
X Yes No

Report Method
Telephone

Home Phone
(407)555-9068

Work Phone
(407)555-1929

Other Phone

Reporter Narrative

Reporter is the kindergarten teacher of James Wyler. She is concerned about the child.

Source Information

Background Summary

Summary – FCIC NONE DJJ NONE DOC NONE Sexual Predator NONE Summary – FCIC NONE DJJ NONE DOC NONE Sexual Predator NONE
### Module 1: Preparing for the Investigation

#### Prior Intakes and Service Records

<table>
<thead>
<tr>
<th>Date</th>
<th>Intake Number</th>
<th>Intake Name</th>
<th>Intake Type</th>
<th>Screening Decision</th>
<th>Case ID</th>
<th>Finding</th>
<th>Investigative Sub-Type</th>
<th>Worker Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/02/2008</td>
<td>2008-001002-01</td>
<td>WYLER, JAMES</td>
<td>Child Intake</td>
<td>Screen In – Accepted for Services/Investigation</td>
<td>9786532</td>
<td>Not Substantiated</td>
<td>In-Home</td>
<td>N</td>
</tr>
</tbody>
</table>

---

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
# Intake Report

**Intake Name:** BRYSON, JOHN  
**Intake Number:** 2010-047281-01  
**County:** Leon

**Date and Time Intake Received:** 06/01/2010 02:00PM  
**Program Type:** Child Intake – Initial  
**Investigative Sub- Type:** N/A  
**Provider Name:** N/A

**Worker Safety Concerns:** Yes  
**Prior Involvement:** No  
**Law Enforcement Notified:** Yes  
**Response Time:** 24 Hours  
**Name – Worker:** THOMAS, RONALD  
**Name – Supervisor:** DAVIS, MICHELLE

## I. Family Information

**Name – Family:** BRYSON, JOHN  
**Telephone Number – Home:** (850) 655-1318

**Address – Street:** 1425 Chelsea Lane  
**Unit Designator:** City  
**State:** Tallahassee  
**Zip Code:** FL 32301

**Primary Language:** Yes  
**Interpreter Needed:** Yes  

**Directions to House:** 1425 Chelsea Lane, Tallahassee is the home address for all participants.

## A. Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, JOHN</td>
<td>487329871</td>
<td>V-IN</td>
<td>Male</td>
<td>03/02/2010</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>0 Unable to Determine</td>
<td>White</td>
<td>Yes</td>
<td>X No</td>
<td></td>
</tr>
<tr>
<td>BRYSON, NANCY</td>
<td>486521018</td>
<td>V</td>
<td>Female</td>
<td>12/21/2008</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>1 Unable to Determine</td>
<td>White</td>
<td>Yes</td>
<td>X No</td>
<td></td>
</tr>
<tr>
<td>BRYSON, CATHERINE</td>
<td>494012638</td>
<td>PC</td>
<td>Female</td>
<td>04/28/1988</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>22 Unable to Determine</td>
<td>White</td>
<td>Yes</td>
<td>X No</td>
<td></td>
</tr>
<tr>
<td>BRYSON, CALVIN</td>
<td>562473011</td>
<td>AP</td>
<td>Male</td>
<td>01/05/1988</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>22 Unable to Determine</td>
<td>White</td>
<td>Yes</td>
<td>X No</td>
<td></td>
</tr>
</tbody>
</table>

**AP = Alleged Perpetrator**  
**PC = Parent/Caregiver**  
**JS = Alleged Juvenile Sexual Offender**  
**CH = Child In-Home**  
**IN = Intake Name**  
**IC = Identified Child**  
**HM = Household Member**  
**SO = Significant Other**  
**RN = Referral Name / SC Referral Name**  
**NM = Non- Household Member**  
**V = Victim**
## B. Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, JOHN</td>
<td>Primary</td>
<td>1425 Chelsea Lane, Tallahassee, FL 32301</td>
<td>(850)555-1318</td>
</tr>
<tr>
<td>BRYSON, NANCY</td>
<td>Primary</td>
<td>1425 Chelsea Lane, Tallahassee, FL 32301</td>
<td>(850)555-1318</td>
</tr>
<tr>
<td>BRYSON, CATHERINE</td>
<td>Primary</td>
<td>1425 Chelsea Lane, Tallahassee, FL 32301</td>
<td>(850)555-1318</td>
</tr>
<tr>
<td>BRYSON, CALVIN</td>
<td>Primary</td>
<td>1425 Chelsea Lane, Tallahassee, FL 32301</td>
<td>(850)555-1318</td>
</tr>
</tbody>
</table>

## C. Relationships

<table>
<thead>
<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, CATHERINE</td>
<td>Mother</td>
<td>BRYSON, JOHN</td>
</tr>
<tr>
<td>BRYSON, CATHERINE</td>
<td>Mother</td>
<td>BRYSON, NANCY</td>
</tr>
<tr>
<td>BRYSON, CALVIN</td>
<td>Father</td>
<td>BRYSON, JOHN</td>
</tr>
<tr>
<td>BRYSON, CALVIN</td>
<td>Father</td>
<td>BRYSON, NANCY</td>
</tr>
</tbody>
</table>

## D. Alleged Maltreatment

### Alleged Victim

<table>
<thead>
<tr>
<th>Maltreatment Code</th>
<th>BRYSON, JOHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, NANCY</td>
<td></td>
</tr>
</tbody>
</table>

## E. Location of Incident

<table>
<thead>
<tr>
<th>Address – Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1425 Chelsea Lane</td>
<td></td>
<td>Tallahassee</td>
<td>FL</td>
<td>32301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number – Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>(850)555-1318</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II. Narratives

### A. Allegation Narrative

When the mother is out of the home, dad is in charge of Nancy and John. Dad sleeps all day while the children are in his care. When dad is not sleeping; dad is constantly smoking marijuana in front of the children, exposing the children to the drug. There is concern for the children’s safety during these times while in dad’s care, due to the children’s ages.

### B. Narrative for Worker Safety Concerns

## III. Agency Response

### A. Probationary Worker Recommendation

#### Decision Date/Time Decision Made Reason

#### Explain

### B. Worker/Supervisor Decision

#### Decision Date/Time Decision Made Reason

#### Screen In Screen In – Accepted for Services/Investigation

#### Explain

## IV. CI Unit Documentation

<table>
<thead>
<tr>
<th>First Call Attempted Date/Time</th>
<th>Completed Call Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2010 3:00 PM</td>
<td>06/01/2010 3:00 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Call Log</th>
<th>Called Out By</th>
<th>Called To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>THOMAS, RONALD</td>
<td>HALL, DANIEL</td>
</tr>
</tbody>
</table>
**Reporter Information**

<table>
<thead>
<tr>
<th>Name – Worker</th>
<th>THOMAS, RONALD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – Reporter</td>
<td>MCNEESE, MINDY</td>
</tr>
<tr>
<td>Reporter Type</td>
<td>Medical Personnel</td>
</tr>
<tr>
<td>Reporter Caller ID</td>
<td>(850) 655-4513</td>
</tr>
<tr>
<td>Reporter Requests Contact</td>
<td>Yes No</td>
</tr>
<tr>
<td>Report Method</td>
<td>Telephone</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td></td>
<td>(850) 655-4513</td>
</tr>
<tr>
<td>Other Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Reporter Narrative**

The reporter is a nurse practitioner who treated Nancy for sinusitis. Grandmother, name and number unknown, was with the aunt today and has knowledge of child’s situation. She can be contacted through source below.

**Source Information**

Susan Zinzer – Maternal Aunt: (850) 655-3201

**Background Summary**

Summary – FCIC, NONE DJJ, NONE DOC, NONE Sexual Predator. NONE Summary – FCIC, Bryson, Calvin NONE DJJ, NONE DOC, NONE Sexual Predator. NONE
### PRIOR INTAKES AND SERVICE RECORDS

<table>
<thead>
<tr>
<th>Date and Time Intake Received</th>
<th>Intake Name</th>
<th>Intake Number</th>
<th>Intake Type</th>
<th>Screening Decision</th>
<th>Case ID</th>
<th>Finding</th>
<th>Investigative Sub-Type</th>
<th>Worker Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2010 2:00PM</td>
<td>BRYSON, JOHN</td>
<td>2010-047281-01</td>
<td>Child Intake – Initial</td>
<td>Screen In – Accepted for Services Investigation</td>
<td>2356798</td>
<td>Not Substantiated</td>
<td>In-Home</td>
<td>N</td>
</tr>
</tbody>
</table>

Name – Worker: THOMAS, RONALD
Name – Supervisor: DAVIS, MICHELLE
### Warner Intake

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

## INTAKE REPORT

<table>
<thead>
<tr>
<th>Intake Name</th>
<th>Intake Number</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, MATTHEW</td>
<td>2010-049456</td>
<td>Hillsborough</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time Intake Received</th>
<th>Program Type</th>
<th>Investigative Sub-Type</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2010 9:00AM</td>
<td>Child Intake - Initial</td>
<td>In-Home</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker Safety Concerns</th>
<th>Prior Involvement</th>
<th>Law Enforcement Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / X No</td>
<td>Yes / X No</td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response Time 24 Hours</th>
<th>Name - Worker</th>
<th>Name - Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JONES, JAMES</td>
<td>PERRY, MARY</td>
</tr>
</tbody>
</table>

### I. Family Information

<table>
<thead>
<tr>
<th>Name - Family</th>
<th>Telephone Number - Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, MATTHEW</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address - Street</th>
<th>Unit Designator</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1943 Tampa Bay Drive</td>
<td></td>
<td>Plant City</td>
<td>FL</td>
<td>33602</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Interpreter Needed</th>
<th>Yes / X No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

**Directions to House:**
1943 Tampa Bay Drive, Plant City is the home address for all participants.

### A. Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, KATE</td>
<td>172531929</td>
<td>AP</td>
<td>Female</td>
<td>05/31/1983</td>
</tr>
<tr>
<td>Est. Age</td>
<td>27</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, MILLY</td>
<td>332769752</td>
<td>AP</td>
<td>Female</td>
<td>03/31/1953</td>
</tr>
<tr>
<td>Est. Age</td>
<td>57</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, MATTHEW</td>
<td>327314172</td>
<td>V-IN</td>
<td>Male</td>
<td>01/12/2007</td>
</tr>
<tr>
<td>Est. Age</td>
<td>3</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, KAYLEE</td>
<td>310804561</td>
<td>V</td>
<td>Female</td>
<td>04/17/2005</td>
</tr>
<tr>
<td>Est. Age</td>
<td>5</td>
<td>Unable to Determine</td>
<td>White</td>
<td>Yes / X No</td>
</tr>
</tbody>
</table>

**AP** = Alleged Perpetrator    **PC** = Parent/Caregiver     **JS** = Alleged Juvenile Sexual Offender
**CH** = Child In-Home            **IN** = Intake Name        **IC** = Identified Child
**HM** = Household Member            **SO** = Significant Other **RN** = Referral Name / SC Referral Name
**NM** = Non-Household Member         **V** = Victim
A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

### B. Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, KATE</td>
<td>Primary</td>
<td>1943 Tampa Bay Drive, Plant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residence</td>
<td>City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, MILLY</td>
<td>Primary</td>
<td>1943 Tampa Bay Drive, Plant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residence</td>
<td>City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, MATTHEW</td>
<td>Primary</td>
<td>1943 Tampa Bay Drive, Plant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residence</td>
<td>City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, KAYLEE</td>
<td>Primary</td>
<td>1943 Tampa Bay Drive, Plant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residence</td>
<td>City, FL 33602</td>
<td></td>
</tr>
</tbody>
</table>

### C. Relationships

<table>
<thead>
<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, KATE</td>
<td>Mother</td>
<td>WARNER, MATTHEW</td>
</tr>
<tr>
<td>WARNER, KATE</td>
<td>Mother</td>
<td>WARNER, KAYLEE</td>
</tr>
<tr>
<td>WARNER, MILLY</td>
<td>Grandmother - Maternal</td>
<td>WARNER, MATTHEW</td>
</tr>
<tr>
<td>WARNER, MILLY</td>
<td>Grandmother - Maternal</td>
<td>WARNER, KAYLEE</td>
</tr>
</tbody>
</table>

### D. Alleged Maltreatment

<table>
<thead>
<tr>
<th>Alleged Victim</th>
<th>Maltreatment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, MATTHEW</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>WARNER, KAYLEE</td>
<td>Inadequate Supervision</td>
</tr>
</tbody>
</table>

### E. Location of Incident

<table>
<thead>
<tr>
<th>Address — Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1943 Tampa Bay Drive</td>
<td></td>
<td>Plant City FL 33602</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number — Home</td>
<td>Telephone Number — Work</td>
<td>Telephone Number—Cell</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. Narratives

#### A. Allegation Narrative

Two children live in the home with the mother and maternal grandmother. The mother leaves the children in the care and supervision of the grandmother who is an amputee and dependent on a wheelchair for mobility. The children are continuously seen running in the parking lot and street as the grandmother is unable to retrieve them due to her health issues. Neighbors continuously assist the grandmother in retrieving the children from the parking lot and street. According to the grandmother, the mother leaves for days at a time, offering her no assistance with no idea when she is returning. The grandmother does not seem to care about the children and does not see a problem with them running around. She seems put out when someone returns the children to her home.

#### B. Narrative for Worker Safety Concerns
### B. Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARNER, KATE</td>
<td>Primary Residence</td>
<td>1943 Tampa Bay Drive, Plant City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, MILLY</td>
<td>Primary Residence</td>
<td>1943 Tampa Bay Drive, Plant City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, MATTHEW</td>
<td>Primary Residence</td>
<td>1943 Tampa Bay Drive, Plant City, FL 33602</td>
<td></td>
</tr>
<tr>
<td>WARNER, KAYLEE</td>
<td>Primary Residence</td>
<td>1943 Tampa Bay Drive, Plant City, FL 33602</td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

<table>
<thead>
<tr>
<th>Name – Worker</th>
<th>FRANCES, PAUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – Reporter</td>
<td>ANONYMOUS</td>
</tr>
<tr>
<td>Reporter Caller ID (813)6974-0223</td>
<td>Reporter Requests Contact Yes X No</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Report Method Telephone</td>
<td>Other Phone</td>
</tr>
</tbody>
</table>

**Reporter Narrative**

Reporter is a neighbor who does not want to be identified for fear of retaliation by the mother.

**Source Information**

**Background Summary**

Summary – FCIC.NONE DJJ.NONE DOC.NONE Sexual Predator. NONE Summary – FCIC.NONE DJJ.NONE DOC.NONE Sexual Predator. NONE
# PRIOR INTAKES AND SERVICE RECORDS

<table>
<thead>
<tr>
<th>Date</th>
<th>Intake Number</th>
<th>Intake Name</th>
<th>Intake Type</th>
<th>Screening Decision</th>
<th>Case ID</th>
<th>Finding</th>
<th>Investigative Sub-Type</th>
<th>Worker Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/13/2007</td>
<td>2007-00000737</td>
<td>WARNER MATTHEW</td>
<td>Child Intake</td>
<td>Screen In - Accepted for Services/Investigation</td>
<td>3468521</td>
<td>Not Substantiated</td>
<td>In-Home</td>
<td>N</td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

Module 1: Preparing for the Investigation
# Warner Investigative Summary (Prior Investigation)

## Investigative Summary (IS)

**Case Name**: Warner, Matthew  
**Intake Number**: 2007-00000737  
**Investigative Sub-Type**: In-Home  
**County**: Hillsborough

**Date/Time Intake Received**: 01/13/2007 09:00AM  
**Date/Time Investigation Closed**: 03/09/2007 04:00PM  
**Protective Investigator**: Fernandez, Paul  
**Protective Investigator Supervisor**: Wright, Wendell

### I. Allegation Narrative(s)

- **Sequence Type**: Initial  
- **Date/Time Received**: 01/13/2007 09:00AM  
- **Response Priority**: 24

**Reporter Information**
- **Reporter Name**: Knight, Kelly  
- **Medical**:  
- **Report Method**: Telephone  
- **Report Contact**: Yes

- **Caller ID**: 813-555-2211  
- **Home Phone**: Other Phone  
- **Work Phone**:

**Reporter Narrative**
Kate tested positive for cocaine at the time of delivery today. She admitted to using cocaine during her pregnancy. The drug screen on the baby is pending. The baby is doing fine. APGARS were 5 and 9. The mother has a two year old child in the home as well.

**Source Information**
Reporter is hospital social worker and is currently at the hospital.

### II. Victim(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
</table>
| Warner, Matthew | 01/12/2007 | 0   | Male   | White | Maltreatment  
|              |           |     |        |                  | Substance Misuse  
|              |           |     |        |                  | Findings  
|              |           |     |        |                  | Not Substantiated |
|              |           |     |        |      | Incident Date  
|              |           |     |        |      | 01/13/2000 |
|              |           |     |        |      | Caregiver Responsible  
|              |           |     |        |      | No |
|              |           |     |        |      | Fatality  
|              |           |     |        |      | No |
| Warner, Kaylee | 04/17/2005 | 2   | Female | White | Maltreatment  
|              |           |     |        |                  | Substance Misuse  
|              |           |     |        |                  | Findings  
|              |           |     |        |                  | Not Substantiated |
|              |           |     |        |      | Incident Date  
|              |           |     |        |      | 01/13/2000 |
|              |           |     |        |      | Caregiver Responsible  
|              |           |     |        |      | No |
|              |           |     |        |      | Fatality  
|              |           |     |        |      | No |
|              |           |     |        |      | Judicial Action Required  
|              |           |     |        |      | No |

### III. Other Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warner, Kate</td>
<td>05/31/1983</td>
<td>24</td>
<td>Female</td>
<td>White</td>
<td>Parent/Caregiver</td>
</tr>
</tbody>
</table>
### IV Implications for Child Safety

<table>
<thead>
<tr>
<th>A</th>
<th>Signs of Present Danger Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The mother was cooperative during the investigation. The home was found to be clean with no hazardous conditions, functional utilities, ample supplies and no signs of drug usage. The mother has no history of violence and currently there are no other individuals residing in the home. Mother has no criminal history. She is responsive to both the newborn as well as the older child who appears to be very bonded to the mother. Mother appears to be meeting the children’s needs; however, expressed a desire for some assistance with child care, etc. as she is currently in job training through WAGES. Mother admitted to using cocaine three times during her last trimester as she was told by a friend that it would help her with her labor. She advised that her labor with the other child was “terrible.” She has support from friends, family, and other individuals in the community. The child’s toxicology was positive; however, the child was born within normal weight range and did not appear to have any type of physical or developmental issues. There were no signs of withdrawal according to the physician.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Child Vulnerability Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both of the children in the home are under the age of five. Neither child presents with any type of developmental, physical, emotional or medical condition that increases his/her vulnerability. Both children appear bonded and attached to the mother and she appears to be able to meet their needs. The children are seen by neighbors, family friends, church members and the grandmother on a regular basis.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Protective Capacities Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no prior reports involving any of the subjects of this report. The mother is willing to protect the children and understands the children’s needs. She has asked for assistance in order to provide additional care for the children. She is currently not “involved” with the fathers of the children, who provide no financial assistance nor do they visit the children. She receives assistance from her mother, church members as well as friends and neighbors. She was actively participating in Non-Judicial In-Home services at the time of this closure and is following through with all Case Manager requests.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Criminal History Summary and Implications for Child Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother has no criminal history.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Prior Reports and Service Records Implications for Child Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no prior reports involving any of the family members.</td>
<td></td>
</tr>
</tbody>
</table>

### V Overall Safety Assessment

The risk to the children has been reduced as they are visible to the In-Home services Case Manager, attending day care on a daily basis, and the mother is currently employed and receiving additional services through the Non-Judicial In-Home services program. Case Manager advised that she is following through and has been complying with the case plan.

### VI Summary/Findings Implications

The findings involving the allegations that the mother used cocaine at some point prior to her delivery are not substantiated. She admitted to using the drug; however, advised that she is “not an addict” and that she only used 3 times during her last trimester as a friend advised her it would make labor and delivery easier. She agreed to Non-Judicial In-Home services and also to random drug tests. The baby was not born drug dependent and did not have any physical or developmental problems associated with the mother’s drug usage.
**VII Recommended Disposition**

This case has been transferred to Community Based Care agency for ongoing Non-Judicial In-Home services. Ms. Warner is cooperating with random drug screens and continues to have negative drug screen results. The children are attending daycare daily. The daycare has not expressed any concerns for the children's care. Ms. Warner is cooperating with the Case Manager and is making progress towards completion of her Non-Judicial In-Home services case plan.

**VIII Signatures**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Fernandez</td>
<td>SIGNATURE – Protective Investigator</td>
<td></td>
</tr>
<tr>
<td>Wendell Wright</td>
<td>SIGNATURE - Protective Investigator Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Warner Prior Investigation

- Read the Warner Investigative Summary (prior investigation) outlining the prior investigation and compare it with the intake dated 06/30/10.
- Record answers to the questions listed under your assigned category.

Maltreatment Information

- What are the maltreatments for each intake? Are they the same or similar?
- What were the findings of the maltreatments in the prior?
- Does this show a pattern, an escalation or both?
- Who are the identified perpetrators? Are they the same?

Family History

- Who are the family members?
- Are there different family members living in the home?
- Are there different family members providing support to the family?

Household Composition

- Who currently lives in the home?
- Are they biologically related?
- Has anyone moved in or out since the last investigation?
- Is there a paramour present in the intakes?

Geographical Information

- Has the family moved since the prior?
- Have they had a stable residence in the past?
- Do they live close to family supports (informal or formal)?

Social History

- Does the family currently (and in the past) have support systems in place?
- Are they involved in activities?
- Are the children visible?

Service History

- Has the family received any type of services in the past?
- If so, what services? How long was the service provision? What specifically did the service provider deal with?
- Has the family sought out assistance on their own?
- Were the services effective? If not, why? Were there barriers present?
The Greene Family

An intake is received from the social worker at a local hospital.

Reportedly, a 2-year-old child named James Greene, was brought to the emergency room by his grandmother, Martha Davis.

Ms. Davis indicated that her 20-year-old daughter, Donna, had left James at her house two days earlier.

Donna said that she was going to visit a friend and should be back in a few hours. She had not yet returned.

Mrs. Davis said that James had been crying continuously since Donna left him. At first, Ms. Davis thought he was just “under the weather,” but then noticed his arm was becoming swollen and looked bruised.

James does not yet talk, but he keeps pulling at this arm and he is not using it. The hospital x-rays reveal a spiral fracture of the upper arm. The examining physician thought it was probably an inflicted injury.

Ms. Davis told the hospital social worker that she thinks that Donna went away with her new boyfriend.

When Ms. Davis was told that James' arm was broken and that the type of break suggested probable abuse, Ms. Davis said Donna often lost her temper, but was not capable of hurting her child.

Ms. Davis; however, did express concern about her boyfriend, as he has allegedly been in and out of jail and is known to carry a gun.

As the assigned Investigator, you receive the intake and the priors on the family. One prior is on the mother, Donna, as a child. She was placed into out-of-home care based on the grandmother’s request for assistance. She was in out-of-home care for 6 months, where she received treatment for substance abuse. She aged out of care and returned to the mother's home at the age of 18. She has received no additional services.

In addition, there is a prior as the mother, Donna, admitted to experimenting with drugs while pregnant with James. Toxicology tests taken at the time of birth were negative, and the mother agreed to Non Judicial In-Home services. The Non-Judicial In-Home services case was closed 6 months later, as the mother had substantially complied with the case plan and remained drug free.
Prepare for Initial Contact (Greene Family)

Materials
♦ PG38  Scenario: The Greene Family
♦ PG12-16  Information Sources/Records to Check
♦ PG17-18  Investigative Response Checklist
♦ Child Maltreatment Matrix

Directions
- Read the scenario.
- Discuss how you will prepare to visit this family.
- Use the Child Maltreatment Matrix and PGs to guide your decisions.
- Record your preparation steps by using the questions on this guide.
- Add any additional preparation decisions that might be relative to the scenario/case.

Preparation Steps
- What records must be reviewed and assessed?
- What additional information will you seek when you contact the reporter?
- What contacts will you make with other professionals within/outside the agency?
- What evidence will you seek?
- What will you want to observe in the home environment?
- What factors will you consider to verify the allegation?
- Who would you interview, and in what order?
- List some questions you will ask the child victim, other children, and the caregiver(s).
- What documentation must be completed?
- Who will you notify prior to visiting the family?
- What are your immediate safety concerns?
Module 2: Conducting the Investigation

The Investigation Process

To complete the investigation process, these major activities must be completed prior to closing the investigation:

Review Current Intake, Priors, Record Checks

- Use the Child Maltreatment Matrix.
- Analyze prior investigations/records.
- Plan the initial contact.
- Contact the reporter.

Commence the Investigation

- Inform parents of the intake and their rights and responsibilities.
- Use various strategies to establish rapport with the family:
  - Defuse family members’ anger.
  - Engage and empower the family.
  - Begin to establish a helping relationship.
- If you receive a written request from a relative to receive notification of all proceedings and hearings, forward request to CLS who must notify the relatives of all hearings. F.S. 39.301(14)(b)
  - Written request must include the relative’s name, address, phone number and relationship to the child.
- Complete all required interviews.

Assess Child Safety and Risk Factors

- Assess the continuing risk, safety threats and safety measures for the child.
- Determine the ability of family members to protect the child.
- Recognize and properly identify indicators of maltreatment in children.
  - physical
  - behavioral
  - developmental
- Observe, recognize, and assess family dynamics that contribute to:
  - risk of maltreatment
  - strengths and safety factors
- Gather evidence to prove or refute alleged maltreatments.

Determine Services and Supports

Use strategies and community resources to promote the safety, well-being, and permanency of children through immediate supportive and protective services that:

- develop the parents’ ability to protect their own children
- prevent the need for placement
- meet the child’s needs

Make Appropriate Placement Decision

When placement is necessary, decide:

- when and how to remove children from their families, and
- where to place them to assure their safety and prevent placement trauma
Florida Statutes/F.A.C. References

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

s. 39.301(17)(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 in 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: 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 responsible SAO, and LE agency according to 39.301(17) and within 3 working days, transmit written report.
  - SAO must report findings to the agency office w/in 15 days. 39.301(20)

- Orally notify the CBC in the event that the case is open to services.

- For cases accepted by LE for criminal investigation, document in 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 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(7) 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 on-site assessment of the child’s residence.

- On-site visits and face-to-face interviews with the child or family must be unannounced, unless unannounced visits 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 conditions, 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.

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.
• Any photographs or reports on examinations made or X-rays taken must be preserved in permanent form in child’s master file.
Make collateral contacts. 65C-29.003(9); QPS #9, 10

- Your supervisor will assure that relevant collateral contacts are made and documented in the file.
- To be relevant, the 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.
- If family is offered but refuses services, you must obtain a relevant collateral contact from a relative, if you have knowledge of and the ability to contact the relative.

Judicial In-Home Services vs. Non-Judicial In-Home Services
39.301(9)(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
- 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 to assess 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.
- (e) The child has been adjudicated dependent, a case plan has been filed with the court, and:
  - The child continues to be abused by the parent (s): failure of parents to substantially comply for 12 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 (b)-(d) or (f)-(l)

- (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: is expected to be incarcerated during a significant portion of the child’s minority. When determining whether the period of time is significant, the court shall consider the child’s age and the child’s need for a permanent and stable home. The period of time begins on the date the parent enters incarceration.
  - has been decided by the court to be a violent career criminal; or
  - the court decides by clear and convincing evidence that continuing the parental relationship with the incarcerated parent is harmful to the child.

- (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.
- 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 in Non-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
Legal Requirements for Investigations

Use PG2-6, Florida Statutes/F.A.C. References, to answer these questions:

- What are the exceptions for the investigation closure timeframe of 60 days?

- How must the state attorney and law enforcement be notified if one of the situations in s. 39.301(17) occurred?

- Who must be notified for intakes with maltreatment of human trafficking or if the PI suspects human trafficking?

- Explain how face-to-face interviews must be conducted per s. 39.301(7) and (13) and who must be interviewed.

- What must be documented regarding the child? 65C-29.003(3)(c)

- What must be documented to assess the child’s residence? 65C-29.003(3)(g)

- What type of cases must be referred to the Child Protection Team? 39.303(2)(a)-(h)

- Explain the term “relevant collateral contact.”

- Explain the criteria and considerations for Non-Judicial/Judicial In-Home Services. 65C-30.010

- List/summarize the grounds for TPR, s. 39.806

- Explain the requirements for the identification of children. 65C-30.004
Child Protection: Your Rights & Responsibilities

What is the goal of Florida’s child protection system?
Our goal is to ensure that children are safe from abuse or neglect while doing everything we can to keep families together.

What is a child protective investigation?
An investigation results when a call is made to the Florida Abuse Hotline claiming that a child is being abused or neglected. Florida law requires the child Protective Investigator to determine if any child in your home has been harmed. If abuse or neglect has occurred, services are available to assist your family in keeping your child safe and preventing future abuse or neglect.

How do I know the person at my door is really a child Protective Investigator?
The Investigator should present proper identification before entering your home. You may check that the person is employed as a child Protective Investigator by calling the Investigator’s local office or the Abuse Hotline’s toll-free number at 1-80096ABUSE. The name and phone number of the Investigator are written on the back of this brochure. You may call the Investigator for information or assistance at any time during the investigation.

How will information be gathered?
You can help the Protective Investigator by truthfully answering questions and providing requested information. Withholding information or telling ‘half-truths’ is not helpful to the Investigator or to you. If your child has been harmed, your understanding of the problem and your willingness to discuss openly with the Investigator what happened are important in determining how to improve the situation for your child and family.

The Investigator will talk to you, your child, family members, and contact others who know your family such as a teacher or neighbor. Florida law specifically directs visits and interviews with the child and family to be unannounced whenever possible, which may result in your child being interviewed without you being present. You may video or audio tape your interview with the Protective Investigator, using your own equipment, if it is immediately available. A lawyer may represent you at any point during the investigation. If you choose to delay your interview with the Investigator in order to be represented by a lawyer, the Investigator will continue to gather information from other persons, including family members.

State law authorizes court action if a child is hidden or made unavailable for the purpose of delaying or avoiding the investigation. The law also requires you to notify the child Protective Investigator within two business days if you move or if your child’s location or living arrangement changes.

What are the possible results of the investigation?
The investigation regarding your child is required to be completed within 60 days, except in cases involving a child death, missing child, or when law enforcement has an open criminal investigation. The majority of reports reveal no indication of child abuse or neglect and the investigation is closed without further action.

If child abuse or neglect is identified, the Investigator will explore with you what services and resources may be provided to your family that would allow your child to stay at home while also preventing future abuse or neglect. Based upon your family’s situation, the Investigator will likely consider, (1) referring you to a local community agency for help, (2) offering in-home case management services, or (3) asking a judge to grant court ordered supervision and oversight of your family.
In most situations, service referrals and in-home case management services greatly reduce the need for the Investigator to recommend taking more serious steps, such as placing your child outside the home, as allowed by law. You do have the right to refuse the services and assistance offered by the Investigator. If you refuse services, the law requires the Investigator to determine whether court oversight is required to protect your child.

The parent(s) of the child, and any person alleged to have caused the abuse or neglect may request a copy of the investigative record. This request should be made directly to the Investigator or supervisor whose names are provided on the back of this brochure.

What are my rights if my child is removed from my home?
If your child is in immediate danger and the provision of in-home services would not ensure your child’s safety in the home, the Investigator will place your child in the home of a relative, close friend, or in an agency-licensed shelter. A court hearing will be held within 24 hours so a judge can decide whether your child should be returned home or continued in the temporary care and custody of the department. You have the right to obtain an attorney, to be heard, and present evidence at the shelter hearing.

If your child is placed outside your home, the judge will establish visitation rights. This will include who is allowed to see the child, and whether visits should be supervised. You may visit and talk with your child as provided by the judge. Depending upon the agencies in your area, either the child Protective Investigator or a Case Manager from your local community-based care agency will arrange the time and place for visits and calls between you and your child.

Despite possibly being angry and upset, it is important that you continue to care for your child by providing information on any special medical conditions, dietary needs, known allergies, or behavior problems affecting your child. You will be asked to sign forms consenting to necessary medical treatment. This is important in case your child is injured or becomes ill and you are not readily available to provide consent for medical treatment.

In addition to visiting with your child, you are encouraged to call and to write letters, unless restricted by the court. Children also will be comforted by having favorite clothes, pictures, and toys with them while they adjust to their new surroundings. Please check with the Investigator or Case Manager regarding how these items can be provided to your child.

What does the court expect from me?
Except in cases of severe child abuse or neglect, it is in your child’s best interest to be reunified with you as quickly as possible. To approve reunification, the court will want to see that the conditions that led to your child being removed no longer are a danger to the child.

It is important that you understand and fully participate in the process of determining what tasks and activities must be completed before your child can come home. You will be asked to attend a mediation or case planning conference to develop a “case plan”. The case plan is the official agreement between you and the court regarding what is expected from you, and what you can expect from those agencies directed to assist you.

State and federal laws require parents be able to provide a stable home for their child within 12 months from the date the child was placed outside the home. After a child is returned home, court oversight generally continues for an additional six months.
If the child cannot be safely returned home within the 12 month timeframe, the court will determine the best long-term care and goals for the child, and court oversight will continue until some other permanent care is arranged.

If you have questions, you may call the Investigator or supervisor listed below.

   Investigator's Name:

   Investigator's Telephone Number:

   Supervisor's Name:
Child Protective Investigations
39.301(9)

Criteria
For each report received from the central abuse hotline and accepted for investigation, the department or the sheriff providing child protective investigative services under s. 39.3065, shall perform the following child protective investigation activities to determine child safety:

- Conduct a review of all relevant, available information specific to the child and family and alleged maltreatment; family child welfare history; local, state, and federal criminal records checks; and requests for law enforcement assistance provided by the abuse hotline.
- Based on a review of available information, including the allegations in the current report, a determination shall be made as to whether immediate consultation should occur with law enforcement, the child protection team, a domestic violence shelter or advocate, or a substance abuse or mental health professional. Such consultations should include discussion as to whether a joint response is necessary and feasible. A determination shall be made as to whether the person making the report should be contacted before the face-to-face interviews with the child and family members.
- Conduct face-to-face interviews with the child; other siblings, if any; and the parents, legal custodians, or caregivers.
- Assess the child’s residence, including a determination of the composition of the family and household, including the name, address, date of birth, social security number, sex, and race of each child named in the report; any siblings or other children in the same household or in the care of the same adults; the parents, legal custodians, or caregivers; and any other adults in the same household.
- Determine whether there is any indication that any child in the family or household has been abused, abandoned, or neglected; the nature and extent of present or prior injuries, abuse, or neglect, and any evidence thereof; and a determination as to the person or persons apparently responsible for the abuse, abandonment, or neglect, including the name, address, date of birth, social security number, sex, and race of each such person.
- Complete assessment of immediate child safety for each child based on available records, interviews, and observations with all persons named in subparagraph 2. And appropriate collateral contacts, which may include other professionals.
- The department’s child protection investigators are hereby designated a criminal justice agency for the purpose of accessing criminal justice information to be used for enforcing this state’s laws concerning the crimes of child abuse, abandonment, and neglect. This information shall be used solely for purposes supporting the detection, apprehension, prosecution, pretrial release, posttrial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect and may not be further disseminated or used for any other purpose.
- Document the present and impending dangers to each child based on the identification of inadequate protective capacity through utilization of a standardized safety assessment instrument.
- Upon completion of the immediate safety assessment, the department shall determine the additional activities necessary to assess impending dangers, if any, and close the investigation.
- For each report received from the central abuse hotline, the department or the sheriff providing child protective investigative services under s. 39.3065, shall determine the protective, treatment, and ameliorative services necessary to safeguard and ensure the child’s safety and well-being and development, and cause the delivery of those services.
through the early intervention of the department or its agent. As applicable, child protective investigators must inform parents and caregivers on how and when to use the injunction process under s. 741.30 to remove a perpetrator of domestic violence from the home as an intervention to protect the child.

- If the department or the sheriff providing child protective investigative services determines that the interests of the child and the public will be best served by providing the child care or other treatment voluntarily accepted by the child and the parents or legal custodians, the parent or legal custodian and child may be referred for such care, case management, or other community resources.

- If the department or the sheriff providing child protective investigative services determines that the child is in need of protection and supervision, the department may file a petition for dependency.

- If a petition for dependency is not being filed by the department, the person or agency originating the report shall be advised of the right to file a petition pursuant to this part.

- At the close of an investigation, the department or the sheriff providing child protective services shall provide to the person who is alleged to have caused the abuse, neglect, or abandonment and the parent or legal custodian a summary of findings from the investigation and provide information about their right to access confidential reports in accordance with s. 39.202.
**FSFN Case Notes: Greene Investigation**

### Chronological Notes Report

- **Case Name:** Greene, James  
- **Note ID:**  
- **Worker Creating Note:** Clark, Kent  
- **Case ID:**  
- **Date Entered:** 06/22/2010 4:30PM  
- **Worker Making Contact:** Clark, Kent

#### Contact Information
- **Contact Begin Date:** 06/22/2010 12:30PM  
- **Contact End Date:** 06/22/2010 1:30PM

#### Category
- **Type:** Home Visit - Child's Current Residence

#### Worker Activity Code
- **No Request for Action:** N

#### Safety
- **Safety:** N  
- **Safety Resolved:** N  
- **Safety date:**  
- **Safety Resolution:**

#### FSFN
- **FSFN:** N  
- **FSFN Resolved:** N  
- **FSFN date:**  
- **FSFN Resolution:**

#### Admin
- **Admin:** N  
- **Admin Resolved:** N  
- **Admin date:**  
- **Admin Resolution:**

### Subjects Contacted:
- **Davis, Martha:** 06/22/2010 12:30PM
- **Greene, James:** 06/22/2010 12:45PM

### Other Subjects

#### Narrative:
Completed home visit to the Davis residence, 386 Palm Avenue. Home was found to be a 3 bedroom, 1 and a half bathroom in a lower-middle income neighborhood. Home was well maintained inside and out and all utilities were functional and house was observed to have no hazardous conditions present. The child's bedroom was age appropriate and the child was playing. The grandmother again stated that she was willing to care for the child for a few weeks. However, could not commit to a longer period due to starting a new job. She stated that she was not aware of the name or location of the child's father or any other family relatives. She stated that there is no immediate family located within the state and that her family lives in North Carolina.

---

### Chronological Notes Report

- **Case Name:** Greene, James  
- **Note ID:**  
- **Worker Creating Note:** Clark, Kent  
- **Case ID:**  
- **Date Entered:** 06/22/2010 11:00AM  
- **Worker Making Contact:** Clark, Kent

#### Contact Information
- **Contact Begin Date:** 06/22/2010 10:30AM  
- **Contact End Date:** 06/22/2010 10:40AM

#### Category
- **Type:** Telephone Contact

#### Worker Activity Code
- **No Request for Action:** N

#### Safety
- **Safety:** N  
- **Safety Resolved:** N  
- **Safety date:**  
- **Safety Resolution:**

#### FSFN
- **FSFN:** N  
- **FSFN Resolved:** N  
- **FSFN date:**  
- **FSFN Resolution:**

#### Admin
- **Admin:** N  
- **Admin Resolved:** N  
- **Admin date:**  
- **Admin Resolution:**
Module 2: Conducting the Investigation

Contact Information
Inv/Assessment Number:
2010-843221

Subjects Contacted:

Other Subjects:

Narrative:
Returned to office. Reviewed all criminal background checks on mother, Donna Davis and grandmother, Martha Davis. Phoned LE to request joint investigation.

Case Name: Greene, James       Case ID:
Note ID:                        Date Entered: 06/22/2010 11:35AM
Worker Creating Note: Clark, Kent Worker Making Contact: Clark, Kent

Note Information
Contact Begin Date: 06/22/2010 9:31AM  Contact End Date: 06/22/2010 10:00AM
Category: Child Investigation Type: Initial Face-to-Face
Worker Activity Code: No Request for Action: N
Safety: N  Safety Resolved: N  Safety date:  
FSFN: N  FSFN Resolved: N  FSFN Resolution:
Admin: N  Admin Resolved: N  Admin date:  

Contact Information
Inv/Assessment Number:
2010-843221

Subjects Contacted:
Davis, Martha; 06/22/2010 9:31AM

Other Subjects:

Narrative:
Interviewed maternal grandmother, Martha Davis at General Hospital. She was very cooperative and expressed concern for her grandson. Ms. Davis reiterated what she told the hospital social worker, Shelly Long, and denied knowing the current whereabouts of her daughter. She advised that 2 days ago her daughter came and asked her to take care of James for a few hours while she visited a friend. Ms. Davis stated that she has not heard from her since. She stated that her daughter is a good mother and she would never harm her child. PI discussed the prior on Donna when she was 17. Ms. Davis stated that her daughter had "some rough times", but that was the past and that she did not believe that her daughter was using drugs at the present time. However, she stated that the mother's boyfriend was "bad news" and that he has been in and out of jail and is known to carry a gun. She stated that the boyfriend thinks that James is a baby and that he is always yelling at the boy to stop crying. She is unaware of the extent of their relationship and any other information regarding his background. She knows him only as "Pokey." Ms. Davis agreed to meet the PI at her residence for further interview and for a home observation.

Case Name: Greene, James       Case ID:
Note ID:                        Date Entered: 06/22/2010 11:45AM
Worker Creating Note: Clark, Kent Worker Making Contact: Clark, Kent

Note Information
Contact Information
Inv/Assessment Number:
2010-843221

Subjects Contacted:
Greene, James; 06/22/2010 9:20AM

Other Subjects:
Davis, Martha; 06/22/2010

Narrative:
On-site contact @ 321 Parkway Street, General Hospital. Face-to-face contact with James Greene following child having his left arm set in a cast. Child was clean and dressed appropriately. Due to his age and being tired it was difficult to converse with the child. He appeared to be shy. PI will interview the child again when he is well rested and in a calmer environment.

Case Name: Greene, James
Note ID: Date Entered: 06/22/2010 11:55AM
Worker Creating Note: Clark, Kent Worker Making Contact: Clark, Kent

Note Information
Contact Begin Date: 06/22/2010 8:55AM
Category: Child Investigation
Type: Field Visit
Worker Activity Code: No Request for Action: N
Safety: N Safety Resolved: N Safety date: Safety Resolution:
FSFN: N FSFN Resolved: N FSFN date: FSFN Resolution:
Admin: N Admin Resolved: N Admin date: Admin Resolution:

Contact Information
Inv/Assessment Number:
2010-843221

Subjects Contacted:
Long, Shelly; 06/22/2010 8:55AM

Other Subjects:

Narrative:
PI met with the hospital social worker, Shelly Long, at General Hospital who advised that she had spent several hours with the child and maternal grandmother, Mrs. Davis. She said that the physician that diagnosed the child was concerned about the injury; he did not believe that the injury was “accidental” and it appeared to be between 3 and 5 days old. According to Ms. Long, the grandmother was very upset at the “idea” that the child may have been mistreated, and told the social worker that she was “positive that her daughter did not harm the child.” She denied abusing the child and stated that the most likely person would be the mother’s new boyfriend. PI requested copies of all medical reports on the child and advised that CPT would be in contact with the hospital.
Case Name: Greene, James
Note ID:
Worker Creating Note: Clark, Kent

Note Information
Contact Begin Date: 06/22/2010 8:30AM
Category: Child Investigation
Worker Activity Code:
Safety: N    Safety Resolved: N
FSFN: N     FSFN Resolved: N
Admin: N    Admin Resolved: N

Date Entered: 06/22/2010
Worker Making Contact: Clark, Kent

Note Information
Contact End Date: 06/22/2010 8:45AM
Type: Commencement
No Request for Action: N

Safety date: Safety Resolution:
FSFN date: FSFN Resolution:
Admin date: Admin Resolution:

Subjects Contacted:
Other Subjects:
Narrative:
Responded to Intake 2010-843221. Responded to the General Hospital Emergency Room. Met with charge nurse, Lois Ramsey, who stated that the child was having his arm set in a cast. Maternal Grandmother was with the child who seemed very caring and concerned, and the child seemed attached to her. Contacted the Social Worker for the PI.

Case Name: Greene, James
Note ID:
Worker Creating Note: Jones, Mary

Note Information
Contact Begin Date: 06/22/2010 7:50AM
Category: Child Investigation
Worker Activity Code:
Safety: N    Safety Resolved: N
FSFN: N     FSFN Resolved: N
Admin: N    Admin Resolved: N

Date Entered: 06/22/2010 8:30AM
Worker Making Contact: Clark, Kent

Note Information
Contact End Date: 06/22/2010 8:00AM
Type: Note to File: General
No Request for Action: N

Safety date: Safety Resolution:
FSFN date: FSFN Resolution:
Admin date: Admin Resolution:

Subjects Contacted:
Other Subjects:
Narrative:
Received case in unit. Immediate response as child is in hospital and may be released soon. Forwarded copy of report to LE as well as SAO. Contact PI Clark and advised him of intake.
Investigative Response Checklist


Conduct pre-commencement activities.

☐ Analyze the intake and use the Child Maltreatment Matrix.
☐ Contact the reporter unless caller ID was used and/or caller was anonymous. Provide contact information to reporter within 24 hours of report receipt. **F.S. 39.301(6)**
☐ Review all Prior Intakes/Investigations and Service Referrals.
☐ Review criminal history background checks provided by CI unit.
☐ Notify orally law enforcement and state attorney according to **F.S. 39.301(17)**.
☐ Review all previous or current case files and records of services received.
☐ Speak w/ current/prior Investigators, Case Managers, Supervisors, providers, schools.
☐ Plan interviews with family members; determine the location of the interviews.

Make unannounced face-to-face contact with the family and gather information from interviews and observations.

☐ Introduce yourself (name, agency); show identification.
☐ Explain the goal and process of the intervention; inform the family of their rights by reviewing the Rights and Responsibilities bulletin.
☐ Assess for child safety.
☐ Tour the home, viewing all rooms and conditions.
☐ Observe and assess for indicators. (After interviews, notify CPT if necessary)
☐ Interview face-to-face the child, siblings, parents, and other adults in the home.
☐ Inquire and document a dialogue with an adult family member re: if child is of **American Indian/Native Alaskan decent**.
☐ Complete ICWA Eligibility form.
☐ Gather information from parents/caregivers for Request for TANF Funds and enter in FSFN.
☐ Note: If the child is determined to be a “missing child”, follow requirements of **65C-30.019** and **65C-29.013(4)(d)**. (Reasonable Efforts to Locate)
☐ If human trafficking is suspected, notify local and federal law enforcement. **CFOP 175-14**

Analyze information to make safety/well-being decisions.

☐ Make safety decisions based on current and past information.
☐ Implement a safety plan when necessary.
☐ Follow **65C-30.009**, Tiered Services Protocol.
☐ If a removal is necessary, refer to the **PG** in Removal and Placement, "Tasks for Removal and Emergency Placement."
☐ Assure completion of “Emergency Intake Form” per **65C-29.003(6)(a)1.d.** to document the child’s medical information and needs.
Gather more information and complete documentation and reports.

☐ Prepare for the shelter hearing (for removals):
  ☐ reasonable efforts/probable cause documentation for shelter petition
  ☐ a recommended visitation schedule between child/parents, to begin within 72 hours, F.S. 39.402(9); follow guidelines in s.39.0139 for children who have been removed due to allegations of sexual abuse or exploitation.
  ☐ service referral information for the family 39.402(15).
  ☐ forward received written requests from relatives to CLS for notification of hearings. 39.301(14)(b)

☐ Document in the investigative file reasons why the dependency petition was not filed or the child was not removed.

☐ Continue or begin diligent search process.

☐ Obtain photographs, birth verification & fingerprints re: F.A.C.65C-30.004

☐ Send written summary to LE and SA, if appropriate, within 3 working days and to mandatory reporter within 10 days, if requested.

☐ Provide family assessment information to CBC for early service intervention.

☐ Conduct face-to-face interviews/calls with other collaterals, including reporter.

☐ Complete SA within 48 hours from time first victim seen.

☐ Follow up on supervisory recommendations on the SA. (supervisory review 72 hours from submission of the SA)

☐ Update FSFN.

  ☐ Visitation Plan may be completed by the Case Manager if case transfer is timely.

**Staff case as needed.**

☐ Conduct Multidisciplinary Staffing if second intake and different CPI, human trafficking is suspected, or if risk and safety assessments determine need.

☐ ESI, if applicable to the case.

☐ Staff with CLS when appropriate.

**Complete investigation within 60 days of receiving initial intake.**

☐ Follow procedures for investigation case closure.

☐ Complete all case closure documentation on FSFN.

☐ Exceptions to 60 day closure timeframe: missing child, active criminal investigation, or child death-medical examiner final report not received. 39.301(16)(a)-(c)
## Protective Investigations Checklist

<table>
<thead>
<tr>
<th>CITES</th>
<th>TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BACKGROUND CHECKS</strong></td>
<td></td>
</tr>
<tr>
<td>39.301(9)</td>
<td>Completed on household members within established timeframes (including paramours) and frequent visitors or babysitters</td>
</tr>
<tr>
<td>65C-29.009</td>
<td>□ FDLE/Juvenile Justice (DJJ)</td>
</tr>
<tr>
<td></td>
<td>□ Local Law Enforcement</td>
</tr>
<tr>
<td>QPS #1</td>
<td>□ Call outs (DV-check for active DV injunctions)</td>
</tr>
<tr>
<td>65C-29.003 (3)(i)</td>
<td>□ FSFN (Priors/Providers)</td>
</tr>
<tr>
<td></td>
<td>□ Department of Corrections (DOC) (when feasible)</td>
</tr>
<tr>
<td></td>
<td>□ Child Welfare – Out-of-State</td>
</tr>
<tr>
<td></td>
<td>□ 911 Calls or Calls for Service</td>
</tr>
<tr>
<td></td>
<td>▪ Information obtained used to appropriately assess risk to each child.</td>
</tr>
<tr>
<td></td>
<td>▪ Results of background checks documented in FSFN case file</td>
</tr>
<tr>
<td><strong>CONTACTS/INTERVIEWS</strong></td>
<td></td>
</tr>
<tr>
<td>39.301(5)</td>
<td>Reporter contacted and interviewed</td>
</tr>
<tr>
<td>39.301(6)</td>
<td>□ Contact information provided to -mandatory reporter within 24 hours</td>
</tr>
<tr>
<td>65C-29.002</td>
<td>□ -Mandatory reporter advised of right to provide written summary of report for inclusion in master file</td>
</tr>
<tr>
<td>65C-29.003 (3)(n)</td>
<td>□ Commencement immediate or within 24 hours.</td>
</tr>
<tr>
<td></td>
<td>□ Present/provide PI brochure to parents</td>
</tr>
<tr>
<td></td>
<td>□ Documentation of investigation as On-site or Enhanced On-site</td>
</tr>
<tr>
<td>39.201 (5)</td>
<td>Alleged victims/other children seen within 24 hours</td>
</tr>
<tr>
<td>39.301(9)</td>
<td>□ Observations of victims and children documented.</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Interactions of children with family members documented</td>
</tr>
<tr>
<td>65C-29.013</td>
<td>□ Daily face-to-face attempts made for victims not seen.</td>
</tr>
<tr>
<td>QPS #2, 3, 4, 6</td>
<td>□ Attempts to locate documented.</td>
</tr>
<tr>
<td></td>
<td>▪ Alleged victims/other children interviewed and all maltreatment addressed</td>
</tr>
<tr>
<td></td>
<td>▪ Specific and relevant observations and interactions of the child with family members completed and documented</td>
</tr>
<tr>
<td>39.301</td>
<td>Face-to-face contact with primary caretaker</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Interview information addressing all maltreatments documented</td>
</tr>
<tr>
<td>QPS #5, 6</td>
<td>□ Contact with non-custodial parent</td>
</tr>
<tr>
<td></td>
<td>□ Interview information addressing all maltreatments documented</td>
</tr>
<tr>
<td>CITES</td>
<td>TASKS</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td>39.30(9) 65C-29.003 (9)</td>
<td>Relevant collateral contacts completed and documented</td>
</tr>
<tr>
<td>65C-30.001 (28)</td>
<td>Type and date:</td>
</tr>
<tr>
<td>QPS #9, 10</td>
<td>Must obtain relative collateral contact (if available) when family refuses offered services</td>
</tr>
<tr>
<td>65C-30.007 (3) QPS #37</td>
<td>Pertinent information obtained and considered when assessing safety of the child and/or need for services</td>
</tr>
<tr>
<td></td>
<td>Shelter contacts with children, if appropriate</td>
</tr>
<tr>
<td></td>
<td>□ Face-to-face with both child and shelter parent/provider every 7 days</td>
</tr>
<tr>
<td></td>
<td>□ Face-to-face with child and relative/non-relative at least once every 7 days during the first 30 days after removal</td>
</tr>
<tr>
<td>PAPERWORK/DOCUMENTATION</td>
<td>Quality Documentation</td>
</tr>
<tr>
<td>39.30(9) 65C-29.003 QPS #18, 28</td>
<td>□ All investigative information is documented in the case file (FSFN)</td>
</tr>
<tr>
<td></td>
<td>□ Demographic and investigative information updated in FSFN</td>
</tr>
<tr>
<td>65C-28.013 (1)-(7) 65C-29.003 (16)</td>
<td>□ Native Indian/Native Alaskan decent determined/documented.</td>
</tr>
<tr>
<td>65C-28.013 (1) 65C-30.001 (67-69)(146)</td>
<td>□ Discussion with parents documented in FSFN or ICWA Eligibility Form</td>
</tr>
<tr>
<td>65C-30.002 (1)(a) 65C-30.002 (1)(e4)</td>
<td>□ ICWA Eligibility Form completed timely and signed by at least 1 parent</td>
</tr>
<tr>
<td>QPS #25, 30</td>
<td>□ If heritage claimed, timely initiation of the search process documented</td>
</tr>
<tr>
<td></td>
<td>□ ICWA Checklist completed if child reported to be a member of a tribe or is eligible to be a member of a tribe</td>
</tr>
<tr>
<td></td>
<td>□ Court advised if child is member of a tribe</td>
</tr>
<tr>
<td>39.301(7) 39.301(9) 65C-29.003 (5)(6)</td>
<td>□ Safety Assessment —</td>
</tr>
<tr>
<td>QPS #7, 8</td>
<td>□ Completed with sufficient thoroughness to identify risks and develop a safety plan.</td>
</tr>
<tr>
<td></td>
<td>□ Safety plan is appropriate to risk</td>
</tr>
<tr>
<td></td>
<td>□ Safety plan implemented</td>
</tr>
<tr>
<td></td>
<td>□ Investigator follow-ups completed</td>
</tr>
<tr>
<td></td>
<td>□ Appropriate factors identified requiring the completion of a second party review and review was completed</td>
</tr>
<tr>
<td></td>
<td>□ All follow up activities completed and documented</td>
</tr>
<tr>
<td></td>
<td>□ Document in initial SA if case is subject to critical case staffing</td>
</tr>
<tr>
<td></td>
<td>□ FSFN Safety Plan completed, if appropriate</td>
</tr>
<tr>
<td></td>
<td>□ FSFN Out-of-Home Plan completed, if removal</td>
</tr>
<tr>
<td></td>
<td>□ FSFN Visitation Plan completed with Case Manager, if removal</td>
</tr>
<tr>
<td>CITES</td>
<td>PAPERWORK/DOCUMENTATION</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>• Update of Safety Assessment</td>
</tr>
<tr>
<td>QPS #17, 18, 26, 27</td>
<td>□ All findings supported by documentation</td>
</tr>
<tr>
<td></td>
<td>□ Follow through occurred on the supervisory guidance and direction and was documented</td>
</tr>
<tr>
<td>39.301(9)</td>
<td>□ Maltreatment findings</td>
</tr>
<tr>
<td>(a)4</td>
<td>□ Child Maltreatment Matrix consulted: 175-28</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Evidence to support/refute documented in SA</td>
</tr>
<tr>
<td>(8)</td>
<td>□ Consideration of other professionals' assessment findings and recommendations included in the maltreatment findings, disposition</td>
</tr>
<tr>
<td>QPS #11, 17, 18</td>
<td>□ All identified maltreatment finding(s) supported by documentation</td>
</tr>
<tr>
<td>65C-39.004</td>
<td>□ Identification of Children</td>
</tr>
<tr>
<td>QPS #20</td>
<td>□ Photos taken-72 hours from removal; In-Home - w/in 15 days after transfer to service unit</td>
</tr>
<tr>
<td></td>
<td>□ Birth verification - w/in 15 days of placement; In-Home - w/in 15 days of transfer to service unit</td>
</tr>
<tr>
<td></td>
<td>□ Fingerprints-age 3 or older - w/in 15 days of</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Immediate and long term family/children strengths/needs appropriately identified (with family) &amp; documented</td>
</tr>
<tr>
<td>QPS #20</td>
<td></td>
</tr>
<tr>
<td>175-29.175-71, 175-93</td>
<td>□ Request for TANF Funds form completed in FSFN, signed and in file</td>
</tr>
<tr>
<td>65C-30.009</td>
<td>□ Title IV-E/Medicaid application in file (licensed out-of-</td>
</tr>
<tr>
<td>(2)(c)3</td>
<td></td>
</tr>
<tr>
<td>65C-28.012</td>
<td>□ Home Study completed within 30 days of placement - non-licensed placements.</td>
</tr>
<tr>
<td>QPS #32</td>
<td>□ Staffing conducted to determine if CM or PI will complete Home Study.</td>
</tr>
<tr>
<td></td>
<td>□ Acknowledgement of Firearms Safety Requirements</td>
</tr>
<tr>
<td>CITES</td>
<td>TASKS</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 39.301(2)(17) 65C-29.003 175-14 | • State Attorney and Law Enforcement notified as per 39.301  
  • Local and Federal Law Enforcement notified if intake includes maltreatment of human trafficking or if during investigation PI suspects human trafficking. |     |    |                 |
| 39.303 (2) a-h 65C-29.006 | • CPT referral - if required, or document no indicators  
  □ Referral is timely  
  □ Specific information discussed with CPT documented  
  □ CPT assessment findings and recommendations followed or rationale for not following documented  
  □ Reasons otherwise warrant medical eval/consult  
  □ Response received  
  □ Reason for -exception documented |     |    |                 |
| QPS #13, 14, 15, 16 | • CLS consult/staffing held when required  
  • Appropriate professionals updated as new information develops  
  • If new intake on open services case, collaboration with Case Manager is documented. [30.015(1)] |     |    |                 |
| 39.301(9) 65C-30.009 | • Service referrals made as per Tiered Services Protocol  
  □ Efforts made/document to provide services to prevent removal  
  □ Immediate/ongoing service needs identified/document  
  □ Referrals completed for immediate service needs  
  □ Engagement of immediate/ongoing services documented |     |    |                 |
| QPS #21, 22, 29 | • ESI (Case Transfer) staffing held. Check if applicable:  
  □ Assessment of preservation services allowing the child to remain safely in the home is appropriate  
  □ Ongoing services for the child and family identified/engaged. |     |    |                 |
| 65C-30.002 | • Multidisciplinary Staffing if human trafficking is suspected; participants must include CLS and Office of Refugees Services, Child Trafficking Coordinator or knowledgeable victim advocate. |     |    |                 |
## Module 2: Conducting the Investigation

### Child(ren)'s Needs

<table>
<thead>
<tr>
<th>CITES</th>
<th>TASKS</th>
</tr>
</thead>
</table>
| 39.407 65C-28.004(7)(f) 65C-29.008 65C-28.014 65C-28.016 65C-30.006(5)(g)1. 65C-30.011 65C-29.003(6)(a)1. 65C-35 | - Child's physical, medical, developmental, educational, and mental health needs – Out-of-Home Care:  
- Initial Child Health Check-up w/in 72 hours of removal  
- Copy of Child Health Check-up included in file  
- Referral for Comprehensive Behavioral Health Assessment (CBHA) w/in 7 days  
- Psychotropic medication needs addressed when applicable  
- Child's Resource Record initiated by person making the placement 65C-30.011(4)  
- Emergency Intake Form completed and accurately identifies child's current medical information/needs |

### Institutional Cases

<table>
<thead>
<tr>
<th>CITES</th>
<th>TASKS</th>
</tr>
</thead>
</table>
| 39.302(4) 65C-29.004 | - Immediate oral notification to SA, LE  
- Contract Manager notified within 48 hours of commencement.  
- FACCCA, Florida Association of Christian Child Caring Agencies, notified if institution is exempt from licensing.  
- Child's attorney and GAL notified. |
| 65C-29.004(4) 65C-29.006(2) | - Licensing notified immediately if report involved a licensed foster home, day care facility or family day care home. |
| 65C-29.004(4) 65C-29.004 | - ADM notified immediately on all intakes involving a mental health or drug treatment facility or provider.  
- Biological parent(s)/legal guardian notified as soon as possible of an intake involving their child(ren) as victims. |
<p>| 39.302 | - Safety Assessment completed |</p>
<table>
<thead>
<tr>
<th>CITES</th>
<th>TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>65C-30.011</td>
<td>Fed Max/shelter packet complete</td>
</tr>
<tr>
<td></td>
<td>□ Request for TANF Funds form completed, signed, and in file</td>
</tr>
<tr>
<td></td>
<td>□ Title IV-E/Medicaid application completed</td>
</tr>
<tr>
<td></td>
<td>□ Child’s income/assets evaluated for potential Master Trust account (give income information to Services)</td>
</tr>
<tr>
<td>39.402(8)(h)</td>
<td>“Reasonable Efforts” documented</td>
</tr>
<tr>
<td>5.a-d</td>
<td>Concerted efforts to provide appropriate services allowing child to remain safely in home is documented</td>
</tr>
<tr>
<td>39.402(10)</td>
<td>□ Specific efforts (services, etc.) or</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Reason that no reasonable efforts are required</td>
</tr>
<tr>
<td>QPS #29</td>
<td>Evidence supporting reason for removal documented</td>
</tr>
<tr>
<td></td>
<td>□ Document reasons why continuation in the home would be contrary to the welfare of the child.</td>
</tr>
<tr>
<td>39.502(9); 39.503</td>
<td>Diligent search efforts/results:</td>
</tr>
<tr>
<td>65C-29.013(3)</td>
<td>□ All efforts to identify, contact and interview parents, relatives/non-relatives documented</td>
</tr>
<tr>
<td>65C-30.003</td>
<td>□ All parents identified; FSFN - Diligent Search for Parent documented</td>
</tr>
<tr>
<td>QPS #31</td>
<td>□ Possible placements identified (relative/non-relative)</td>
</tr>
<tr>
<td></td>
<td>□ Affidavit of diligent search in PDS</td>
</tr>
<tr>
<td>39.401(3)</td>
<td>Prior to placement in unlicensed home (relative/non-relative): The following are completed for household members &amp; frequent visitors age 12 &amp; over for proposed placement:</td>
</tr>
<tr>
<td>39.521(2)(r)</td>
<td>□ FAH/CIS, FSFN check</td>
</tr>
<tr>
<td>39.0138</td>
<td>□ FDLE/Local law enforcement check</td>
</tr>
<tr>
<td>65C-28.011</td>
<td>□ DJJ – ages 12 – 26</td>
</tr>
<tr>
<td>65C-28.012</td>
<td>□ NCIC name check for all household members age 18 and up</td>
</tr>
<tr>
<td>QPS #31, 32, 33</td>
<td>□ Fingerprint gathered prior to placement and submitted to FDLE on the first business day following placement, but no later than 10 calendar days of the name check.</td>
</tr>
<tr>
<td></td>
<td>□ On-site physical inspection of home</td>
</tr>
<tr>
<td></td>
<td>□ Evaluation of the prospective caregiver’s capacity to protect completed</td>
</tr>
<tr>
<td></td>
<td>□ Home Study &amp; out-of-state criminal check initiated if caregiver resided in another state.</td>
</tr>
<tr>
<td></td>
<td>□ Attempts made to gather criminal history information from another state for household members 12 and older and frequent visitors age 18 or older who have resided in another state</td>
</tr>
<tr>
<td></td>
<td>□ Attempts made documented re: efforts to place siblings in same home</td>
</tr>
</tbody>
</table>
### Module 2: Conducting the Investigation

<table>
<thead>
<tr>
<th>CITES</th>
<th>TASKS</th>
<th>Yes</th>
<th>No</th>
<th>Follow-Up Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INVESTIGATION CLOSURE ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 39.301 39.521-522 QPS #24 | • Assessment supports disposition decision  
• Investigation is thorough and appropriate steps were taken to ensure child safety. | | | |
| 39.301 (16) 65C-29.003(10) 65C-30.001(86) QPS #17, 28 | • Investigation completed  
  □ Complete within 60 days (unless an exception applies)  
  □ FSFN documentation: Case Closure Page  
  • Findings determined and documented on FSFN within 45 days of intake receipt  
  • Correct Incident Date is entered in FSFN if findings are verified.  
  • Results determination documented in FSFN and is appropriate based on the information obtained during investigation.  
  • TANF | | | |
| 65C-29.003 65C-30.007(15) QPS #8, 26, 27 | • Supervisory review  
  □ Date case returned to PI:  
  □ Due date of follow-up, if needed  
  □ Follow-up completed | | | |

**Comments:** (Include other issues, concerns, or recommendations regarding investigative tasks/decision making and/or documentation that are not directly addressed on the checklist.)

Supervisor/Reviewer: ____________________________

Investigator: ____________________________

---

PI 116_IR_PG_030111 Module 2: Conducting the Investigation
## In-Home Safety Assessment (Sections A-C)

### A. Signs of Present Danger

<table>
<thead>
<tr>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family’s whereabouts is unknown, or there is reason to believe that the family is about to flee or refuse/limit access to child(ren)</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td>2. There are household environmental hazards AND the child may be in immediate danger of harm as a result.</td>
<td></td>
</tr>
<tr>
<td>3. The parent, caregiver or other household member(s) is responsible for the death or serious injury of another child.</td>
<td></td>
</tr>
<tr>
<td>4. The parent, caregiver or household member(s) have a history of violence or display current violent behaviors (e.g. battery, domestic violence, 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 (regardless of disposition) or engages in dangerous criminal activities that may impact child safety and/or present(s) a potential threat of harm to the child (e.g. drug manufacture and distribution, trafficking or sale of illegal drugs or weapons, prostitution).</td>
<td></td>
</tr>
<tr>
<td>6. The caregiver describes child(ren) in predominantly negative terms or has unrealistic expectations.</td>
<td></td>
</tr>
<tr>
<td>7. Caregiver or other person having access to the child has made a credible threat or expresses a credible belief that his or her actions may result in harm or danger of harm to the child.</td>
<td></td>
</tr>
<tr>
<td>8. The parent or caregiver has not met or is unable to meet the child’s immediate needs for food, clothing, shelter, medical, behavioral or mental health care, or protection from harm.</td>
<td></td>
</tr>
<tr>
<td>9. The parent or caregiver(s)’ apparent mental, physical or developmental condition, or drug or alcohol use affects their ability to adequately care for the child(ren).</td>
<td></td>
</tr>
<tr>
<td>10. The parent or caregiver(s)’ age affects their ability to adequately care 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 of incidents, either reported or unreported (e.g. child discloses ongoing abuse or chronic In-Home violence for which no abuse or law enforcement reports were made).</td>
<td></td>
</tr>
<tr>
<td>12. There is evidence of physical or sexual abuse and the possible responsible person is Unknown.</td>
<td></td>
</tr>
<tr>
<td>13. Person(s) biologically unrelated to alleged child victim(s) is visiting or part of the household.</td>
<td></td>
</tr>
<tr>
<td>Safety Factor</td>
<td>Response</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>14. The actual injury, neglect, or threatened harm is serious or severe. If</td>
<td></td>
</tr>
<tr>
<td>yes, at least one of the following must be selected:</td>
<td></td>
</tr>
<tr>
<td>□ Child death □ Inflicted Fracture □ Inflicted Burn</td>
<td></td>
</tr>
<tr>
<td>□ Head trauma □ Crack house or similar environment □ Blunt abdominal injury</td>
<td></td>
</tr>
<tr>
<td>□ Bruises on any child less than 6 months □ multiple bite marks</td>
<td></td>
</tr>
<tr>
<td>□ Extensive body bruising, especially involving the head or the torso</td>
<td></td>
</tr>
<tr>
<td>□ Sexual abuse or exploitation □ Failure to thrive</td>
<td></td>
</tr>
<tr>
<td>□ Bizarre punishment/confinement □ other</td>
<td></td>
</tr>
</tbody>
</table>

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

16. Other Signs of Present Danger

**Signs of Present Danger Implications for Child Safety:** Explain your “yes/no” determinations for the safety factors and what implication these factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s safety.

B. Child Vulnerability (complete for each child)

<table>
<thead>
<tr>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Child is five years or younger or nonverbal.</td>
<td></td>
</tr>
<tr>
<td>18. Child has developmental, physical, emotional or medical conditions that increase his or her vulnerability.</td>
<td></td>
</tr>
<tr>
<td>19. Child exhibits behavior(s) that may be indicative of abuse or neglect. If yes, at least one of the following must be selected:</td>
<td></td>
</tr>
<tr>
<td>□ Enuretic and/or Encopretic □ Physical harm to self</td>
<td></td>
</tr>
<tr>
<td>□ Uses drugs/alcohol □ Physical aggression/threats</td>
<td></td>
</tr>
<tr>
<td>□ Fire Setting □ Age inappropriate sexual behavior/knowledge</td>
<td></td>
</tr>
<tr>
<td>□ Runs away from home □ Suicidal thoughts/threats</td>
<td></td>
</tr>
<tr>
<td>□ Sexual Aggressor □ Excessive school absenteeism</td>
<td></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 others cannot observe the condition of the child.

21. Other signs of Child Vulnerability

**Child Vulnerability Implications for Child Safety:** Explain your “yes/no” determinations for the safety factors and what implication these factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s 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:** Explain your “yes/no” determinations for the safety factors and what implications these factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s safety.
Caregiver’s Ability and Willingness to Protect the Child

A Caregiver’s Protective Capacity

- The caregiver must not only have the ability to protect the child, but must also demonstrate a willingness to protect.
- Protective capacities are concrete and identifiable behaviors, emotions, social connections, and resources necessary to insure the child’s safety.
- Refer to Safety Assessment Safety Factors: C. Protective Capacities, #24, 25, 31

Demonstrating Protective Capacities

Does the caregiver exhibit behaviors or actions that demonstrate the ability and willingness to:

- identify and engage resources to meet the child’s safety and well-being needs?
- meet the child’s health and nutritional needs?
- accept/implement intervention and external supports from social/community networks and resources?
- identify and use family strengths (strength must directly link to the child’s vulnerability and need for protection)?
- obtain safe housing, employment, adequate food, medical care?
- defer his/her own needs for those of the child?
- assess the child’s ability to self-protect (with respect to child’s vulnerability factors)?
- manage potentially harmful situations to maintain the child’s safety and well-being?

Critical Questions

Is the caregiver:

- recognizing the child’s needs?
- demonstrating skills associated with meeting the child’s needs?
- recognizing threats of harm?
- developing ways to manage threats and respond to a child’s needs?
- generalizing experiences and applying them to new situations?
- demonstrating impulse control?
Williams Family Scenario

Scenario

The Williams family consists of the mother, Mary, age 25, father, Frank, age 27, and their three children: Susan, age 7, James, age 6, and David, age 3. An intake was received from the school nurse, alleging that James was observed to have three 1 inch welt marks on his left arm. When asked how he got the marks, James said that he was playing ball in the house and broke a window. His mother became angry and hit him with a belt.

A review of agency records found one prior involvement with the family, approximately 2 years ago. At that time an intake was received on Susan as she had telephone cord marks on her back from being hit by her mother, Mrs. Williams. Physical abuse was verified due to the severity of the injuries and because Susan had experienced severe pain as a result of being hit. She was unable to lean back in her chair for several days because the injured area was very tender. The family received Non-Judicial In-Home Services for 6 months, and no other abusive incidents occurred during this time period. The parents were resistant to continued services and the case was closed.

During the investigation, the PI learned the following information: James stated that his mother hit him with a belt. He said that his mother usually disciplines him by hitting him. James denied being afraid of his mother, except when he does something bad, like breaking a window. The injury consisted of three welts to the left arm, which were approximately 1 inch wide by 2 inches long. The injuries appeared to be consistent with a belt. James stated that it hurt when he was being hit and for a few minutes afterwards, but that it did not hurt now, unless the area was touched “hard.” He had no other injuries. James stated that he had been hit in the past by his mother whenever he was bad, but never had marks as a result of being hit in the past.

Susan and David were also examined by the PI and found to have no injuries consistent with abuse. Both children were observed to be clean and appeared healthy. Interviews revealed that James was the only child who was physically disciplined by the mother at the present time. Susan stated that she had not been hit by her mother since the last time the agency investigated. She also stated that David was never hit by either of the parents because he was the baby of the family. David denied being hit by his mother but said, “James gets beat cause he’s bad.” Both children denied being hit by their father.

According to school officials, James and Susan are often absent from school and when they do come to school, they are often hungry. Susan has been absent 20 days, and James has been absent 15 days. Both children are frequently late and often appear to be hungry. The children state that they get themselves up for school. In addition, James frequently gets into fights at school. Susan tries to boss the other children and has few friends. Susan claims that she is the one who cares for David most of the time because her mother is usually tired. The children denied that their mother used drugs or alcohol. However, they did state that their father drinks beer every night when he is home. They stated that their father and mother routinely had heated arguments and that they always yelled at each other. They admitted to seeing their father push their mother on several occasions when he was angry, but denied that they ever saw him hit her. They denied ever seeing the father drunk.
Mrs. Williams was interviewed and initially denied hitting James, but eventually admitted to hitting him on the day he broke the window. She said that this was the first time that she has ever hit him, but later, she admitted to hitting him often. She pointed out that she stopped hitting Susan after the last involvement with the agency. Mrs. Williams seemed overwhelmed with caring for the children. She stated that her husband believed that child care was solely the mother’s responsibility, and he never helped with the child care responsibilities. She stated that James can get out of control at times and that he rarely listens to her. She denied that her husband was ever abusive to her and dismissed the yelling and pushing as his way of showing that he loved her. She stated that Frank works as a garbage collector, and she works part-time at night at a convenience store, but they often fight over lack of money. Mrs. Williams reported that neither she nor Mr. Williams had any other children.

Frank Williams was home at the time of interviews in the home, but left the room shortly after the PI arrived. During a brief conversation with the PI, he stated that the children were Mary’s responsibility and that parenting was the woman’s job. He did state that hitting children was alright for a parent to do because the children have to learn to listen. He stated that since he was not the one who left the injury, he did not see the point in being involved in the investigation. He did not mind if the PI wanted to meet with his wife or his children. The PI was unable to observe any interactions between the father and the children. Mother stated that he rarely had any real interactions with the children. She said he drinks beer every night at home after work. She said that he never gets drunk. There was no criminal history on the father or mother.

The family lives in a two bedroom apartment. Mother and father sleep in one bedroom. Susan has her own room, and James and David share a sofa bed in the living room. The children had ample clothing. All utilities appear to be functioning. The home was quite cluttered, but clean and no hazardous conditions were observed. There was some chicken, milk, juice, and condiments in the refrigerator and cereal, bread, and canned goods in the pantry.

Medical records were obtained for all the children. Nothing in the medical records raised concerns regarding the care given to the children except that David was behind in his immunizations.

Mother claims that she rarely sees her family after they had a fight 2 years ago. She states that her mother, Stella Evans and her aunt, Mary Scott live across town on Broward Street. Frank’s family all live in Alabama, but she doesn’t know their address. When PI asked the father about his family, he stated that they had disowned him, and he didn’t know where they lived. The Williams family has moved 7 times in the past 3 years. Mother blames “bad landlords” as the reason for all the moves, but admits to having difficulty managing the money. Mother has no close friends in the neighborhood and states that she has no time to make friends, go to church, or go out except to the grocery store.

During the interviews held with the family, Susan was observed caring for David in the adjoining room. Mother said that Susan is a big help and often assists her in caring for David. James was quite disruptive during interviews with family members. Mother threatened to punish him several times if he did not settle down.
Examples of Child Abuse Critical Indicators

**Injuries and Evidence**
- numerous alleged “accidental” injuries
- escalating injuries
- injuries inconsistent with explanation
- frequent change of hospitals or physician
- professional medical opinion contrary to facts

**Child Vulnerability**
- 5 years and younger
- prior reports
- limited access to or contact with child by outside world

**Target Child**
- no observable signs of bonding with target child
- flat or depressed affect
- lack of peer relationships
- subjected to unusual forms of discipline
- only discipline used is physical
- exhibits behaviors indicative of abuse and neglect
- secretive about injuries
- siblings often speak negatively of them as well as parents

**Parent/Caretaker Characteristics**
- sociopathic personality (overly charming, extremely cooperative, externalizing role in abuse or other problems, “not my fault,” smooth talker)
- appears to make extreme progress (always pleasing, completes/appears to complete assignments quickly, gives the right answers all the time)
- tells you what you want to hear
- violent and aggressive behavior (domestic violence reports, other police reports, charges involving violence, etc.)
- unrealistic expectations of child
- alienated from family; no family support network
- isolation, lack of social contact (friends, activities)

**Parents/Caretaker History**
- history of abuse and neglect as a child
- history of alcohol or other substance abuse
- history of mental illness
- history of frequent moves
- history of job instability
- criminal history
- paramours drifting in and out-of-home

**Parent/Caretaker Relationship**
- relationship takes precedence over child’s needs (adults’ needs first)
- imbalance of power
- domestic violence
- no clear identification of roles
- open hostility and/or negative perceptions

**Physical Environment**
- environment poses safety risks (electrical or fire hazards, weapons)
- sleeping area for child is inappropriate
- child is removed from others during common activities-eating, sleeping, etc.
- home is physically isolated (e.g., far out in the country)
Safety Planning for the Williams Family

Complete questions 1-4.
Present your answers to the class.

1. Describe safety concerns that would pose immediate or serious harm or threats of harm. Consider factors (already documented on PG37-38) that pertain to:
   - Signs of Present Danger
   - Child Vulnerabilities
   - Protective Capacities

2. Can Non-Judicial/Judicial In-Home services work for this family? (answer “Yes” or “No”)
   - Parents will accept services and will cooperate with service providers.
   - Parents reside in the home.
   - Home environment is calm and stable enough for services to be provided.
   - Safety actions that control all of the conditions affecting safety can immediately be put in place.

3. Describe the specific safety actions to be taken. For each action include: the person responsible for the action; when the action will occur; duration, frequency, and person responsible for monitoring the safety plan.
Directive on the Use of Professional Opinions
DCF Memo/Directive

Purpose: provides guidance regarding the necessary and appropriate consideration of clinical assessments and professional recommendations submitted to PIs and CMs in the course of their work with families.

Required practice:

Documentation of shared information in the automated CSA/Case file.

- This includes information related to:
  - current situation;
  - subject and collateral statements;
  - prior history in Florida, as well as other states in which the family is known to have resided;
  - any known criminal information;
  - and the involvement of other professionals in the care and treatment of the child and/or family.

- Must document in the Notes section of FSFN:
  - date and time that background information is shared with the professional, detailing the specific information shared
  - If the referral to CPI requires a written form, the referenced detailed information must also be documented in the referral form
  - new information as it develops throughout the investigation
  - updates to the professionals involved in the investigative, case management, treatment and assessment processes.

Documentation and consideration of other professionals’ assessment and recommendations in the determination of child safety and ongoing protective interventions.

- Must consider and carefully assess all professional opinion and recommendations received.
- Document specific information and recommendations provided, and the date and time of any contacts with whom the referral was made.
- Any written documentation received or faxed from the professionals must be included in the supporting file.
Documentation of implications for child safety resulting from professional assessments or consultations.

- Implications for child safety, especially recommendations related to removal of children from their home, changes in placements decision, or critical changes in safety plans need to be carefully evaluated.

- Particular attention must be given to the relevance of this information in the determination of imminent or emerging safety threats, the child’s vulnerability (ability to self-protect) and the parental or family protective capacities (their ability to control the imminent or emerging danger threats to the child).

- Findings and recommendations concerning specific safety factors require the updating of the Initial Child Safety Assessment.

- Other safety concerns and how the information received impacts the safety determination must be documented in an updated Overall Safety Assessment.

- Specific safety actions or plan implemented to control the safety threats to the child are documented under Safety Actions.

Resolution of disagreements in findings and recommendations through the use of consultations and multidisciplinary staffing.

When there is a difference of opinion between you and the other professional stakeholders and it cannot be resolved, you must notify your supervisor and request a staffing/consultation.

- This consultation will include other administrative staff as outlined in local working agreements.

- The staffing results must be documented in the FSFN notes.

- If resolution cannot be reached, a CPT multidisciplinary staffing must be requested in order to reach consensus on the appropriate course of action.

Final Resolution Process.

CPIs must take the lead for cases that are ESI status and must ensure final resolution is obtained.

- DCF staff:
  - If consensus if not reached, case continues to be reviewed by administration, with final resolution resting with the Operations Manager and/or District Administrator.
  - Results of all reviews/staffings must be documented in the FSFN notes.

- Sheriff Office staff:
  - Follow respective agency’s management structure consistent with DCF.
Module 3: The Safety Assessment  
Job Aid: In-Home Safety Assessment

Initial In-Home Safety Assessment Job Aid
Sections A-E of the Safety Assessment (SA) must be initially completed by the Investigator and submitted for Supervisory review. The SA must be updated when initial contact with a child victim or any other household member if initial contact occurs after submission of the initial SA.

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Investigation Status and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Submitted for Supervisory Review</td>
<td>Date/Time of Supervisory Review</td>
</tr>
<tr>
<td>Date/Time Submitted for Second Party Review</td>
<td>Date/Time Second Party Review Completed</td>
</tr>
</tbody>
</table>

A. Signs of Present Danger

Each Safety Factor is provided with a dropdown box to assign the safety factor with the determination of “Yes”, “No”, or “Unknown”. When unknown is used, the investigator must document additional investigative activities needed to answer the safety factor yes or no. An investigation should not be closed with unknown safety factors.

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response (Y, N, U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Family’s whereabouts is unknown, or there is reason to believe that family may flee or refuse/limit access to child(ren).</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>There are household environmental hazards AND the child may be in immediate danger of harm as a result.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>The parent, caregiver or other household member(s) is responsible for the death or serious injury of another child.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>The parent, caregiver or household members(s) have a history of violence or display current violent behaviors (e.g. battery, domestic violence, intimidation) AND the child may be in danger as a result.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The parent, caregiver or household member(s) has a criminal history (regardless of disposition) or engages in dangerous criminal activities that may impact child safety AND present(s) a potential threat of harm to the child (e.g. drug manufacture and distribution, trafficking or sale of illegal drugs or weapons, prostitution).</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The caregiver describes child(ren) in predominately negative terms or has unrealistic expectations.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Caregiver or other person having access to the child has made a credible threat or expresses a credible belief that his or her actions may result in harm or danger of harm to the child.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>The parent or caregiver has not met or is unable to meet the child’s immediate needs for food, clothing, shelter, medical, behavioral or mental health care, or protection from harm.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The parent or caregiver(s’) apparent mental, physical or developmental condition, or drug or alcohol use affects their ability to adequately care for the child(ren).</td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response (Y, N, U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>The parent or caregiver(s)’ age affects their ability to adequately care for the child(ren) (e.g. excessively young or elderly).</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>There is a pattern of continuing, escalating and/or increasing frequency of incidents, either reported or unreported (e.g. child discloses ongoing abuse or chronic In-Home violence for which no abuse or law enforcement reports were made.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>There is evidence of physical or sexual abuse and the possible responsible person is Unknown.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Person(s) biologically unrelated to alleged child victim(s) is visiting or part of the household.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>The actual injury, neglect, or threatened harm is serious or severe. If yes, at least one of the following must be selected:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Child death</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Inflicted Fracture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Inflicted Burn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head trauma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Crack house or similar environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bruises on any child less than 6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Blunt abdominal injury</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Extensive body bruising, especially involving the head or the torso</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Sexual abuse or exploitation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Failure to thrive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bizarre punishment/conf confinement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- other</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Medical attention was required as a result of the actual injury, neglect or threatened harm (indicate if and when medical attention was received).</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Other Signs of Present Danger.</td>
<td></td>
</tr>
</tbody>
</table>

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

This narrative documents the determinations of all safety factors and the implication these specific factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child's safety. Be careful regarding the information that is placed in this narrative regarding criminal history as it populates into the PDS and would be violation of confidentiality.

**B. Child Vulnerability**

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Child is five years or younger and nonverbal.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Child has developmental, physical, emotional or medical conditions that increase(s) his or her vulnerability.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Child exhibits behavior(s) that may be indicative of abuse or neglect. If yes, at least one of the following must be selected:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Enuretic and/or Encopreatic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Uses drugs/alcohol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fire Setting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Runs away from home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Sexual Aggressor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Expresses fear of caregiver(s) and/or others living in or frequenting the home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- other</td>
<td></td>
</tr>
</tbody>
</table>

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

21. Other signs of Child Vulnerability

A person who knowingly or willingly makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of § 39.205.
Child Vulnerability Implications for Child Safety:
This narrative documents the determinations of all safety factors and the implication these specific factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s safety.

C. Protective Capacities

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>There are prior intakes involving any of the subjects in the current intake, regardless of finding(s).</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>Has a relationship with spouse/partner that supports their ability to protect and nurture the child(ren).</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Has demonstrated adequate comprehension and problem solving skills.</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>The parent or caregiver(s) has a childhood history free from abuse or neglect.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Appropriate supports are adequate and immediately available (e.g. extended family, friends, neighbors, community).</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>The parent or caregiver(s) has demonstrated a willingness and ability to follow through with current or prior actions, referrals and services.</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Other Protective Capacities or lack of Protective Capacities:</td>
<td></td>
</tr>
</tbody>
</table>

Protective Capacities Implications for Child Safety:
This narrative documents the determinations of all safety factors and the implication these specific factors have on child safety. It is best practice to provide an explanation for any safety factor affecting the child’s safety.

D. Safety Actions
This section will populate from FSFN once a safety action is selected. The options include: No Immediate action, Reasonable efforts to locate children and family, or Safety plan to ensure safety of child(ren). With the exception of the “No Immediate” action check box, all other Safety Actions include an Explanation text box to provide details of the safety action taken.

E. Overall Safety Assessment
The initial overall safety assessment must reflect an assessment of overall risk (initial and ongoing) at initial contact. Document your assessment of risk to the child, the factors that led to that determination, and the safety action implemented to reduce the risk.

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
F. Supervisory Review

Signs of Present Danger
   Supervisor Comments:

Child Vulnerability
   Supervisor Comments:

Protective Capacities
   Supervisor Comments:

Safety Actions
   Supervisor Comments:

Overall Safety Assessment
   Supervisor Comments:

G. Second Party Review

Does the report meet the criteria for a second party review?

☐ 1. The parent, caregiver or other household member is responsible for the death or
   serious injury of another child.

OR

☐ 2. A combination of any two of the following three factors:
   ☐ Child is 6 years or younger or nonverbal
       AND/OR
       ☐ There are prior reports involving any of the subjects or facility of/in the current
           report regardless of finding.
       AND/OR
       ☐ The actual injury, neglect, or threatened harm is serious or severe.

Signs of Present Danger
   Second Party Reviewer Comments:

Child Vulnerability
   Second Party Reviewer Comments:

Protective Capacities
   Second Party Reviewer Comments:

Safety Actions
   Second Party Reviewer Comments:

Overall Safety Assessment
   Second Party Reviewer Comments:

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Institutional Safety Assessment

FSFN Documentation
Completed Initial Institutional Safety Assessment and be submitted for supervisory review

Child Factors (1-8)
- Eight different questions, requiring ‘yes,’ ‘no,’ and ‘unknown’ responses addressing signs of present danger and child vulnerability for each child based on age, medical conditions, priors, etc.
- Child factors implications for child safety: requires a narrative explaining child safety implications posed by these responses.

Facility Factors (9 - 16)
- Eight Questions, requiring ‘yes’, ‘no’, and ‘unknown’ responses addressing information concerning facility practices and child vulnerability issues as a result of such practices.
- Facility factors implications for child safety: requires a narrative explaining child safety implications posed by these responses.

Safety Actions
- Requires a narrative identifying the need for a safety plan for the child.
- PI records the actions taken to ensure safety by checking the appropriate selections.
- For each selection, record the date of the decision, person responsible and provide an explanation of the action taken. More than one safety action may be selected. The available safety actions:

<table>
<thead>
<tr>
<th>No Safety Actions Needed</th>
<th>Recommend daily monitoring on-site by one or more of the certification, contractual or regulatory agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasonable efforts to Locate Children and/or Provider</td>
<td>Recommend closure of the facility by one or more of the certification, contractual, or regulatory agencies</td>
</tr>
<tr>
<td>Recommend limiting facility operations to the certification, contractual or regulatory agency</td>
<td>Removal of a child or all children from a facility</td>
</tr>
<tr>
<td>Recommend periodic, unannounced visits on-site by one or more of the certification, contractual or regulatory authorities to monitor process and compliance</td>
<td>Restrict the institutional employee’s access to the child or other clients, as warranted, in accordance with 39.302(2)(a), F.S.</td>
</tr>
<tr>
<td>Recommend a change in facility administration to the certification, contractual or regulatory agency</td>
<td>Other</td>
</tr>
</tbody>
</table>
Overall Safety Assessment
- Requires a narrative to describe the overall safety of the child based on the initial institutional safety assessment.
- Required before the Initial Institutional Safety Assessment can be submitted for supervisory review.
- The four tabs (child factors, facility factors, safety actions, overall safety assessment) are locked from editing upon the assessment being submitted for supervisory review.

Supervisory Review
Supervisors must complete their review of the SA within 72 hours of PI submission and must document the following:
- agreement or disagreement with the PI’s assessment
- any further action PI needs to take
- a change from Enhanced to On-site investigation (upon entering information)
- if the investigation meets the criterion for a second party review

Second Party Review
- Administrators, with proper security, record their agreement or disagreement with the PI’s assessment and the supervisor’s review of the assessment.
- Second Party Review must be completed within 72 hours of supervisor’s review.

Criteria for a Second Party Review
- The parent, caregiver or other household member is responsible for the death or serious injury of another child, OR
- A combination of any two of the following three factors:
  - Child is 5 years or younger or nonverbal, AND/OR
  - There are prior reports involving any of the subjects or facility of/in the current report, regardless of finding, AND/OR
  - The actual injury, neglect or threatened harm is serious or severe.
## Initial Institutional Safety Assessment Template

### Initial Institutional Safety Assessment

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Investigation Status and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Protective Investigator</th>
<th>Protective Investigator Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Submitted for Supervisory Review:</th>
<th>Date/Time of Supervisory Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Submitted for Second Party Review</th>
<th>Date/Time Second Party Review Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A. Child Factors

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
</table>

1. Child is five years of age or younger or nonverbal.

2. Child has been targeted by other child/children in facility for physical/sexual assault and an employee or provider with knowledge has failed to take reasonable measures to ensure child’s safety.

3. Child has serious medical condition requiring treatment and has been denied access to Treatment.

4. The child is having problems adjusting to the provider/facility (or changes to the provider/facility that create conflicts with caregiver(s)).

5. The child has developmental, physical, emotional or medical conditions that increase his or her vulnerability.

6. There are prior reports involving any of the victim children in the current report regardless of findings.

7. The child is in the custody of the Department at the time of intake.

8. The actual injury, neglect, or threatened harm is serious or severe. If yes, at least one of the following must be selected:

### Child Factors Implications for Child Safety:
### B. Facility Factors

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factors</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>Regular safety measures of the facility are insufficient to ensure that a child is not harmed.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Caregiver has harmed a child or made credible threats to harm a child and continues to have access.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Disciplinary or control policies/practices present a potential risk or harm to the child(ren).</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Institution has practices (other than disciplinary or control) that present a potential risk or harm to the child(ren) (such as sanitation, safety, or quality of life issues).</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Physical condition (of institution) poses a threat of harm to the child(ren).</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Parents, volunteers, advocates, school personnel, medical personnel and others have infrequent contact with the child(ren) as a provider/facility practice or location in the community.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>There are prior reports involving the facility, regardless of findings.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>There is a current or prior report involving the death of a child.</td>
<td></td>
</tr>
</tbody>
</table>

#### Facility Factors Implications for Child Safety:

#### C. Safety Actions

#### D. Overall Safety Assessment

#### E. Supervisory Review

### Child Factors

**Supervisor Comments:**

### Facility Factors

**Supervisor Comments:**

### Safety Actions

**Supervisor Comments:**

### Overall Safety Assessment

**Supervisor Comments:**

### Further Action Needed

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
F. Second Party Review
Does the report meet the criteria for a second party review?

☐ 1. The parent, caregiver or other household member is responsible for the death or serious injury of another child.

OR

☐ 2. A combination of any two of the following three factors:
   ☐ Child is 5 years or younger or nonverbal
   AND/OR
   ☐ There are prior reports involving any of the subjects or facility of/in the current report regardless of finding.
   AND/OR
   ☐ The actual injury, neglect, or threatened harm is serious or severe.

Child Factors
Second Party Reviewer Comments:

Facility Factors
Second Party Reviewer Comments:

Safety Actions
Second Party Reviewer Comments:

Overall Safety Assessment
Second Party Reviewer Comments:

Follow-Up Items
Second Party Reviewer Comments:

Further Action Needed

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Child on Child Assessments
Child on Child Assessments must be completed and submitted for supervisory review within 7 days of receipt of the intake.

Offense Characteristics (1-9)
- Questions, requiring ‘yes,’ ‘no,’ and ‘unknown’ responses addressing offense characteristics for each victim participant.
- Offense Characteristics Narrative explains the implications of the responses to these factors.

Child Maltreatment History (10-13)
- Questions, requiring ‘yes,’ ‘no,’ and ‘unknown’ responses addressing information concerning the offense characteristics for each participant with the role of alleged juvenile sexual offender.
- Child Maltreatment Narrative: details implications of the child maltreatment section.

Social and Interpersonal Skill and Relationships (14-16)
- Questions, requiring ‘yes,’ ‘no,’ and ‘unknown’ responses addressing the social and interpersonal skills and relationships of the offender.
- Social and Interpersonal Skill and Relationships Narrative: explains the implications of the responses to these factors.

Safety Factors (17-26)
- Questions requiring ‘yes,’ ‘no,’ and ‘unknown’ responses regarding the offense characteristics for each participant with a role of alleged juvenile sexual offender.
- The factors are classified into the following categories, with each category requiring a narrative explaining the implications of the responses:
  - Sexual Knowledge and Experience
  - Academic and Cognitive Functioning
  - Mental Health Issues
Treatment Needs

- The treatment needs of both the victim and the alleged juvenile sexual offender are recorded.
- The following choices are available and a narrative describing the choices and any additional information must be completed:

<table>
<thead>
<tr>
<th>No Treatment Needs</th>
<th>Mental Health Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management not Required</td>
<td>Counseling</td>
</tr>
<tr>
<td>Ongoing Case Management Required</td>
<td>Counseling - Family</td>
</tr>
<tr>
<td>Multidisciplinary Staffing</td>
<td>Bio-Psychosocial of Family</td>
</tr>
<tr>
<td>Treatment Needs Determined</td>
<td>Child Protection Team Referral</td>
</tr>
<tr>
<td>Psychosexual Evaluation</td>
<td>Other</td>
</tr>
</tbody>
</table>

Assessment Outcome

- The outcome of the assessment for each designated participant must be recorded by choosing from:

**Referral Closed:**
Services were not offered to the alleged juvenile sexual offender because the responder determined that there was no basis for intervention.

**Services accepted by alleged offender:** Services were offered to the alleged juvenile sexual offender and accepted by the caregiver.

**Referral closed:** Services were offered to the alleged juvenile sexual offender, but were rejected by the caregiver.

**Notification to Law Enforcement:**
Either the risk to the victim’s safety and well-being cannot be reduced by provision of services or family rejected services, and notification of the alleged delinquent act or violation of law to the appropriate law enforcement agency was initiated.

**Services accepted by victim:**
Services were offered to the victim of the alleged juvenile sexual offender and accepted by the caregiver.

**Referral closed:**
Services were offered to the victim of the alleged juvenile sexual offender, but were rejected by the caregiver.
**Services Compliance Documentation**

The family’s compliance with service recommendations must be recorded by selecting from the following and completing a narrative to explain compliance:

- Family is compliant with identified services needs.
- Family is not compliant with identified services needs. When selected, enables the following checkboxes:
  - □ CLS
  - □ CPT
  - □ SAO
  - □ Law Enforcement

**Staffings**

- When either family (victim or alleged perpetrator) is not compliant with identified services, document that the appropriate staffings were held to determine:
  - if grounds exist for dependency and/or
  - there is a need for an abuse or neglect intake to be generated.
Child On Child Assessment Template

<table>
<thead>
<tr>
<th>Child On Child Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Name</td>
</tr>
<tr>
<td>Date/Time Referral Received</td>
</tr>
<tr>
<td>Date/Time Referral Closed</td>
</tr>
</tbody>
</table>

I. Special Condition Intake Narrative(s)

| Sequence Type | Date/Time Received | Response Priority | Special Conditions Type |

Narrative

II. Participant(s)

| Name(s) | DOB | Age | Gender | Race | Role(s) |

III. C.O.C. Factors

A. Offense Characteristics

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
</table>
1. Victim is substantially younger than offender. |
2. Victim is known to offender. |
3. Use of coercion |
4. Use of Violence |
5. Use of bribes by offender |
6. Elements of secrecy involved |
7. Multiple victims |
8. History of non-sexual aggravated assault |
9. Number of incidents |

Offense Characteristics Narrative:

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
### B. Child Maltreatment History

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Offender has history of sexual victimization.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Offender has history of physical abuse.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Offender has history of neglect.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Offender has history of family/domestic violence.</td>
<td></td>
</tr>
</tbody>
</table>

**Child Maltreatment History Narrative:**

### C. Social and Interpersonal Skill and Relationships

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Offender’s family has history of instability.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Offender has history of physical/emotional separation from one/both parents.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Offender has inadequate social skills, poor peer relationships, and/or is socially isolated.</td>
<td></td>
</tr>
</tbody>
</table>

**Social and Interpersonal Skill and Relationships:**

### D. Sexual Knowledge and Experience

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factors</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Offender has knowledge of advanced sexual practice.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Offender has been exposed/access to pornography.</td>
<td></td>
</tr>
</tbody>
</table>

**Sexual Knowledge and Experience Narrative:**

### E. Academic and Cognitive Functioning

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factors</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Offender has academic difficulties</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Offender has reduced empathy</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Offender blames victim</td>
<td></td>
</tr>
</tbody>
</table>

**Academic and Cognitive Functioning Narrative:**

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
## F. Mental Health Issues

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Offender has history of impulse control problems.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Offender has history of anxiety.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Offender has history of depression.</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Offender has history of substance abuse.</td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health Issues Narrative:**

**IV. Treatment Needs**

**Treatment Needs Narrative**

**V. Assessment Outcome**

**VI. Service/Compliance**
Request for Assistance Assessment

The Request for Assistance Assessment (RFA) is used to document activities, assessment, and removal information in response to the Special Conditions Referral.

- RFA Assessments are created in response to Special Conditions Referrals when the type is
  - Parent in Need of Assistance
  - Caregiver Unavailable
  - Foster Care Referral
- The first section provides the report information such as case name, case ID, case status and status date.

Request for Assistance

- A series of Service descriptions which the user can select:

<table>
<thead>
<tr>
<th>Services Recommended: Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Services Needed</td>
</tr>
<tr>
<td>Case Management Services</td>
</tr>
<tr>
<td>Counseling Services</td>
</tr>
<tr>
<td>Day Care Services - Child</td>
</tr>
<tr>
<td>Educational and Training Services</td>
</tr>
<tr>
<td>Employment Services</td>
</tr>
<tr>
<td>Family Planning Services</td>
</tr>
<tr>
<td>Family Preservation Services</td>
</tr>
<tr>
<td>Family Support Services</td>
</tr>
<tr>
<td>Foster Care Services</td>
</tr>
<tr>
<td>Health-Related and Home Health Services</td>
</tr>
<tr>
<td>Home Based Services</td>
</tr>
</tbody>
</table>

- A narrative describing the services that were recommended as a result of the assessment and the explanation regarding the decisions must be completed.
Jensen Safety Assessment (SA)

Materials
- PG19-25: Intake Report with Reporter Narrative (Jensen)
- PG26-29: Jensen Family Scenario
- PG30-33: In-Home Safety Assessment (Blank)
- PG1-5: In-Home Safety Assessment (SA) Job Aid

Directions
- Read the Jensen Intake, Prior, and case notes.
- Answer the discussion questions below prior to completing the SA.
- Complete the responses (Y, N, U) for safety factors 1-32.
- Discuss the safety factors by sharing the reasons for your SA responses.
- Write notes (evidence for Y, N, U) under the safety factors to assist with writing the narrative sections on the SA.

STOP FOR CLASS DISCUSSION PRIOR TO COMPLETING THE SA NARRATIVES.
- Complete the Initial Safety Assessment narratives using the Safety Assessment (SA) Job Aid.
  - Signs of Present Danger Implications for Child Safety
  - Child Vulnerability Implications for Child Safety
  - Protective Capacities Implications for Child Safety
- Safety Actions
- Overall Safety Assessment
- As a group, compare and discuss your SA documentation:
  - Discuss if your narratives reflect the evidence gathered to prove or disprove the safety factors and what implications these factors have on child safety.

Discussion Questions
- What are the strengths and needs in this case?
- What decisions will you make to ensure immediate safety?
- Should this be a Judicial or Non-Judicial case?
- What additional concerns do you have for the child’s long-term safety?
- What additional information (if any) would you have sought during initial contact?
# Intake Report with Reporter Narrative (Jensen)

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

## INTAKE REPORT WITH REPORTER NARRATIVE

<table>
<thead>
<tr>
<th>Intake Name</th>
<th>Intake Number</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Clyde Troy</td>
<td>2008-510302-01</td>
<td>Duval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time Intake Received</th>
<th>Program Type</th>
<th>Investigative Sub-Type</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/2008 11:00 AM</td>
<td>Child Intake - Initial</td>
<td>In-Home</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker Safety Concerns</th>
<th>Prior Involvement</th>
<th>Law Enforcement Notified</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>24 hour</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name - Worker</th>
<th>Name - Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delray, William</td>
<td>Lauderdale, May</td>
</tr>
</tbody>
</table>

## I. Family Information

<table>
<thead>
<tr>
<th>Name - Family</th>
<th>Telephone Number – Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Clyde Troy</td>
<td>(904) 555-0100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address - Street</th>
<th>Unit Designator</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1865 Riverdale Lane</td>
<td></td>
<td>Jacksonville</td>
<td>FL</td>
<td>32209</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language</th>
<th>Interpreter Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Directions to House:**
Hwy. 259 South; turn right at traffic light onto Over Street; left on Riverdale.

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Barbara, Jean</td>
<td>3740968511</td>
<td>AP</td>
<td>Female</td>
<td>01/22/1983</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 months</td>
<td>Other</td>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Jean Ann</td>
<td>384958059</td>
<td>V</td>
<td>Female</td>
<td>12/14/2003</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>567943675</td>
<td>V</td>
<td>Female</td>
<td>01/01/2000</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other</td>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Leroy</td>
<td></td>
<td>AP</td>
<td>Male</td>
<td>01/21/1980</td>
</tr>
<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>White</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PC</td>
<td>Parent/Caregiver</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CH</td>
<td>Child In-Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IN</td>
<td>Intake Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>HM</td>
<td>Household Member</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SO</td>
<td>Significant Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RN</td>
<td>Referral Name/SC Referral Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NM</td>
<td>Non-Household Member</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>V</td>
<td>Victim</td>
<td></td>
</tr>
</tbody>
</table>
A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.206.

B. Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Barbara Jean</td>
<td>Primary Residence</td>
<td>1865 Riverdale Lane Jacksonville, FL 32209</td>
<td>(904) 555-0100</td>
</tr>
<tr>
<td>Jensen, Clyde Troy</td>
<td>Primary Residence</td>
<td>1865 Riverdale Lane Jacksonville, FL 32209</td>
<td>(904) 555-0100</td>
</tr>
<tr>
<td>Jensen, Jean Ann</td>
<td>Primary Residence</td>
<td>1865 Riverdale Lane Jacksonville, FL 32209</td>
<td>(904) 555-0100</td>
</tr>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>Primary Residence</td>
<td>1865 Riverdale Lane Jacksonville, FL 32209</td>
<td>(904) 555-0100</td>
</tr>
<tr>
<td>Thomas, Leroy</td>
<td>Primary Residence</td>
<td>1865 Riverdale Lane Jacksonville, FL 32209</td>
<td>(904) 555-0100</td>
</tr>
</tbody>
</table>

C. Relationship

<table>
<thead>
<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Barbara Jean</td>
<td>Mother-Biological</td>
<td>Jensen, Jean Ann</td>
</tr>
<tr>
<td>Thomas, Leroy</td>
<td>Paramour-Parent/ Caregiver</td>
<td>Jensen, Clyde Troy</td>
</tr>
<tr>
<td>Thomas, Leroy</td>
<td>Paramour-Parent/ Caregiver</td>
<td>Jensen, Jean Ann</td>
</tr>
</tbody>
</table>

D. Alleged Maltreatment

<table>
<thead>
<tr>
<th>Alleged Victim</th>
<th>Maltreatment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Jean Ann</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Jensen, Jean Ann</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Jensen, Clyde Troy</td>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Jensen, Clyde Troy</td>
<td>Substance Misuse</td>
</tr>
</tbody>
</table>
A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.

E. Location of Incident

<table>
<thead>
<tr>
<th>Address-Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1885 Riverdale Lane</td>
<td></td>
<td>Jacksonville</td>
<td>FL</td>
<td>32209</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number – Home</th>
<th>Telephone Number – Work</th>
<th>Telephone Number – Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>(904) 555-0100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Narratives

A. Allegation Narrative

The other day the children were left home alone for several hours from around 3:30 pm until Barbara and Leroy returned home drunk sometime after 4:00 am yesterday morning. The children were hungry and have been wearing the same clothes for 3 days. This is not the first time this has happened.

B. Narrative for Worker Safety Concerns

There are three large dogs in the back yard. Leroy is also known to carry a gun.

III. Agency Response

A. Probationary Worker Recommendation

<table>
<thead>
<tr>
<th>Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Worker/Supervisor Decision

<table>
<thead>
<tr>
<th>Decision</th>
<th>Date/Time Decision Made</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen In</td>
<td>04/15/2008 11:43 AM</td>
<td>Screen In - Accepted for Services/Investigation</td>
</tr>
</tbody>
</table>

IV. CI Unit Documentation

<table>
<thead>
<tr>
<th>First Call Attempted Date/Time</th>
<th>Completed Call Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/15/2008 12:00 PM</td>
<td>04/15/2008 12:35 PM</td>
</tr>
</tbody>
</table>

Call Log

<table>
<thead>
<tr>
<th>Called Out By</th>
<th>Called To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delray, William</td>
<td>Newman, Denise G</td>
</tr>
</tbody>
</table>
A person who knowingly or willfully makes public or discloses to any unauthorized person any
confidential information contained in the central abuse hotline is subject to the penalty provisions of s.
39.205.

REPORTER NARRATIVE

<table>
<thead>
<tr>
<th>Name - Worker</th>
<th>Delray, William</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name – Reporter</td>
<td>Jacobs, John</td>
</tr>
<tr>
<td>Reporter Caller ID</td>
<td>Home Phone</td>
</tr>
<tr>
<td>(904)555-9068</td>
<td>(904)555-9068</td>
</tr>
<tr>
<td>Reporter Requests Contact</td>
<td>Yes</td>
</tr>
<tr>
<td>Report Method</td>
<td>Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Other Phone</td>
</tr>
</tbody>
</table>

Reporter Narrative

Neighbor lives next door, this is not the first time he has seen the children left unsupervised.
The mother’s boyfriend’s name is Leroy; however, no other demographic information is known by the reporter.

Source Information

Jackie Kennedy who lives down the street has also witnessed these incidences she resides at
1892 Riverdale Lane.

Background Summary

Summary - FCIC 2003 DUI DJJ. NONE DOC. NONE Sexual Predator. NONE

PRIOR INTAKES AND SERVICE RECORDS

<table>
<thead>
<tr>
<th>Intake Name</th>
<th>Intake Number</th>
<th>Intake Name</th>
<th>Intake Number</th>
<th>Intake Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Clyde Troy</td>
<td>2005-611935-01</td>
<td>Jensen, Jean Ann</td>
<td>6486354</td>
<td>Child Intake - Initial</td>
<td>Duval</td>
</tr>
</tbody>
</table>

Prior Intakes and Service Records

<table>
<thead>
<tr>
<th>Date</th>
<th>Intake Number</th>
<th>Intake Name</th>
<th>Intake Type</th>
<th>Screening Decision</th>
<th>Case ID</th>
<th>Finding</th>
<th>Investigative Sub-Type</th>
<th>Worker Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/25/05</td>
<td>2005-611935-01</td>
<td>Jensen, Jean Ann</td>
<td>Child Intake</td>
<td>In-Home</td>
<td>Verified</td>
<td>In-Home</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
### Investigative Summary (Jensen Prior)

#### Investigative Summary (IS)
Child In-Home Investigation
(with Reporter Information)

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Barbara</td>
<td>2005-611935-01</td>
<td>Protective Investigator</td>
<td>Duval</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Date/Time Investigation Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/25/2005 9:00AM</td>
<td>12/15/2005 3:55 PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sequence type</th>
<th>Date/Time Received</th>
<th>Response Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>10/25/2005 9:00AM</td>
<td>Immediate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Name</th>
<th>Reporter Type</th>
<th>Report Method</th>
<th>Reporter Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hill, E.V.</td>
<td>Law Enforcement</td>
<td>Phone</td>
<td>Contact Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caller ID</th>
<th>Home Phone</th>
<th>Other Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>(904)555-7255</td>
<td>None Provided</td>
<td>None Provided</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement was contacted by neighbor Tanya Williams (904) 555-1298. LE # 05-5004895</td>
</tr>
</tbody>
</table>

#### Narrative
On 10/25/2005 at 8:15 am, Jean was found wandering around in her apartment complex. When she was returned to her home, the apartment door was found wide open and her mother, Barbara Jensen, was found passed out in her bedroom. Ms. Jensen's other child, Gwen Thomas, is currently at school.

#### II. Victim(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Jean Ann</td>
<td>12/14/2003</td>
<td>22 months</td>
<td>Female</td>
<td>White</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>Findings</th>
<th>Incident Date</th>
<th>Caregiver Responsible</th>
<th>Fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate Supervision</td>
<td>Verified</td>
<td>10/25/2005</td>
<td>Jensen, Barbara</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Services are Needed</th>
<th>Placement Outside the Home is Required</th>
<th>Judicial Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Placement Outside the Home is Required</td>
<td>Judicial Action Required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Jean Ann</td>
<td>12/14/2003</td>
<td>22 months</td>
<td>Female</td>
<td>White</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>Findings</th>
<th>Incident Date</th>
<th>Caregiver Responsible</th>
<th>Fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Misuse</td>
<td>Verified</td>
<td>10/25/2005</td>
<td>Jensen, Barbara</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Services are Needed</th>
<th>Placement Outside the Home is Required</th>
<th>Judicial Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Placement Outside the Home is Required</td>
<td>Judicial Action Required</td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>01/01/2000</td>
<td>5</td>
<td>Female</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>Findings Verified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>Incident Date 10/25/2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Responsible</td>
<td>Jensen, Barbara</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Fatality</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Services are Needed</td>
<td>Placement Outside the Home is Required No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judicial Action Required</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas, Gwen Stacy</td>
<td>01/01/2000</td>
<td>5</td>
<td>Female</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>Findings Verified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate Supervision</td>
<td>Incident Date 10/25/2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Responsible</td>
<td>Jensen, Barbara</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Fatality</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention Services are Needed</td>
<td>Placement Outside the Home is Required No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judicial Action Required</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Other Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jensen, Barbara Jean</td>
<td>01/22/1983</td>
<td>22</td>
<td>Female</td>
<td>White</td>
<td>AP</td>
</tr>
</tbody>
</table>

### IV. Implication for Child Safety

A. Signs of Present Danger Implications

Barbara Jensen and Jean were interviewed/observed in the home and Gwen was interviewed at school. Ms. Jensen was cooperative with the investigation and there is no reason to believe she will flee with the children. No hazards were observed in the home and there was ample food, clothing, and shelter for the family. There are no other adults or children living in the home. Ms. Jensen was arrested in 2003 on a DUI charge that was later dropped. Ms. Jensen was found to be intoxicated at the time of the report. Ms. Jensen admits to having a drinking problem and stated she would get help because she loves her children very much and does not want to lose them. There is no indication of physical or sexual abuse in this case and the actual injury to the children was not serious or severe. The mother's alcohol problem decreases her ability to adequately supervise her children. As Jean was found walking around the apartment complex unsupervised, Ms. Jensen's mother only lives a few miles away and can provide assistance with the children. These signs of danger greatly increase the risk to the children.

B. Child Vulnerability Implications

Jean is 22 months and Gwen is 5. Jean was difficult to understand when she spoke. Gwen did not appear to have any speech difficulties. Jean does not display any behaviors indicative of abuse or neglect; however, Gwen states that she is fearful of her father. Jean does not attend daycare; however, while the mother is at work she is watched by a neighbor. Gwen goes to school daily and is in Kindergarten. Based on both children being age 5 or under and Jean having little community visibility, the risk to the children is elevated.

C. Protective Capabilities Implication

There are no prior reports on this family. The mother has provided for the children's basic needs; however, admits to having a drinking problem. The mother stated that she has been dealing with a lot of stress lately. The mother was observed speaking to the children in a constructive manner. The mother stated that Gwen's father left her about three years ago and Jean's father left her while she was pregnant. The mother has been using alcohol as her problem solving mechanism. The mother denied a childhood history of abuse/neglect. The maternal grandmother has been involved and supports the family. The mother admitted that she needed help and stated that she is willing to follow through with all services because she knows it will be the best thing for her children. Based on these protective capacities and the mother's willingness to participate in services the risk to the children is lowered.

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 38.206.
D. Criminal History Summary and Implications for Child Safety
The mother has one arrest for DUI in 2003. This charge was later dropped. This does increase the risk to the children as it demonstrates a pattern of alcohol abuse and poor decision making.

E. Prior Reports and Service Records Implications for Child Safety
There are no prior reports on this family. This does not impact child safety.

V. Overall Safety Assessment

At the time of initial contact, the overall risk to the children was high. Jean was observed walking around her apartment complex unsupervised and the mother was found to be intoxicated when Jean was returned home. The mother admits to having a drinking problem and states that it has gotten worse recently due to stress. The mother is willing to participate in services.

At the time of closure the overall risk to the children is low. The mother has agreed to Non-Judicial In-Home Services to include outpatient alcohol treatment, AA meetings, and parenting classes. The case has been transferred to the Community Based Care Agency and the mother is fully participating and cooperative with all service requests.

VI. Summary/Findings Implications

The maltreatments of inadequate supervision and substance misuse are both closed with verified findings. Based on the witness statements as well as Law Enforcements observations that Jean was observed walking around the apartment complex unsupervised and Barbara Jensen was found to be passed out and intoxicated when Jean was returned home. There is no evidence that Jean was harmed as a result of Ms. Jensen’s intoxication; however, Ms. Jensen’s actions greatly increase the risk to her children. Ms. Jensen has agreed to Non-Judicial In-Home Services.

VII. Recommended Disposition

This case has been transferred to the Community Based Care agency for continuation of Non-Judicial In-Home Services. The mother has been cooperative with services thus far. Ms. Jensen is currently enrolled in outpatient alcohol treatment, AA meetings, and parenting classes. The maternal grandmother is also providing support to the mother and children. At this time, due to the mother’s cooperation with services, removal of the children is not necessary.

VIII. Signature

Thomas Wilson 12/14/2005
SIGNATURE-Protective Investigator Date Signed

Diane Alvarez 12/15/2005
SIGNATURE-Protective Investigator Supervisor Date Signed

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Jensen Family Scenario

A Child In-Home intake is received at the hotline on **04/15/2008 at 11:00 a.m.** regarding the **Jensen Family**. The Intake is a 24 hour response priority and alleges that the mother, Barbara Jensen and boyfriend Leroy Thomas left the children home alone unsupervised for a long period of time (3:30 pm to 4:00 am). It is alleged that the mother, Barbara Jensen, and boyfriend, Leroy Thomas, drink heavily. It is reported that the children are hungry and have been seen wearing the same clothes for three days. The reporter indicated that this is not the first time this has happened.

You are assigned to this intake as Primary Investigator. Before you make initial contact, you search for prior investigations and criminal history. There is one prior on the family. In October, 2005, an intake was received alleging that 22 - month old Jean Jensen was found wandering around her apartment complex unsupervised. Barbara Jensen was found intoxicated and passed out in the bedroom. The investigation was closed with verified findings of **inadequate supervision and substance misuse** (alcohol exposure). Non-Judicial In-Home Services were put in place which included outpatient substance abuse counseling, AA classes, and parenting classes. **Criminal history** received on 4/15/08 for the mother, Barbara Jensen which includes one arrest for in 2003 on a DUI charge which was later dropped. You make telephone contact with the reporter, who verifies the allegations in the narrative and states that this is the third time that they were aware the children were left home alone. The reporter stated that the man living in the home was named Leroy Thomas, and he thought he was the father of the oldest child, Gwen.

**In Home Investigation**

On **04/15/2008 at 2:45 pm**: You along with law enforcement escort respond to the address listed on the intake, **1865 Riverdale Lane, Jacksonville, FL 32209**, to commence the investigation. When PI knocked on the door, Gwen Thomas, age 8, answered the door. Gwen stated that her father was passed out on the couch again, and her mother had not been home since yesterday. With much coaxing, Gwen was able to wake her father.

**2:55 pm**: You introduce yourself and explain the rights and responsibilities bulletin, and conduct an initial interview with Leroy Thomas. He provides the following demographic data:

- **Leroy Thomas**
  - White/Male
  - DOB: 01/21/1980
  - SSN: 878-78-8788

You explain Leroy Thomas’ rights and responsibilities, and give him a pamphlet. After Leroy Thomas signs the required forms (HIPPA, TANF, ICWA, etc.), you review the allegations. There are numerous empty beer cans and three empty beer cases scattered on the living room floor. Leroy Thomas had a strong odor of alcohol, and was slurring his speech. He stated the children’s mother, Barbara Jensen, and he went out the other night to celebrate their engagement, and he felt that Gwen (8 yr old) is old enough to watch the other children. He stated that Gwen is his child, but that he didn’t know who fathered the other two children.
Leroy and Barbara broke up when Gwen was 2, and he came back when Gwen was 6. Leroy denied drinking heavily or often, and stated he only drank socially. He indicated that he did not know where Barbara was. They had a fight and he had not seen her since. The refrigerator was observed to have only some condiment containers and beer. No food was observed in the freezer. The pantry was observed to have a can of peaches and 3 cans of vegetables. Leroy also stated that Barbara is responsible for the laundry, and that is why the children had to wear the same clothes for three days.

04/15/2008 3:15 pm: You interview Gwen (8–year old) in her room. Gwen shares a room with her sister Jean. You observed bunk beds with soiled sheets. Soiled clothing was observed covering the floor. There were few toys observed in the room. Gwen stated that she often has to take care of Clyde, age 17 months and Jean age 4 years, because her parents are either passed out from drinking too much, or they often go out all night and don’t come home until the next day. Gwen stated that they are left home alone almost every weekend. She states that she gets afraid when her father drinks, because he will yell at them, and sometimes hit them. She stated that her father hit Clyde yesterday because he was crying, and now Clyde has a black eye. Gwen stated that when her parents left home the other day, the only things in the refrigerator were some hotdogs and juice. Gwen stated that she cooked the hotdogs for her brother and sister, but the food was gone by the morning. Gwen was wearing stained jeans and a t-shirt, and reports her mother has not done the laundry in a couple of weeks.

3:30 pm: You observe 17 month old child, Clyde in his room Clyde has a toddler bed, which was observed to have no sheets on it. Clyde’s room also had soiled clothing on the floor and few toys. Clyde spoke but was difficult to understand. You observed Clyde to have purple bruising around his left eye about one-half inch wide near the temple of the left eye. When you ask Clyde what happened Clyde said, “da-da.” Clyde is also wearing stained jeans and a t-shirt.

3:40 pm: You attempt to speak with Jean, age 4. Jean would not sit still, and ran around the house kicking the beer cans on the floor. Jean was dressed in a stained dress and had dirt and food stains on her face.

3:45 pm: You ask Leroy Thomas about the bruising to Clyde’s eye, and at first he stated that Clyde is very clumsy. He then stated that he really hadn’t noticed the bruising, and does not know how Clyde could have gotten a black eye. You informed Leroy that Clyde would have to be seen at the Child Protection Team (CPT). Leroy denied any history of childhood abuse. Jacksonville Sheriff’s office (JSO) initiates criminal investigation. You also request call outs, arrest records, and address checks. You contact your supervisor, contact CPT and appointment is set for 4:30 p.m. You conduct background checks on Leroy. He has two arrests. (2000 disorderly Intoxication conduct and 2005 domestic violence).
04/15/2008 4:00 pm: Jacksonville Sheriff’s Office (JSO) Deputy, D.C. Hendrix began criminal investigation. Leroy Thomas admitted to hitting Clyde in the face because he would not stop crying. Officer Hendrix tells you that he would go with family and you to the CPT appointment.

4:20 pm: You contact Children’s Legal Services attorney Robert Hill to staff the case. You prepared the Legal Staffing form in preparation for staffing:

4:30 pm: Clyde was examined by Dr. Marcus Johnson of the Child Protection Team. Clyde’s injuries are determined to be “diagnostic of abuse.” Clyde was also observed to have linear bruising on his back. Leroy Thomas admitted the bruising was due to him hitting Clyde with a belt. Officer Hendrix read Leroy his rights and arrested him for Child Abuse and Child Neglect. Leroy advises you that the children should stay with their maternal grandmother, Theresa Jensen, and her phone number is (904) 555-5789. Leroy stated that to his knowledge the children were not allergic to anything, nor were they taking any medications. You complete the emergency intake form. Leroy signed a consent for treatment for Gwen. You advise Leroy that the children would be removed for physical abuse and neglect and there would be a shelter hearing on 04/16/2008 at 9:30 a.m. in the J1 courtroom at 500 E Bay Street, Jacksonville, Fl 32202. You speak with the children and advise them that they would not be going back home because it was not safe for them to be left alone, and for their parents to be drinking alcohol excessively. The children were reassured that this was not their fault.

5:30 pm: You telephone the maternal grandmother, Theresa Jensen, and she is willing to care for the children. She provides her demographic information:

Theresa Jensen

White/Female

DOB: 05/16/1958

SSN: 867-39-2084

Address: 568 Elm Street, Jacksonville, Fl 32209

You contact the Crime Intelligence Unit at the hotline to request a background check on Theresa Jensen. Theresa’s background checks are clear.

5:55 pm: You arrive at maternal grandmother, Theresa Jensen’s home and a home study was conducted. Theresa Jensen has a 3 bedroom 2 bath home in a quiet neighborhood. She also has beds for all the children and plenty of food in the home. Theresa Jensen needs a referral for daycare for Clyde but otherwise can meet all the needs of the children. The home study is favorable and the children were placed with Theresa. Theresa Jensen agreed to supervise the visits between the parents and children. You advise Theresa of the shelter hearing on 04/16/2008 at 9:30 a.m. in the J1 courtroom at 500 E Bay Street, Jacksonville, Fl 32202. You take photographs and fingerprints of the children. You informed Ms. Jensen about the TANF funded TCA Program and the Relative Caregiver Program (RCP). You provide Theresa Jensen with copies of the emergency intakes along with the Child Resource Records including copies of the Department’s consent for treatment forms and the medical consent forms.
On 4/16/2008, 9:00 am: Initial Safety Assessment is completed and the case meets the qualifying criteria for a second party review. The appropriate reviews are completed and the local CBC is contacted to have an ESI staffing.

On 04/16/2008, 9:30 am: You attend the shelter hearing and the court finds probable cause for removal from the mother’s home and approved the recommended placement for the children at the maternal grandmother’s home. Supervised visits with the children was approved. Gwen’s father, Leroy Thomas, appeared at the shelter hearing as well as his first appearance on the criminal charges. A review of shelter hearing/arraignment is scheduled for 04/28/2008 at 11:00 a.m. Leroy Jensen’s bail is set for 25,000.

The CM and supervisor decide that reunification with the mother will be the permanency goal for the children.

On 04/16/2008, 2:30 pm: You complete the FSFN safety plan, out-of-home plan, and family visitation plan.

On 4/17/2008, Services Intervention/Case Transfer is held with the Community Based Care agency and a Case Manager (CM) is assigned primary worker of the case. You provide the CM with the address of Gwen’s father, Leroy Thomas, who remains incarcerated at the Duval County Jail 423 Sinclair Court. Jacksonville, FL 32209 904-513-6744

On 4/17/2008, Maternal grandmother, Theresa Jensen takes Troy, Jean, and Gwen to their pediatrician. Jacksonville Clinic; Dr. Mark Mercer, 5420 Lockville Blvd. Jacksonville, Florida 32299. The physician reports that all three children are healthy and reports no problems. All immunizations are up to date.
In-Home Safety Assessment (Blank)

Initial In-Home Safety Assessment

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Investigation Status and Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Protective Investigator</th>
<th>Protective Investigator Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date/Time Submitted for Supervisory Review</th>
<th>Date/Time of Supervisory Review</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date/Time Submitted for Second Party Review</th>
<th>Date/Time Second Party Review Completed</th>
</tr>
</thead>
</table>

A. Signs of Present Danger

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

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

### B. Child Vulnerability

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Child is five years or younger and nonverbal.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Child has developmental, physical, emotional or medical conditions that increase(s) his or her vulnerability.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Child exhibits behavior(s) that may be indicative of abuse or neglect. If yes, at least one of the following must be selected:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Enuretic and/or Encopretic</td>
<td>□ Physical harm to self</td>
</tr>
<tr>
<td></td>
<td>□ Uses drugs/alcohol</td>
<td>□ Physical aggression/threats</td>
</tr>
<tr>
<td></td>
<td>□ Fire Setting</td>
<td>□ Age inappropriate sexual behavior/knowledge</td>
</tr>
<tr>
<td></td>
<td>□ Runs away from home</td>
<td>□ Suicidal thoughts/threats</td>
</tr>
<tr>
<td></td>
<td>□ Sexual Aggressor</td>
<td>□ Excessive School absenteeism</td>
</tr>
<tr>
<td></td>
<td>□ Expresses fear of caregiver(s) and/or others living in or frequenting the home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ other</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Child has limited community visibility and others cannot observe the condition of the child.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Other signs of Child Vulnerability</td>
<td></td>
</tr>
</tbody>
</table>

**Child Vulnerability Implications for Child Safety:**

### C. Protective Capacities

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>There are prior intakes involving any of the subjects in the current intake, regardless of finding(s).</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>Has a relationship with spouse/partner that supports their ability to protect and nurture the child(ren).</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Has demonstrated adequate comprehension and problem solving skills.</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>The parent or caregiver(s) has a childhood history free from abuse or neglect.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Appropriate supports are adequate and immediately available (e.g. extended family, friends, neighbors, community).</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>The parent or caregiver(s) has demonstrated a willingness and ability to follow through with current or prior actions, referrals and services.</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Other Protective Capacities or lack of Protective Capacities:</td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Protective Capacities Implications for Child Safety:

D. Safety Actions

E. Overall Safety Assessment

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
F. Supervisory Review

<table>
<thead>
<tr>
<th>Signs of Present Danger</th>
<th>Supervisor Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Vulnerability</td>
<td>Supervisor Comments:</td>
</tr>
<tr>
<td>Protective Capacities</td>
<td>Supervisor Comments:</td>
</tr>
<tr>
<td>Safety Actions</td>
<td>Supervisor Comments:</td>
</tr>
<tr>
<td>Overall Safety Assessment</td>
<td>Supervisor Comments:</td>
</tr>
</tbody>
</table>

G. Second Party Review

Does the report meet the criteria for a second party review?

- ☐ 1. The parent, caregiver or other household member is responsible for the death or serious injury of another child.
  OR
- ☐ 2. A combination of any two of the following three factors:
  - ☐ Child is 5 years or younger or nonverbal
    AND/OR
  - ☐ There are prior reports involving any of the subjects or facility in the current report regardless of finding.
    AND/OR
  - ☐ The actual injury, neglect, or threatened harm is serious or severe.

<table>
<thead>
<tr>
<th>Signs of Present Danger</th>
<th>Second Party Reviewer Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Vulnerability</td>
<td>Second Party Reviewer Comments:</td>
</tr>
<tr>
<td>Protective Capacities</td>
<td>Second Party Reviewer Comments:</td>
</tr>
<tr>
<td>Safety Actions</td>
<td>Second Party Reviewer Comments:</td>
</tr>
<tr>
<td>Overall Safety Assessment</td>
<td></td>
</tr>
</tbody>
</table>

H. On-Site Investigation Justification

- ☐ 1.a For this intake there is obvious compelling evidence that no maltreatment occurred.
- ☐ 1.b There are no prior intakes containing Not Substantiated or Verified findings.
- ☐ 1.c For this report there is no allegation involving:
  - ☐ Physical Abuse, or
  - ☐ Sexual Abuse, or
  - ☐ Domestic Violence, or
  - ☐ Substance Abuse, or
  - ☐ Medical neglect, or
  - ☐ A victim younger than three years of age, or
  - ☐ A victim who is disabled or lacks communication skills, or because
- ☐ 2. This intake concerns an incident of abuse which is alleged to have occurred two or more years prior to the date of the intake, and there are no other indicators of risk to any child in the home.

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Module 4: Investigative Closures

Determining Findings

What are “Findings”? Findings are determinations if there is credible evidence to support or deny the alleged maltreatments in an intake.

You must document evidence/information both to support and/or refute the allegations of maltreatment.

- “Credible” means offering reasonable grounds for being believed.
- “Preponderance” means superiority in weight or quality/importance.
- Weight - most of the evidence supports abuse.
- Quality/Importance – at least one piece of evidence in support of abuse is exceptionally strong such as DNA findings or a physician’s willingness to testify the injuries were from abuse.

Credible Evidence is Relevant and Reliable

- If evidence is not relevant, it doesn’t count.
- If it is relevant, but of questionable reliability, it doesn’t count for very much.
- Must cross-check statements or events to be sure of the facts because:
  - subjects will lie or witnesses may be biased for or against the perpetrator;
  - observations of fact are easily confused with opinion and interpretation.
- To weigh a source’s reliability consider the source’s:
  - professional expertise
  - degree of involvement with the subjects (the more removed, the more objective)
  - proximity to events: eyewitness vs. second-hand information (may be hearsay)

Types of Findings

All investigative decisions must be based on the weighing of evidence regarding if the allegations are true and if they are the result of maltreatment.

“Verified” Findings

- A preponderance of the credible evidence indicates that the maltreatment was the result of abuse/neglect.
- Existence of reliable and relevant information makes it more likely than not that the maltreatment occurred.

“Not Substantiated” Findings

- There is credible evidence that does not meet the “preponderance” standard to support the maltreatment was due to abuse/neglect.
- The evidence weighs something, but it is not indisputable, even though cross-checking has failed to produce additional information.

“No Indicators” Findings

- There is no credible evidence to support the alleged maltreatment
Findings: Murphy, Jamie, Sexual Abuse Investigation

Read the following scenario and answer the questions based on the information in the scenario. Remember that findings must be based on evidence.

The reporter, who refused to give a name or way to re-contact her, alleged that Mrs. Murphy “lives like a pig in a pigsty” and the 4 children (all under age 5) “run around the neighborhood naked in bad weather, uncared for.” The reporter claimed, “it’s common knowledge on her street that Tim, the 4-year old, was “run down by a bicycle or motorcycle the other day,” and no one has seen him since.

A home visit revealed a disorderly home including spoiling milk in a glass on the counter. Toys were everywhere and the beds were unmade; there were dirty dishes in the sink, but no evidence of infestation. A baby-sitter said Mr. Murphy was at work. All 4 children were at home. Tim and Angela (age 6 according to the sitter) had superficial scratches on their elbows and knees. Both children said they fell off their bikes in the driveway. This information was verified by the baby-sitter (age 24). The 2 toddlers (twins, age 18 months) were playing naked in an inflatable pool on the uncovered back deck. The temperature was 84 degrees and a light drizzle was falling.

Several neighbors were interviewed; none had noted naked children, but one had heard a rumor that one of the Murphy children was in the hospital after a car accident.

Later, Mrs. Murphy produced birth certificates, medical records, and verified the driveway incident involving Angela and Tim. She claimed the reporter was probably a meddlesome neighbor. She denied that any of her children had been struck by vehicles or had been in the hospital.

- List the alleged maltreatment(s):
- Weigh and document the evidence supporting or refuting the allegations and determine the finding for each allegation based upon information in the scenario. (Verified, Not Substantiated or No Indicators)
- What investigative tasks must be completed to follow up on this investigation?
FINDINGS for Jamie Investigation

Read the following scenario and answer the questions based on the information in the scenario. Remember that findings must be based on evidence.

Law enforcement responded to an apartment to investigate the following intake: Several neighbors had heard a child crying for several hours. No one answered the door; however, the officers heard the child crying, and entered the apartment. They found a boy, approx. age 7, tied by one wrist to a door knob, inside a closet blocked and secured shut by a wicker chair. The child was taken into custody and was hospitalized for tests. The PI located the boy's uncle, who explained that he is watching Jamie until his sister (the boy's mother) is released from the state hospital. The uncle had to go out for awhile so he put Jamie in the closet for “safekeeping.” The uncle claimed Jamie is “retarded” and “doesn’t know any better.” He said, “The tie was loose, on one hand, and he likes it in there.” The uncle claimed he was only gone for about 2 hours.

The reporter stated the crying was heard for closer to 4 hours from 10:00 am until 2:00 pm. The attending physician stated that Jamie is undernourished and under stimulated, but he doubts he is mentally handicapped. The mother, it was discovered, has been in the county jail for 2 weeks awaiting drug charges. The “uncle” later admits to being the mother’s live-in boyfriend.

• List the alleged maltreatment(s):

• Weigh and document the evidence supporting or refuting the allegations and determine the finding for each allegation based upon information in the scenario. (Verified, Not Substantiated, or No Indicators)

• What investigative tasks must be completed to follow up on this investigation?
FINDINGS for Sexual Abuse Investigation

Read the following scenario and answer the questions below based on the information in the scenario. Remember that findings must be based on evidence.

A 16-year old girl, reports that her father has sexually abused her for past 4 years and reports her father began having intercourse with her 2 years ago. She also reports her father has recently begun fondling her 13-year old sister. The father has left home voluntarily pending the outcome of the investigation. He denies molesting either daughter in any way. The mother supports the father’s story, explaining this as the older daughter’s retaliation for the father’s abandonment of the family for 3 months last year. At first the 13 year old sister supported her sister’s allegations, but now refuses to discuss the situation.

The children had medical exams at the Child Protection Team. The results of both exams are inconclusive, and neither confirms nor negates the sexual abuse has occurred. Neither child shows any signs of recent injuries. Psychological evaluation suggests significant family conflict, with a history of several years, but offers no conclusive findings.

The father has refused to take a polygraph exam. A teacher of the 13-year old reports that the child has recently become significantly more introverted, and has been skipping showers after gym class. The 13-year old denies the changes in her behavior noted by her teacher.

- List the alleged maltreatment(s):

- Weigh and document the evidence supporting or refuting the allegations and determine the finding for each allegation based upon information in the scenario. (Verified, Not Substantiated or No Indicators)

- What investigative tasks must be completed to follow up on this investigation?
## Investigative Summary Job Aid: In-Home Safety Assessment

### INVESTIGATIVE SUMMARY (IS) JOB AID
Child-in-Home Safety Assessment
(with Reporter Information)

#### I. Allegation Narrative(s)
- **Case Name**
- **Intake Number**
- **Investigative Sub-Type**
- **County**
- **Date/Time Intake Received**
- **Protective Investigator**
- **Date/Time Investigation Closed**
- **Protective Investigator Supervisor**

#### II. Sequence Type
- **Sequence Type**
- **Date/Time Received**
- **Response Priority**

#### REPORTER
- **Reporter Name**
- **Reporter Type**
- **Report Method**
- **Reporter Requests Contact**
- **Caller ID**
- **Home Phone**
- **Other Phone**
- **Work Phone**

#### Source Information
- **Source Information**
- **Narrative**

#### Victim(s)
- **Name**
- **DOB**
- **Age**
- **Gender**
- **Race**
- **Disabilities**
- **Maltreatment Findings**
- **Incident Date**
- **Caregiver Responsible**
- **Fatality**

#### Intervention Services Needed
- **Placement Outside the Home is Required**
- **Judicial Action Required**

#### III. Other Participant(s)
- **Name**
- **DOB**
- **Age**
- **Gender**
- **Race**
- **Role**

---

Sections I-III will automatically populate from the intake and updated information added during an investigation (field narratives and updated demographic information). Under victims the findings, incident date, caregiver responsible, fatality, Intervention Services are Needed, Placement Outside the Home is Required, and Judicial Action Required are all completed in the disposition section of the investigation on FSFN.

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
### Investigative Summary Job Aid

<table>
<thead>
<tr>
<th>IV.</th>
<th>Implications for Child Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Signs of Present Danger Implications</td>
</tr>
<tr>
<td></td>
<td>This section automatically populates 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 automatically populates 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 automatically populates 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. Do NOT document NCIC information or that you requested or received NCIC information as this is a breach of confidentiality.</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>

<table>
<thead>
<tr>
<th>V.</th>
<th>Overall Safety Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This section automatically populates from the most recent Overall Safety Assessment that is documented in the most recent Safety Assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VI.</th>
<th>Summary/Findings Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This section is documented in the disposition section of FSFN. Document for each child/victim each alleged maltreatment and the findings (verified, not substantiated, no indicators) within 45 days from receipt of intake. Specify the person responsible if the finding is verified. Also document the evidence that led to the findings determination. Summarize how these findings impact child safety.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VII.</th>
<th>Recommended Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This section is documented at closure in the disposition section of FSFN. Document the specific services offered and compliance with services. Also document if placement outside the home was needed and if so, where the child(ren) are placed; if judicial action was required, what action was taken.</td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 38.205.
## Investigative Summary: Child Institutional Safety Assessment

### INVESTIGATIVE SUMMARY (IS)
Child Institutional Safety Assessment
(with Reporter Information)

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Protective Investigator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date/Time Investigation Closed</th>
<th>Protective Investigator Supervisor</th>
</tr>
</thead>
</table>

### I. Allegation Narrative(s)

<table>
<thead>
<tr>
<th>Sequence Type</th>
<th>Date/Time Received</th>
<th>Response Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Name</th>
<th>Reporter Type</th>
<th>Report Method</th>
<th>Reporter Requests Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caller ID</th>
<th>Home Phone</th>
<th>Other Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reporter Narrative**

**Source Information**

**Narrative**

### II. Provider Information

**Name**

<table>
<thead>
<tr>
<th>Street</th>
<th>Unit Designator</th>
<th>Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Victim(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maltreatment Findings</th>
<th>Incident Date</th>
<th>Caregiver Responsible</th>
<th>Fatality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Services are Needed</th>
<th>Placement Outside the Home is Required</th>
<th>Judicial Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV. Other Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
**Module 4: Investigative Closures**

<table>
<thead>
<tr>
<th>V.</th>
<th>Implications for Child Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Child Factors Implications</td>
</tr>
<tr>
<td>B.</td>
<td>Facility Factors Implications</td>
</tr>
<tr>
<td>C.</td>
<td>Criminal History Summary and Implications for Child Safety</td>
</tr>
<tr>
<td>D.</td>
<td>Prior Reports and Service Records Implications for Child Safety</td>
</tr>
</tbody>
</table>

| VI. | Overall Safety Assessment |

| VII. | Summary/Findings Implications |

| VIII. | Recommended Disposition |

| IX.  | Signatures |

<table>
<thead>
<tr>
<th>SIGNATURE – Protective Investigator</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

| SIGNATURE - Protective Investigator Supervisor | Date Signed |

---

*A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.*
Assessment Summary: Child on Child Assessment

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Intake Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Protective Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Referral Closed</td>
<td>Protective Investigator Supervisor</td>
</tr>
</tbody>
</table>

### I. Special Condition Intake Narrative(s)

<table>
<thead>
<tr>
<th>Sequence Type</th>
<th>Date/Time Received</th>
<th>Response Priority</th>
<th>Special Conditions Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Assessment Implications

- **A.** Offense Characteristics
- **B.** Child Maltreatment History
- **C.** Social and Interpersonal Skill and Relationship
- **D.** Sexual Knowledge and Experience
- **E.** Academic and Cognitive Functioning
- **F.** Mental Health Issues

---

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
IV. Treatment Needs

V. Services/Compliance Narrative

VI. Special Condition Response Summary

VII. Signatures

<table>
<thead>
<tr>
<th>SIGNATURE – Protective Investigator</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

| SIGNATURE – Protective Investigator Supervisor | Date Signed |

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 38.205.
Assessment Summary: Request for Assistance Assessment

REQUEST FOR ASSISTANCE ASSESSMENT SUMMARY (AS) (with Reporter Information)

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Intake Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Protective Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time Referral Closed</td>
<td>Protective Investigator Supervisor</td>
</tr>
</tbody>
</table>

I. Special Condition Narrative(s)

<table>
<thead>
<tr>
<th>Sequence type</th>
<th>Date/Time Received</th>
<th>Response Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Name</th>
<th>Reporter Type</th>
<th>Report Method</th>
<th>Reporter Requests Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caller ID</th>
<th>Home Phone</th>
<th>Other Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

II. Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. Request for Assistance Referral Narrative

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

IV. Services Recommended - Explanation

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

V. Special Condition Response Summary

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

VI. Signatures

<table>
<thead>
<tr>
<th>SIGNATURE – Protective Investigator</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE – Protective Investigator Supervisor</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
## Bryson Updated In-Home Safety Assessment

### Updated In Home Safety Assessment

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, JOHN</td>
<td>2010-047281</td>
<td>In-Home</td>
<td>Leon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Investigation Status and Date Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2010 2:00PM</td>
<td>07/22/2010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Protective Investigator</th>
<th>Protective Investigator Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lindhurst, Steve</td>
<td>Parsons, Penny</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Time Submitted for Supervisory Review</th>
<th>Date/Time Second Party Review Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/20/2010 9:00AM</td>
<td>07/22/2010 10:00AM</td>
</tr>
</tbody>
</table>

### A. Signs of Present Danger

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Family’s whereabouts is unknown, or there is reason to believe that family may flee or refuse/limit access to child(ren).</td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>There are household environmental hazards AND the child may be in danger of harm as a result.</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>The parent, caregiver or other household member(s) is responsible for the death or serious injury of another child.</td>
<td>No</td>
</tr>
<tr>
<td>4.</td>
<td>The parent, caregiver or household member(s) have a history of violence or displays current violent behaviors (e.g. battery, domestic violence, intimidation) AND the child may be in danger of harm as a result.</td>
<td>No</td>
</tr>
<tr>
<td>5.</td>
<td>The parent, caregiver or household member(s) has a criminal history (regardless of disposition) or engages in dangerous criminal activities that may impact child safety and/or present(s) a potential threat of harm to the child (e.g. drug manufacture and distribution, trafficking or sale of illegal drugs or weapons, prostitution).</td>
<td>No</td>
</tr>
<tr>
<td>6.</td>
<td>The caregiver describes child(ren) in predominantly negative terms or has unrealistic expectations.</td>
<td>No</td>
</tr>
<tr>
<td>7.</td>
<td>Caregiver or other person having access to the child has made a credible threat or expresses a credible belief that his or her actions may result in harm or danger of harm to the child.</td>
<td>No</td>
</tr>
<tr>
<td>8.</td>
<td>The parent or caregiver has not met or is unable to meet the child’s immediate needs for food, clothing, shelter, medical, behavioral or mental health care, or protection from harm.</td>
<td>No</td>
</tr>
</tbody>
</table>

9. The parent or caregiver(s)’ apparent mental, physical or developmental condition, or drug or alcohol use affects their ability to adequately care for the child(ren). **Yes**

10. The parent or caregiver(s)’ age affects their ability to adequately care for the child(ren) (e.g. excessively young or elderly). **No**

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
11. There is a pattern of continuing, escalating and/or increasing frequency of incidents, either reported or unreported (e.g. child discloses ongoing abuse or chronic In-Home violence for which no abuse or law enforcement reports were made).

12. There is evidence of physical or sexual abuse and the possible responsible person is Unknown.

13. Person(s) biologically unrelated to alleged child victim(s) is visiting or part of the household.

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 men
   - 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).

16. Other Signs of Present Danger.

Signs of Present Danger Implications for Child Safety:
The family was cooperative with the investigation and services. Home is free of environmental hazards and violence. Mother has clear and age appropriate expectations of the children. Mother took necessary actions to protect the children. According to local law enforcement, neighbors and family members there is no history of call outs to the residence. Mother has no criminal history and father has one arrest for larceny-petty theft when he was 19. He was placed on probation. Criminal history does not increase the risk to the children. Father tested positive for marijuana which affected his ability to adequately supervise the children while the mother was at work. Children did not require medical attention as a result of intake. The parents have accessed services. Parents have provided for the children’s care by providing food, clothing, shelter, etc. The parents’ age does not pose a threat to the children. There is no evidence of physical or sexual abuse.
## B. Child Vulnerability

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Child is five years or younger or nonverbal.</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Child has developmental, physical, emotional or medical conditions that increase(s) his or her vulnerability.</td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td>Child exhibits behavior(s) that may be indicative of abuse or neglect. If yes, at least one of the following must be selected:</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>Child has limited community visibility and others cannot observe the condition of the child.</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>Other signs of Child Vulnerability</td>
<td>No</td>
</tr>
</tbody>
</table>

### Child Vulnerability Implications for Child Safety:
Both children are under the age of 5 and non verbal. However, neither displays any behaviors indicative of abuse. They are both visible to extended family members and are enrolled in day care and have been attending on a daily basis. Both children appear bonded to the parents and extended family members.

## C. Protective Capacities

<table>
<thead>
<tr>
<th>#</th>
<th>Safety Factor</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>There are prior intakes involving any of the subjects in the current intake, regardless of finding(s).</td>
<td>Yes</td>
</tr>
<tr>
<td>23</td>
<td>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>No</td>
</tr>
<tr>
<td>24</td>
<td>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>No</td>
</tr>
<tr>
<td>25</td>
<td>Parents 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>Yes</td>
</tr>
<tr>
<td>26</td>
<td>The parent, caregiver(s) communicates with or acts toward the child(ren) in a constructive manner free of verbal/mental abuse.</td>
<td>Yes</td>
</tr>
<tr>
<td>27</td>
<td>Has a relationship with spouse/partner that supports their ability to protect and nurture the child(ren).</td>
<td>Yes</td>
</tr>
<tr>
<td>28</td>
<td>Has demonstrated adequate comprehension and problem solving skills.</td>
<td>Yes</td>
</tr>
<tr>
<td>29</td>
<td>The parent or caregiver(s) has a childhood history free from abuse or neglect.</td>
<td>No</td>
</tr>
<tr>
<td>30</td>
<td>Appropriate supports are adequate and immediately available (e.g. extended family, friends, neighbors, community).</td>
<td>Yes</td>
</tr>
<tr>
<td>31</td>
<td>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>Yes</td>
</tr>
<tr>
<td>32</td>
<td>Other Protective Capacities or lack of Protective Capacities:</td>
<td>No</td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Protective Capacities Implications for Child Safety:
There is a prior report involving the father Calvin when he was 17 years of age for physical injury. The family was referred for services. There were no other prior reports involving any of the father’s family. Mother and children have no prior reports. Mother denies any abuse/neglect in her childhood history. The parents are protective of the children and do not pose a threat. The parents have met the children’s needs for food, clothing, and shelter as documented from PI observations of family interactions and relatives statements; there is no evidence of verbal or mental abuse, and the parents appear to support each other. Father is receptive to drug counseling and has been receiving treatment through TASC. The mother understands the issue of the father’s drug usage and the inability to care for young children while under the influence, and thus has agreed to not leave the children unattended with the father until he completes drug treatment. The parents have extensive support from the paternal and maternal relatives, as well as other community providers. The parents are willing to receive services and have followed through with all service providers.

D. Safety Actions
   Safety plan to ensure safety of child(ren)

E. Overall Safety Assessment
   Overall risk is low as mother has agreed not to leave the children unattended with the father until he completes treatment at TASC and the parents are cooperating with Non-Judicial In-Home Services including budgeting and parenting. Additionally, the maternal grandmother has agreed to visit the home twice a week and report any problems back to the Investigator. The mother acknowledges the father’s drug issues and understands the implications on child safety. Father is receiving treatment through TASC and according to his therapist is cooperative; however, still not admitting that his drug usage in any way affected the children. Children’s pediatrician acknowledged that the children are developmentally on task and that they have received age appropriate immunizations, etc.

F. Supervisory Review

   Signs of Present Danger
   Supervisor Comments: Supervisor agrees with PI’s assessment

   Child Vulnerability
   Supervisor Comments: Supervisor agrees with PI’s assessment

   Protective Capacities
   Supervisor Comments: Supervisor agrees with PI’s assessment

   Safety Actions
   Supervisor Comments: Supervisor agrees with PI’s assessment

   Overall Safety Assessment
   Supervisor Comments: Supervisor agrees with PI’s assessment

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 992.205.
G. Second Party Review

Does the report meet the criteria for a second party review?

- 1. The parent, caregiver or other household member is responsible for the death or serious injury of another child.
- OR
- 2. A combination of any two of the following three factors:
  - Child is 5 years or younger or nonverbal
  - AND/OR
  - There are prior reports involving any of the subjects or facility of/in the current report regardless of finding.
  - AND/OR
  - The actual injury, neglect, or threatened harm is serious or severe.

<table>
<thead>
<tr>
<th>Sign of Present Danger</th>
<th>Second Party Reviewer Comments: Agree with assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Vulnerability</td>
<td>Second Party Reviewer Comments: Agree with assessment</td>
</tr>
<tr>
<td>Protective Capacities</td>
<td>Second Party Reviewer Comments: Agree with assessment</td>
</tr>
<tr>
<td>Safety Actions</td>
<td>Second Party Reviewer Comments: Agree with assessment</td>
</tr>
<tr>
<td>Overall Safety Assessment</td>
<td>Second Party Reviewer Comments: Agree with assessment</td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Bryson Investigative Summary

(Bryson) Investigative Summary (IS)  
Child In-Home Investigation  
(without Reporter Information)

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Intake Number</th>
<th>Investigative Sub-Type</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRYSON, JOHN</td>
<td>2010-047281</td>
<td>In-Home</td>
<td>Leon</td>
</tr>
</tbody>
</table>

Date/Time Intake Received  
06/01/2010 2:00PM  
Date/Time Investigation Closed  
07/22/2010 10:00AM  

I. Allegation Narrative(s)

Sequence Type  
Initial  
Date/Time Received 06/01/2010  
Response Priority 24 hour  

Narrative  
When the mother is out of the home and Dad is in charge of Nancy and John, Dad sleeps all day while the children are in his care. When Dad is not sleeping; Dad is constantly smoking marijuana in front of the children, exposing the children to the drug. There is concern for the children’s safety during these times while in Dad’s care, due to the children’s ages.

II. Victim(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryson, John</td>
<td>03/02/2010</td>
<td>3 mo.</td>
<td>Male</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Damage: Inadequate Supervision, Substance Misuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryson, Nancy</td>
<td>12/21/2009</td>
<td>18 mo.</td>
<td>Female</td>
<td>White</td>
<td>No</td>
</tr>
<tr>
<td>Damage: Inadequate Supervision, Substance Misuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intervention Services are Needed  
Yes  
Placement Outside the Home is Required  
No  
Judicial Action Required  
No

III. Other Participant(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryson, Catherine</td>
<td>04/28/1988</td>
<td>22</td>
<td>Female</td>
<td>White</td>
<td>Parent</td>
</tr>
<tr>
<td>Bryson, Calvin</td>
<td>01/05/1988</td>
<td>22</td>
<td>Male</td>
<td>White</td>
<td>Parent</td>
</tr>
</tbody>
</table>

IV. Implications for Child Safety

A. Signs of Present Danger Implications

The family was cooperative with the investigation and services. Home is free of environmental hazards and/or violence. Mother has clear and age appropriate expectations of the children. Mother took necessary actions to protect the children. According to local law enforcement, neighbors and family members there is no history of call outs to the residence. Mother has no criminal history and father has one arrest for larceny-petty theft when he was 19. He was placed on probation. Criminal history does not increase the risk to the children. Father tested positive for marijuana which affected his ability to adequately supervise the children while the mother was at work. Children did not require medical attention as a result of intake. The parents have accessed services. Parents have provided for the children’s care by providing food, clothing, shelter, etc. The parents’ age does not pose a threat to the children. There is no evidence of physical or sexual abuse.
B. Child Vulnerability Implications
Both children are under the age of 5 and non-verbal. However, neither displays any behaviors indicative of abuse. They are both visible to extended family members and are enrolled in day care and have been attending on a daily basis. Both children appear bonded to the parents and extended family members.

C. Protective Capacities Implications
There is a prior report involving the father Calvin when he was 17 years of age for physical injury. The family was referred for services. There were no other prior reports involving any of the father’s family. Mother and children have no prior reports. Mother denies any abuse/neglect in her childhood history. The parents are protective of the children and do not pose a threat. The parents have met the children’s needs for food, clothing, and shelter. Through PI observations of family interactions and relatives statements; there is no evidence of verbal or mental abuse and the parents appear to support each other. Father is receptive to drug counseling and has been receiving treatment through TASC. The mother understands the issue of the father’s drug usage and the inability to care for young children while under the influence and thus has agreed to not leave the children unattended with the father until he completes drug treatment. The parents have extensive support from the paternal and maternal relatives, as well as other community providers. The parents are willing to receive services and have followed through with all service providers.

D. Criminal History Summary and Implications for Child Safety
The father has an arrest for larceny-petty theft at the age of 19. He has no other arrests and this prior does not appear to impact child safety. The mother has no history of arrests and thus there is no threat to child safety regarding this factor.

E. Prior Reports and Service Records Implications for Child Safety
There is a prior report involving Calvin, the father of the children, at the age of 17 for physical injury. According to records and to the father he was disciplined for “getting into some trouble.” He advised that he did not consider this to be abuse, but that his parents used corporal punishment as a “regular basis.” There were no other abuse reports involving any of the family members who were subjects of this report. The mother has no prior history, nor do the children and they have not received any type of services for abuse/neglect. There are no child safety implications due to prior reports.

V. Overall Safety Assessment
Overall risk is low as mother has agreed not to leave the children unattended with the father until he completes treatment at TASC and the parents are cooperating with Non-Judicial In-Home Services including budgeting and parenting. Additionally, the maternal grandmother has agreed to visit the home twice a week and report any problems back to the investigator. The mother acknowledges the father’s drug issues and understands the implications on child safety. Father is receiving treatment through TASC and according to his therapist is cooperative; however, still not admitting that his drug usage in any way affected the children. Children’s pediatrician acknowledged that the children are developmentally on task and that they have received age appropriate immunizations, etc.
VI. Summary/Findings Implications

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.206.
### VIII. Signatures

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Lindhurst</td>
<td>07/21/2010</td>
</tr>
<tr>
<td>Signature—Protective Investigator</td>
<td></td>
</tr>
<tr>
<td>Penny Parsons</td>
<td>07/22/2010</td>
</tr>
<tr>
<td>Signature—Protective Investigator Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. 39.205.
Ready for Investigation Closure?

In order to submit an investigation for supervisory review and approval for closure, you must complete a comprehensive review of all the sections of the investigation, tab by tab, as well as the Safety Assessment and the case notes, to insure that all of the investigative information and/or evidence present supports the findings of maltreatment, child safety decision, and disposition decision. The following is a brief review of some of the necessary actions/decisions.

Review data entered into the SA and the Investigative Summary (IS) narrative to ensure:

- Interviews and contacts made with all victims, children, and subjects or the reasons why one or more were not completed is documented in the SA and case file.
- All diligent efforts to locate the family and/or subjects are documented in the SA/IS.
- Every allegation in the investigation is addressed in the IS and has findings.
- All demographic data has been added to the Participants Tab and updated to reflect information revealed during the investigation.

Ensure that each finding is supported by documented evidence that was gathered during the investigation.

- Each maltreatment must have documented evidence to either refute or support the findings.
- This evidence must be supported by the investigation and consistent with the requirements of the Child Maltreatment Matrix.

Review the SA and IS to ensure that safety factors are appropriately addressed in the disposition decision and overall child safety assessment.

- All known safety threats and protective capacities of the family such as prior intakes and investigations, services provided or offered, criminal history results, domestic violence incidents, and the ages and developmental levels of child are documented and reflect the decision-making process.
- If safety threats are identified in the assessment, there is documentation of the services offered.
- If services are refused by the family, a legal staffing to consider filing a dependency petition must be documented and relative collateral contact must be completed.
- CSA must be submitted within 45 days of receipt of intake by hotline.

Complete the FSFN fields that indicate you have completed your investigation and have sent the investigation to your supervisor for closure.

Summary checklist:

- All contacts made and evidence collected supports the findings in the SA and IS.
- Findings are consistent with the requirements of the allegation matrix.
- Disposition decision is consistent with the investigative results and child safety.
Investigation Closure

Closing an Investigation

- Intakes are automatically closed when the investigation is closed.
- Depending on the investigative outcome, cases are either closed (in a separate process) or remain open for ongoing service provision.

Standard Case Closure Process in FSFN

The case closure process in FSFN involves two main steps.
- Indicate that a case closure is requested for the case by checking the:
  - “Request for Closure” and selecting a
  - “Reason for Closure”
- Complete a “Closure Summary.”

Case Closure Page

All closing activities are completed on the Case Closure page of FSFN.

The Case Closure page consists of the following:

Basic
- pre-fills with the case name, the case number and the date that case was opened

Closing Information

Used to make a request for case closure and to document information pertaining to the request; includes the following:
- “Case Closure Status”: pending, not requested, requested, denied, accepted, historical
- “Request for Closure”: case needs to be checked to assess if all required casework has been completed and if case can be closed.
- “Check Here if Closing Checklist is Not Applicable”: if case requires closing checklist
- “Closed Date”: date of most recent case closure
- “Reason for Closing Case”: provides specific reasons to select when case is being closed.
• “Closing Checklist”: type of checklist applicable to this case closure. Checklists guide you through the Case Closure procedures. Does not force you to complete each step.
  • Ongoing Case Closing Checklist
  • “Closure Summary”: describes
    • closure process with the family and service providers
    • family’s plan for meeting future service needs
    • how any behaviors or conditions (safety or risk) will be managed or sufficiently mitigated by other resources/supports
  • “Closure Denial Messages”: display the reasons a closure request was denied by the FSFN system

Specific Closure Requirements in FSFN
In-Home Investigative Sub-types
• Requires a reviewed Initial Safety Assessment; completed Background History page; finding for all recorded allegations; and a recommended disposition.

Institutional Investigative Sub-types
• Requires a reviewed Initial Safety Assessment; completed Background History page; findings for all recorded allegations.

Duplicate or No Jurisdiction Intakes
• No requirement for the completion of initial or updated safety assessments, background history or findings.
• Required to enter the duplicate intake # when the duplicate closure value is selected.
FSFN Investigation Closure Checklist

☐ Criminal Checks Done
☐ CPT Referral
☐ Disposition
☐ ESI staffing Packet
☐ High Risk Form
☐ HIPAA
☐ Initial Assessment
☐ ICWA
☐ Legal Packet
☐ Notes
☐ Notifications
☐ Pool Safety Form
☐ Prior Reviewed
☐ Releases Signed
☐ Reporter Notified
☐ Rights and Responsibility Information
☐ Safety Plan
☐ SAO Form
☐ TANF

Note: This form can be modified by your supervisor to capture local procedures.
No Jurisdiction Closures

No Jurisdiction FSFN Closure Options 65C-30.001(86)

You MUST document the rationale for the following closure options and obtain supervisory approval PRIOR to stopping investigation activities.

- Victim Out of State
- Victim Over 18
- Federal Property
- Non-Caregiver
- Official Capacity

- 65C-29.002(5)(b): If the Hotline accepts an intake, but the CPI determines that allegations or facts do not meet the criteria, you must:
  - Close the intake as “No Jurisdiction”
  - AFTER review and APPROVAL BY THE SUPERVISOR.

- This closure still requires follow through: information sharing/service referrals.

Victim Out-of-State

“Victim Out-of-State” is an appropriate closure reason ONLY if during the investigation it is determined that:

- alleged perpetrator and child victim live out-of-state and abuse occurred out-of state; or
- abuse occurred in Florida, but the victim and perpetrator returned to their home state with no intention of returning to Florida in the immediate future.

Significant Mitigating Factor: Threatened Harm

- Prior to using this option, consider that F.A.C. directs DCF to retain jurisdictional authority if there are current conditions of threatened harm for any child victim visiting Florida even though:
  - alleged perpetrator and victim live out-of-state
  - abuse occurred outside of Florida
  - abuse occurred in the past in Florida

- Document these conditions prior to submitting the investigation for supervisory review and approval for closure as “No Jurisdiction - Victim Out of State.”

- The other state must be given investigative information to ensure child safety and follow up by that state.

- Contact with the other state must be documented in the case record.
Criteria for Acceptance of an Intake  65C-29.002(5)

- The victim and alleged perpetrator live out-of-state but are visiting Florida together; the harm occurred in Florida; and the victim and alleged perpetrator are in Florida at the time of the call.
- The victim and alleged perpetrator live out-of-state but are visiting Florida at the time of the call; the maltreatment occurred in another state or in the past in Florida.
  - The Hotline must accept the intake if the victim and alleged perpetrator are in Florida at the time of the call.
- The victim and alleged perpetrator live in Florida, but the victim is temporarily out-of-state at the time of the call; the maltreatment occurred in Florida.

Victim Over 18

Criteria for Acceptance of an Intake  65C-29.002(5)

- The child alleged as being maltreated must be under the age of 18 years.

Victim turns 18 after the intake is received

- DCF/SO still has jurisdiction to make a determination of findings and;
- Services must be provided for the victim and family, despite the child’s age.
  - All service referral information regarding the victim and other family members must be documented prior to submitting the investigation for supervisory review and approval for closure as “No Jurisdiction - Victim Over 18.”
- Dependency proceedings are not available for these victims (due to their age); however, other avenues must be explored such as:
  - referral to law enforcement.
  - referral to providers for services to the victim, family members and other children who may reside in the home.
  - younger children may be at risk and thus may qualify for dependency court proceedings to ensure their safety.

Federal Property 65C-30.001(86)(f)

“No Jurisdiction Closure” is appropriate when the allegations are of harm or threatened harm and have occurred to a child who resides:

- on federal property such as an Indian reservation or military base
- unless there is an agreement with the appropriate authorities to surrender jurisdiction to the department
Authority for Investigation, Federal Property CFOP 175-47

- When an intake is received alleging maltreatment of a child living on federal property such as a military base or staff housing on the grounds of a federal correctional institution, you must
  - refer the complaint to the base or other federal authority.
- DCF/SO has no jurisdiction to investigate unless the federal authorities have surrendered their authority to the state.
- Investigations/assessments must be conducted when the parents or guardians are in the military but do not reside on the base or other federal property.
- Determine if there is an existing agreement between the appropriate authorities (e.g. tribal council or military base commander) to surrender jurisdiction to DCF/SO.
  - If an agreement is in place, the investigation must be completed per mandatory guidelines.
  - If no agreement exists, you must immediately transfer the information regarding the investigation to the appropriate authorities.
- Document all referral contact information prior to submitting to the supervisor for review and approval for closure as “No Jurisdiction-Federal Property.”

Non-Caregiver

Caregiver means 39.01(10), F.S.

- parent, legal custodian, permanent guardian, adult household member, or
- other person responsible for a child’s welfare

Other Person Responsible

Florida Statute 39.01(47) lists as “other person responsible” for the child’s welfare:

- legal guardian
- foster parent
- employees of public and private schools
- public and private day care center employees
- employees of residential homes, institutions, facility or agency
- law enforcement officers when employed in any facility, service or program for children operated or contracted by the Department of Juvenile Justice
- any other person responsible for a child’s welfare in a residential setting
- adult sitter or relative entrusted with a child’s care
Alleged Perpetrator is a Non-Caregiver

Administrative Rule 65C-30.001(86)(d)

- Appropriate closure reason ONLY if it is determined that the alleged maltreatment has been perpetrated by someone other than
  - a parent, legal custodian, permanent guardian
  - adult household member
  - “other person responsible for the child’s welfare”

Transfer to Law Enforcement

- If the alleged perpetrator is not in a caregiver role, the CPI must immediately transfer the investigative information to the appropriate authorities who have jurisdiction (e.g. law enforcement).
- All referral information must be documented prior to submitting the investigation for supervisory review and approval for closure as “No Jurisdiction - Non-Caregiver.”

Other Circumstances for “Non-Caregiver”

- No victim is in the home.
- No victim-caregiver relationship exists in the home such as:
  - childless couple is alleged perpetrator
  - unborn or stillborn infants (must obtain medical records for stillborn birth)
- A victim cannot be “identified” because of the discrepancy between the ALLEGED victim’s demographics and the age, sex or race of the children actually residing in the home.
  - For instance, the alleged victim is a 5-year old white male, but the caregiver in the home is the parent of a 10-year old African American daughter.
  - CPI MUST clearly ESTABLISH and DOCUMENT the disparity between the demographics of the alleged victim and all the children actually residing in the home PRIOR to submitting the investigation for supervisory review and approval for closure as “No Jurisdiction: Non-Caregiver.”
- Victim is married or has been emancipated by a court.
  - CPI must have documented, written proof of either the marriage certificate and/or court order granting the emancipation.
  - Marriage/date of emancipation order must have occurred PRIOR to the allegations.
Official Capacity

Occupations Excluded from Department Jurisdiction
- “Official Capacity” is an appropriate closure reason if the alleged perpetrator works in an occupation or setting excluded by law:
  - Employees of municipal or county detention facilities or employees of the Department of Corrections when acting in an official capacity
  - Staff working in a general hospital unless employed in a children/youth hospital psychiatric ward

Transfer to Law Enforcement
- If the caregiver/alleged perpetrator IS acting in an “official capacity”, you must immediately transfer the investigative information to law enforcement.
  - This transfer/referral information must be documented in the case record prior to submitting for supervisor review and approval for closure.
- If the caregiver is a law enforcement officer, but NOT acting in an official capacity, the investigation is completed and NOT closed as “No Jurisdiction.”

Special Circumstances - Law Enforcement Officers and DJJ
All law enforcement officers working in their “official capacity” are excluded from departmental jurisdiction UNLESS
- they are employed in any facility, service or program for children that is either operated or contracted by the Department of Juvenile Justice.

Examples:
- Law enforcement officers transporting a child to a DJJ boot camp program would not be investigated by DCF/SO if the child alleges abuse.
- Law enforcement officers employed at the boot camp would be investigated by DCF/SO if they allegedly abused a child.
Duplicate Closures

65C-29.003(3)

What is a Duplicate Closure?

“Duplicate Closure” means the existence of a prior investigation that contains allegations of the SAME incident alleged in the new intake and the new intake does not offer:

- new information
- additional subjects
- new evidence
- additional allegations or incidents

Example

An intake is received alleging Tommy has bruises/welts as a result of being struck by his father in March. The case is investigated and closed. Two months later, a new intake is received alleging: “Two months ago, Tommy had bruises/welts as a result of being struck by his father.”

- The maltreatment is the same, and the alleged occurrence is the same. There are no new allegations, subjects, incidences, or evidence provided. This is a duplicate closure.
- If the new report alleged a new incident of the same maltreatment this would require a new complete investigation.

Documentation

- Document that all factors were considered and remain unchanged prior to submitting the investigation for supervisory review/approval.
- Differentiate between the same maltreatment and the same “incident” of that maltreatment.
- Document the following prior to closing the case as “Duplicate”:
  - case number of the prior intake/investigation
  - rationale for “Duplicate Closure”

Supervisor Approval

PRIOR to stopping investigative activities, submit the new investigation for supervisory review and approval to close as a “duplicate.”
Slide 1

**Investigative Response**

---

Slide 2

**Purpose:**
Child Protective Investigations

The first step of a comprehensive service delivery process designed to remedy the conditions that led to maltreatment.

**Assess:**
- if child is at significant risk
- best methods to ensure child safety
- if protective services are needed

Slide 3

**Your Responsibilities**

- Collect evidence & assess if child needs protection.
- Initiate interventions that protect the child.
- Establish the agency’s relationship with the family.
- Begin a joint effort to identify maltreatment causes & eliminate them.
Module 4: Investigative Closures

Objectives

• Summarize Hotline intakes/FSFN assessments.
• ID & check information sources/records prior to commencement.
• Use Child Maltreatment Index to define specific allegations & maltreatment types.
• Evaluate prior intake/investigation information and assess its relevance to the current investigation.
• Develop an investigative plan.

Module 1: Preparing for the Investigation

Types of Intakes

• Child Intakes: In-Home or Institutional
• Special Conditions Referrals
• Service Referrals
• Additional & Supplemental Intakes

Special Conditions Referrals

Requests that require agency intervention to ensure service provision
Slide 7

Special Conditions Referrals

- Child-on-Child Sexual Abuse
- Foster Care
- Caregiver Unavailable
- Parent in Need of Assistance

Slide 8

Child on Child Sexual Abuse Referrals

- Any sexual behavior between children 12 yrs. or younger occurring without consent, equality, or as a result of coercion.
- You must respond to all child on child sexual abuse intakes when the alleged offender is 12 yrs. or younger.
- Hotline immediately transfers reports/calls to LE if alleged offender is age 13 or older.
- Services for family/caregiver, victim, juvenile sex offender, or child who exhibited inappropriate sexual behavior must be voluntary & of necessary duration.

Slide 9

Foster Care Referrals

Concerns that do not meet the criteria for intakes involving the care provided in a licensed foster home, group home or emergency shelter.
Slide 10

**Caregiver Unavailable**

The parent/caregiver has been incarcerated, hospitalized or died and immediate plans for the child's care must be made.

---

Slide 11

**Parent Needs Assistance**

Situation in which a parent/caregiver is having difficulty caring for a child, afraid of abusing the child or is looking for help and without intervention maltreatment may occur.

---

Slide 12

**Institutional Intakes**

- s. 39.302, F.S.
- is acting in an official capacity
- committed an act of child maltreatment

Allegations that an employee/agent of DCF or any other entity/person covered by s.39.01(33) or (47), F.S. who...
**Slide 13**

**Institutional Investigations**

- **Notify**
  - SA, LE, contract manager and licensing agency (oral notification)
  - Child's parents/legal guardian, GAL, attorney.

- Full written report to SA either 3 working days after oral report
- Unannounced on-site face-to-face interview at child's residence
- Interview collaterals and alleged perpetrator

---

**Slide 14**

**Missing Children**

- Children ordered into custody
  - Refer to FDLE Missing Child Tracking System
  - Follow 65C-30.019

- 39.0141
  - Requires all agencies to make reasonable efforts to locate & file report re: s.937.021 if the child is determined missing

- 65C-29.013
  - Reasonable efforts to locate

---

**Slide 15**

**False Reports**

- A report to the Hotline made maliciously made...
  - to harass, embarrass, or harm another person
  - for personal financial gain
  - to get custody of a child
  - for the reporting person's personal benefit

- The term "false report" does NOT include reports of maltreatment made in good faith to the hotline.
**Slide 16**

**Investigation Requirements**

- s. 39.3019(4)(a)1:
  - Conduct/assess state & federal records checks, including D.O.C. records on the parents/legal custodians/caregivers, & any others in the same household.
  - Crime Intelligence Unit at the Hotline provides this information on all intake subjects.

- Request record checks on any additional participants revealed during investigation.

- Conduct court record checks.

| 65C-29.009: addresses all investigations requirements |

---

**Slide 17**

**Gather Information Prior to Contact**

- Assess child safety
- Protects personal safety
- Follow the law
- Identify questions you should ask
- Assess for pattern of abuse or neglect
- Learn about prior services provided and whether cooperative
- Identify other family members

---

**Slide 18**

**Gather/Document Information**

- Current/prior intakes/investigations
- Out-of-state child welfare agencies when family has resided outside of Florida
- If priors with findings, staff with supervisor
- Existing services case files
- Service provider reports
Slide 19
Gather/Document Information:
Criminal History

- State & federal records checks
- Local LE; includes call outs to home
- Dept. of Juvenile Justice
- Dept. of Corrections
- Domestic Violence Injunction Registry

Slide 20
Reporter Contact
Why contact the reporter?

- Verify Hotline information.
- What is their relationship to alleged victim?
- Do others have knowledge of allegations?
- Find the extent, severity, frequency of maltreatment.
- Assess safety issues/actions.
- Demographics, school, prior occurrences, ability to protect

Slide 21
Caller ID
When can caller ID be used?

- When it's the same number the reporter provided.
- If the caller is a child who is self-reporting & their location is unknown.
- If all attempts to locate child victims & contact the reporter at the number provided have failed.
- Supervisor approval is required.
Slide 22

**Child Maltreatment Index**

- Defines specific maltreatments
- Excluding factors: help hotline & PIs select the right maltreatments
- Assessing for maltreatment: deciding if maltreatment occurred
- Documentation to support finding: evidence needed to support findings

Slide 23

**Cultural Factors**

- A family’s culture can influence how they:
  - respond to investigator
  - perceive the agency
  - share information
  - set parenting & child rearing standards
  - cooperate

Slide 24

**Considerations for Initial Contact**

- How to explain the purpose of the investigation
- Who does the family consider to be a family member? Who is the primary caregiver? Who should you interview first?
- The roles and positions of various family members
- How to encourage family to involve others
- A PI who knows the family’s culture, local community and can speak the family’s language is the best option.
Module 4: Investigative Closures

Slide 25

**Family-Centered Practice**

**Purpose of Federal & State laws:**
- Focus services on the child's safety, well-being, and permanency.

**Best practice:**
- Involves effective use of the agency's/staff's authority as vested in laws/policies.

**If the family is abruptly or punitively approached, it can:**
- Create obstacles to casework intervention.

**Preserve, stabilize, and protect the integrity of family life when possible.**

Best practice involves effective use of the agency's/staff's authority as vested in laws/policies.

Slide 26

**Planning the Investigation**

- Review the intake & all available information.
- Contact the reporter, if appropriate.
- Make needed referrals: LE, SAO, CPT.
- Persons to interview.
- Contact order.
- Home observations.
- Nature of the information needed.
- Possible interview questions.

Develop an investigative plan:
- Review the intake & all available information.
- Make needed referrals: LE, SAO, CPT.
- Contact the reporter, if appropriate.

Objectives:
- Summarize commencement & follow-up tasks.
- Describe legal requirements.
- Explain initial contact tasks: interviews, observations.
- Identify risk factors that raise child's risk level.
- Develop safety plans based on current risk factors.
- Describe decisions related to family needs, services & the child's placement.
- Describe investigative tasks after initial contact: collateral contacts, diligent search, documentation of reports and information.
Slide 28

The Investigative Process

- Conduct pre-commencement activities.
- Conduct initial on-site, face-to-face contacts.
- Interview child victim, other children, all household members.
- Observe the family and the environment.
- Assess safety actions by analyzing current/ongoing risk factors.
- Identify immediate and on-going service needs.
- Make appropriate placement decision.
- Gather information from other sources (e.g., collaterals, CPT).
- Analyze/document information and determine findings.
- The Investigative Process

Slide 29

Child Documentation

- Condition, appearance & development of each child named in the intake or who live in the home.
- Describe physical, developmental, & behavioral observations.
- Name, address, date of birth, SS#, sex and race.
- Indications that any child was maltreated.
- Nature & extent of present/prior injuries, abuse or neglect.
- Immediate & long-term risk to each child.

Slide 30

Mandatory CPT Referrals

- Head injuries, lacerations to the head and face, bruises to the extremities in any child.
- Bruises anywhere on a child age 5 or younger.
- Malignant and/or failure to thrive.
- Malnutrition and/or failure to thrive.
- Any child diagnosed with sexual abuse.
- Serious emotional problems.
- Medical neglect.
- Serious emotional neglect.
- Child death due to suspected maltreatment, when a sibling or other child remains in the home.
- REFER TO CPT.
**Non-Judicial In-Home Services**

- Child’s safety can be assured without judicial oversight.
- Can deliver services effectively.
- May or may not have legal sufficiency to file dependency petition.
- Includes families referred to Family Preservation Services.
- Does NOT include cases for children at high risk.

---

**Grounds for TPR**

- (a) Written surrender
- (b) Abandonment
- (c) Continuing parental involvement threatens child safety
- (d) Parental incarceration in a state or federal institution
- (e) Child has been adjudicated dependent, a case plan has been filed (court), and:
  - Failure to substantially comply with case plan for 9 months
  - Maltreatment associated with physical abuse
  - Parent(s) have materially breached case plan, i.e. court finds that they are unlikely or unable to substantially comply before time frame expires
- (f) Egregious abuse
- (g) Aggravated child abuse, sexual battery, sexual abuse, or chronic abuse
- (h) Parent(s) committed murder, manslaughter, aiding or abetting the murder of the other parent or another child, or a felony battery resulting in serious bodily injury to a child

---

**Grounds for TPR**

- (i) Involuntary TPR of child’s sibling
- (j) Parent 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 treatment during the 3 year period prior to filing TPR petition
- (k) Test at birth indicates blood contains alcohol or controlled substance not the result of medical treatment and child’s biological mother has had 1 other child adjudicated dependent due to same finding
- (l) Child or another child of parent(s) placed in out-of-home 3 or more times and conditions for out-of-home placement were caused by the parent(s)
**Slide 34: Photographing Children**

- **Out-of-home care:** within 72 hours of removal
- **Judicial In-Home Services:** within 15 days of transfer to service unit
- Photographs of children and sibling groups ready for adoption who must be registered on Adoption Exchange System returning to care from missing or runaway status (unless appearance has not changed since last photo).

**Slide 35: Maintaining & Updating Photographs**

- Keep in case file & maintain in statewide database
- Must update: each 6 months for ages 0-60 mos., yearly for ages 60 mos.-18 yrs.
- Must include shoulders to the top of head with name, D.O.B., & date taken written on it.

**Slide 36: Fingerprints and Birth Verification**

- **Fingerprints:**
  - Ages 3 years or older: within 15 days after initial placement
  - Under Age 3: Consider footprints

- **Birth Verification:**
  - Within 15 days of:
    - Placement in out-of-home care.
    - Transfer to services unit for in-home services.
    - Initial placement if born out of state/country
  - Certified copy for licensed out-of-home care

---

**Module 4: Investigative Closures**
Module 4: Investigative Closures

Slide 37

Initial Contact

Child safety is always considered first.

Know your agency procedures for law enforcement assistance requests.

FS 39.301(7), (9) require:
• face-to-face interviews
• assessment of the child's residence

If the client may be dangerous, take law enforcement with you.

Know your agency procedures for law enforcement assistance requests.

Slide 38

Methods for Gathering Data

Interviews
• Identify what happened & when, who was involved, etc.
• Verify/refute allegations based upon consistency with other facts/interviews

Direct observations
• Assess family interactions
• Assess child's response to caregivers/household members
• Determine the presence of injury

Assess documentation from past agency, court, police, & medical records

Slide 39

Document Observations

Children's
• physical/developmental condition
  • includes observable effects of maltreatment
• emotional status
  • includes mannerisms, signs of fear

Parents
• reactions to the agency's concerns
  • emotional and behavioral status

Interactions between family members

Home's physical condition

Neighborhood's Climate
Risk assessment is an ongoing process that can help you:

- Assess if the child remains at risk of maltreatment.
- Assess which risk factors must be controlled to keep the child safe.
- Provide basis for interventions & services for the family.

Specific areas to observe include:
- Child's physical condition
- Child's emotional status
- Parent's reaction to agency's concerns
- Parents' emotional/behavioral status; denial & resistance levels; use of defense mechanisms
- Home's physical status
- Neighborhood climate

Threat of Harm: Immediate or Impending?
- Presence of a threat
- Severity & frequency of the threat
- Extent to which the threat is uncontrolled
- Child characteristics that make them vulnerable
- Serious health or life-threatening issues relevant to child safety
Slide 43

**Caregiver’s Ability & Willingness to Protect**

Does the caregiver:

- Recognize child's needs?
- Demonstrate skills needed to meet the child's needs?
- Defer own needs for child's?
- Recognize threats of harm?
- Find ways to manage threats/respond to child's needs?
- Generalize experiences & apply to new situations?
- Demonstrate impulse control?

---

Slide 44

**Safety Planning**

65C-30.001(123)

Safety plans:

- Control serious threat of harm & supplement family’s protective skills
- Implement immediately when family’s protective skills cannot manage immediate or serious threats of harm
- Developed jointly
- Interventions
- Reduce serious threat of harm or signs of present danger
- Decrease child vulnerability & strengthen the family’s protective skills

---

Slide 45

**Safety Planning**

The Safety Plan must:

- be agreed to & signed by you and the parent/legal custodian
- contain specific tasks for all parties
- be documented in FSFN
- address both immediate & long-term protection planning

---
Module 4: Investigative Closures

Slide 46

**Least Intrusive Options**

- Intensive home-based family services programs
- Responsible adult assigned to care for the child in the home
- §39.504, F.S. - Injunction for temporary removal of the AP
- Temporary placement with family member, friend, or neighbor

Slide 47

**Temporary Placement**

- Temporary placements are NOT removals.
- Parents must agree with this option and understand their responsibility.
- Substitute caregivers must also agree with their responsibilities.
- Discuss with a supervisor/CLS prior to implementing this option.

Slide 48

**Tiered Services Protocol**

- ECE-SD-009
- Foster Care
- Court Ordered Relative/Non Relative Placement
- Judicial In-Home Services
- Non-Judicial In-Home Services
Module 3: The Safety Assessment

Objectives:
- Safety Assessment Tool: Identify
  - purpose & use
  - categories & organization
  - FSFN In-Home Safety Assessment Tool:
    - Use to document assessment information & evidence of alleged maltreatments

Slide 50

Safety Assessment Tool:
- Helps ID critical factors that place child at immediate threat of harm
- Helps you decide if a safety plan is needed
- Promotes consistent decision-making

Supervisory Review:
- Supervisors must review all SAs and:
  - Make sure safety plans are in place when needed.
  - Make sure safety plans address safety threats.
  - Complete review w/in 72 hours of your submission.
  - Provide feedback to you within 24 hours.
  - Note: PIs must review supervisor information and follow up on identified tasks.
Slide 52

**Second Party Review**

**Second Party Review is required**

- Parent, caregiver, or other household member is responsible for the death or serious injury of another child.

**OR**

- Combination of any 2 of the following 3:
  1. Child age 5 or younger or nonverbal; and/or
  2. Prior intake involving any subject of current intake, regardless of finding; and/or
  3. Actual injury, neglect, or threatened harm is serious or severe.

---

Slide 53

**Second Party Review Timeframes**

Second party reviewer must:

- Complete review within 72 hours from receipt of supervisory review.
- Provide feedback to your supervisor w/n 24 hours after review completion.

---

Slide 54

**Updating the Safety Assessment**

65C-29.003(6)(e) – Must update:

- After initial contact w/ the child or any other subject of the intake if it occurs after the initial submission
- When assessing if child removal is necessary
- As often as necessary to ensure child safety
- When you have new information that impacts child safety
- When circumstances w/in the child’s environment change
- Prior to a recommendation to the court for disposition
- Prior to closure of the investigation

---
Slide 55

Request for Assistance Assessment (RFA)

- Parent in Need of Assistance
- Foster Care Referral
- Caregiver Unavailable

RFA Assessments: Document activities, assessment, & removal information for these special conditions referrals:

- Parent in Need of Assistance
- Caregiver Unavailable
- Foster Care Referral

Slide 56

Module Four: Investigation Closures

Objectives

- Determine findings based upon the credible evidence to support/refute alleged maltreatments.
- Identify investigative & assessment summary components.
- Describe decisions & documentation prior to closing investigation.
- Describe 5 types of “no jurisdiction” closures.
- Name the criteria for a “duplicate” closure.