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Introduction
Organization and Focus

The Overview of Protective Investigations is a summary of tasks and responsibilities associated with investigating maltreatments. It includes state and federal requirements and best practice considerations from commencement to closure of the investigation.

The purpose of this overview is to provide a description of your job prior to beginning pre-service training.

The Child Welfare Pre-Service Training will provide the knowledge, skills, and abilities (KSAs) to begin your job. To ensure the transfer of learning for these KSAs, agencies will provide field activities to expose you to some of the protective investigator’s daily tasks.

Federal and State Guidelines

Federal law requires that states focus on 7 outcomes for the child’s safety, permanence, and well-being. Florida incorporates these outcomes into Chapter 39, Florida Statutes.

A Child and Family Services Review (CFSR) is conducted by the federal government to monitor compliance with these outcomes:

- S1: Children are, first and foremost, protected from abuse and neglect.
- S2: Children are safely maintained in their homes whenever possible and appropriate.
- P1: Children have permanency and stability in their living situations.
- P2: The continuity of family relationships and connections is preserved for children.
- WB1: Families have enhanced capacity to provide for their children’s needs.
- WB2: Children receive appropriate services to meet their educational needs.
- WB3: Children receive adequate services to meet their physical and mental health needs.

The Child Welfare Pre-service Training incorporates these outcomes to focus on the child’s needs. Federal outcomes are relevant to the entire child protection process, not just investigations. The Department of Children and Families has adapted these outcomes into their “Quality of Practice Standards” which are also referenced in this overview and the pre-service training.

Resources

The resources located in Appendix (A-C) are intended to familiarize you with quality outcomes for the child, quality practice standards, and job responsibilities that must guide your work.

They provide a focus for quality case work and are used by your supervisor to assess your daily tasks and also your compliance with federal and state requirements.

- B: Quality of Practice Standards (QPS) Job Aid - based upon the Department’s quality
standards for protective investigations; includes F.S. and F.A.C references.

- C: Protective Investigations (PI) Checklist - lists PI tasks and requirements, cross-referenced to statute, rule, and QPS.

The Child and Family Services Review (CFSR)

The purpose of the CFSR is to ensure state compliance with Federal child welfare outcomes. The CFSR plays an important role in improving services and outcomes for abused and neglected children, children in out-of-home care, and children awaiting adoptive families.

The focus on outcomes promotes increased safety for children who are maltreated, assists with quicker movement to permanency, and enhances the well-being of families.

Appendix A includes the 7 outcomes (e.g. S1, P1, WB2) and the corresponding performance items (1-23).

If a state is not in compliance, it is held accountable for meeting the milestones detailed in a performance improvement plan (PIP).

Quality of Practice Standards (QPS): Child Protective Investigations

The Department of Children and Families has developed a Statewide/Regional Quality of Practice Standards Model for investigations.

The Quality of Practice Standards for Protective Investigations is attached to this guide as a job aid in Appendix B and is referenced to your job tasks throughout sections of this overview as QPS#_.

Supervisors use these standards to review your cases, as they are critical to compliance with federal outcomes for the child’s safety, permanence, and well-being.

The Protective Investigations (PI) Checklist

Appendix C includes a checklist with the major activities/responsibilities associated with your job. This checklist is used throughout the training and includes references to the Quality of Practice Standards (QPS) and statutory and administrative codes.

Supervisory Qualitative Review

While your supervisor must review all investigations, they also have the responsibility to randomly complete comprehensive reviews on at least three of your cases each month to assist you in achieving compliance and best practice.

These reviews focus on your documentation on the FSFN system and in the case file with the additional requirement of a discussion of the family with your supervisor including safety issues, services, and other evidence you have documented.

This discussion must be documented in the FSFN case notes and must outline any further action needed to meet outcomes, quality practice standards, and your required job tasks.
Florida Safe Families Network (FSFN)

The state has developed an automated child welfare information system, FSFN, which you will use to document your investigation. It was built to meet federal requirements for a Statewide Automated Child Welfare Information System (SACWIS) and provider needs.

You will input your investigative documentation into the FSFN system. When a call alleging maltreatment of a child is received at the Abuse Hotline, and the call is accepted, an “intake” is created in the FSFN system.

This intake initiates an investigation. You must document all investigative activities in FSFN until the investigation is closed.

The Safety Assessment Tool and case notes in FSFN are major sources for your documentation on FSFN. Some documentation is not part of the FSFN system, so you must also create a hard copy file for these documents.

Functionality

FSFN provides tools to enhance the quality of investigations, case management, and permanency services.

The FSFN system functionality fully supports policy and practice as required by statute and Administrative Code and is an electronic file documenting the majority of your job tasks.

Required practice and “best practice” activities are system guided as FSFN is designed to fully support compliance.

FSFN also supports the reporting of data to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

FSFN receives all child abuse intakes, maintains all investigation documentation, and records all case management services provided to protect children.

The system supports cases from intake to closure and is accessible anywhere there is intranet access.

The notification and oversight features of FSFN enhance management of case responsibilities for both you and your supervisor.

FSFN assists with the timely completion of investigations, as it sends you reminders, (ticklers) and provides you direct access to case records, allowing you to quickly review case actions, necessary documents, and approvals.

Confidentiality

Access to FSFN person or case information must only occur when there is a legitimate business purpose. FSFN must not be used to access any of the following:

- Persons or cases in the news, or
- Persons or cases about which you are “curious,” or
- Persons or information about your own personal case, or
- Persons or cases of family members, or
- Persons or cases of friends, neighbors or acquaintances, or
- Any other persons or cases for which there is no legitimate business reason for you to
access the information. Please use common sense when accessing FSFN; if you have any questions about the appropriate use of FSFN, please contact your supervisor and/or your agency’s IT Support personnel.

Overview of Investigative Roles and Responsibilities

After receiving an intake from the Hotline, you must:

- review and analyze the intake and background checks/prior history;
- prepare for the investigation;
- make the initial investigative response to child maltreatment;
- assess the risk to the child(ren) and implement a safety plan, when appropriate;
- investigate and collect evidence to determine if maltreatment occurred;
- provide services necessary to ensure child protection and the family needs are met; and
- carefully consider placement options that are in the best interest of the child, if services and interventions cannot ensure the child’s safety in the home.

All of these actions must be completed using family-centered practice.

Family-Centered Practice

DCF has developed and implemented a Family-Centered Model of Practice. Family-centered practice is a way of working with families to enhance their capacity to care for and protect their children.

Family-centered practice focuses on the family as a whole and sees the family in the context of their own culture, networks and community.

Families are seen as partners in the change process and are actively engaged and involved in the assessment, planning, delivery, and coordination of services when it is safe and in the best interest of the child for his/her family to do so.

Strategies and services must support children safely in their homes with their families. The child, when age appropriate, and the family must be actively involved as team members in the case planning process.

Examples of Family-Centered Approaches

You must familiarize yourself with the agency-specific programs that may be available to you to assist you in applying the family-centered practice model. Some examples of family-centered approaches to practice are:

- Family Group Decision-Making: Examples include the following:
  - family team conferencing
  - family team meetings
  - family group conferencing
  - family team decision-making
  - family unity meetings
team decision-making

Neighborhood-Based Foster Care

Shared Family Care: Parents and children are placed together in a home of a trained host family who mentors the parents as they develop the necessary skills and supports to care for their children independently.

Family Mediation: Court and community-based mediators work with families to resolve child maltreatment cases.

Services to Children and Families of Prisoners

Family-Centered Practice Model for Child Protection and Child Welfare Services

What is Family-Centered Practice (FCP)?

FCP means working with families to enhance their ability to care for and protect their children.

- Focuses on needs and welfare of children within the context of their families and communities
- Recognizes strengths of family relationships and builds on the strengths to achieve the best outcomes
- Focuses on the family as a whole and sees the family in the context of their own culture, networks and community
- Views families as partners in the change process
- Engages children and their families in the assessment, planning, delivery and coordination of services when it is safe and in the best interests of the child
- Requires staff to understand different cultures and ensure that provided services are respectful of, and compatible with, their cultural strengths and needs

Core Values, Guiding Principles and Practice Framework

Core Values

- Children must, first and foremost, be protected from abuse and neglect.
- There is an intrinsic value and human worth in every child and family.
- Children should live with their families, and when that cannot be achieved through supports and services, should live near their home, maintaining family connections and sibling relationships, while preserving cultural heritage.
- A child’s home must be safe, stable and permanent.
- A child must achieve success in school and their medical, emotional, behavioral, developmental and educational needs must be met.
- There is an intrinsic value and human worth in every child and family.
- Families and individual members are most likely to resolve issues of concern by involving them in the change process and building on their strengths.

Guiding Principles
• Child safety must always be promoted while actively assisting the preservation of families and family connections.

• The first and greatest investment of public resources must be made in the care and treatment of children in their own homes and communities.

• Every child deserves to live in a family that provides basic safety, nurturing and a commitment to permanent caretaking.

• The cultural and ethnic roots of the child/family are a valuable part of its identity. In order to understand and communicate with the child/family, cultural sensitivity must be a primary feature of service delivery.

• Children’s need for safe and permanent family caretaking can be met by providing appropriate and adequate resources in a timely and effective manner.

• Our approach to working with children and families must be child-centered and family-focused with the needs of the child and family dictating the types and mix of services provided.

• Services to children and families must be individualized based on their unique strengths and needs and must be delivered pursuant to an individualized plan, constructed with the family and their team.

• Services developed through individualized teaming and planning must be delivered with sufficient intensity to address presenting and underlying needs and must be well-coordinated.

• Practice is always local: All work with children and families must be community based, and the focus of services as well as child welfare system management and decision-making responsibility, must rest at the community level.

• Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the needs of the child.

• Family-centered services offer the best hope of breaking the cycle of hopelessness and helplessness that engulfs many families. Families must be supported and encouraged to access services.

• The first and greatest investment of public resources must be made in the care and treatment of children in their own homes and communities.

• Intervention into the life of children and families must ideally offer as much service as necessary to achieve intended goals, and no more.

• The rights to privacy and confidentiality must be treated with respect when assisting children and families.

Practice Framework
A practice framework encompasses a range of the major aspects and activities of practice and service delivery.

Core practice functions include:
• Engaging families and assembling families’ individual teams
• Helping families assess their strengths, needs, and resources within a cultural context
• Collaboratively developing and implementing case plans
• Involving and supporting parents and caregivers in decision-making
• Monitoring and modifying services

**Outcomes:**
Core practice functions and the initiatives, strategies, steps, intervention, approaches, and activities within them must drive the service delivery process to achieve the outcomes of:

• Ensuring child safety
• Strengthening family functioning
• Achieving permanency for children
• Meeting the children and families well-being needs

**Family-Centered Engagement**
• You must skillfully communicate with children and families to help them strengthen interpersonal, parenting, and problem-solving skills.
• Your goal is to build strengths-based, trusting working relationships with children and families.
• When engaging families you must:
  • Listen carefully
  • Demonstrate respect and empathy
  • Develop an understanding of the family’s past experiences, current situation, concerns and strengths
  • Respond to concrete needs quickly
  • Establish the purpose of involvement with the family
  • Be aware of one’s own biases and prejudices
  • Validate the participatory role of the family
  • Be consistent, reliable and honest

**Building the Family’s Team**
• Purpose: The family’s team can provide the necessary skills, abilities, and technical assistance needed to assist the family in achieving its individual goals and ensures that the family is actively involved in the planning and service delivery process.
• Composition of other team members will vary and is based on the child and family direction and needs.
• Teams may include formal service providers and informal supports.
• Effective teamwork requires coordination across the family’s team to improve the integration and quality of service provision.

**Family-Centered Assessment**
• Focuses on the entire family
• Values family participation and experience
• Respects the family’s culture and ethnicity
• Helps families identify their strengths, needs, resources and develop a service plan assisting them in achieving and maintaining safety, permanency and well-being
• Has many phases and types
• Provides a big-picture understanding of the family’s strengths and underlying needs and must be across the service team
• Always ongoing

**Family-Centered Case Planning**
- Ensures involvement and participation of family and other needed team members in all aspects of case planning so services can be tailored to best address the family’s needs and strengths.
- Includes family members’ recommendations regarding the types of services that will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child/family.
- Requires frequent updates based on Case Manager and family’s assessment of progress.
- Needs to be focused on outcomes, and offer logical strategies that will drive the change process towards achieving outcomes for children and families.
- May include formal services and assisting families with meeting practical needs.

**Family-Centered Case Management and Monitoring and Modifying Service Delivery**
- The family is assisted in achieving the goals and objectives of the service plan through frequent and planned contact.
- Includes helping families access supports and services and creating opportunities for them to learn and practice new skills.
- Includes communication and planning with multiple service systems to ensure provision of appropriate services and assess service effectiveness and client progress.
- Encourages families to use their skills to access resources, fully participate in services, and evaluate their progress toward desired goals and outcomes.
- When interventions are not working, the Case Manager, working in collaboration with the team, must adjust strategies and services in order to continue to achieve the child and family’s goals.

**Working with Community Resources**
- All family members must be viewed as important resources and sources of support for the family.
- You must be skilled in engaging informal and formal community resources by involving them,
as appropriate, in family assessment and case planning and in providing ongoing support to families before, during and after services are ended by the formal agency.

- Elements of effective service planning with families include:
  - Engaging children and families
  - Providing direct assistance with challenges the family is facing
  - Continuing to assess with the family their strengths, needs, and progress

**Advocating for Families**

- You must advocate for families and help families learn to advocate for themselves by negotiating with service systems to obtain needed help.
- You play a prominent role in empowering and advocating for families to become interdependent members of the community.
- You should focus on the principles of family development, communication skills, and promoting the participation of community residents and families in the design of services.

**How Does the Family-Centered Practice Model Affect Your Case Decisions?**

- All decisions that you make from the moment that you receive an intake are affected by family-centered practice.
- Completing your job responsibilities will be more effective when family-centered practice is used.
- You must actively engage and involve children and families in the assessment, planning, delivery, and coordination of services when it is safe and in the best interest of the child to do so.
Goals of the Investigative Response

What the Initial Response Must Accomplish

Your primary responsibility is to conduct the initial response to an allegation of maltreatment and special conditions referrals. During your investigation, you will:

- decide if maltreatment has occurred
- complete an assessment to evaluate a child's safety and risk
- decide if services are needed to reduce risk, ensure child safety, and strengthen families by completing family-centered assessments
- engage family members to build strengths-based, trusting, and working relationships
- build and coordinate the family’s team

The purpose of the initial response is to:

- assess the immediate safety of the child(ren) within the context of the family
- engage the family
- gather and analyze information in response to the intake
- interpret the agency’s role to children and families
- utilize a child-centered and family focused approach to identify the types and mix of services needed by the individual family
- complete a family-centered assessment to help families identify their strengths, needs and necessary resources to develop a service plan

After interviewing and observing all parties and gathering all relevant information, you must decide:

- if evidence proves or disproves the alleged maltreatment(s)
- the degree of risk and likelihood of future maltreatment
- if services or actions are necessary to reduce risk or control safety threats

Decision-Making

You must make a number of critical decisions during the initial response. These decisions include the following and must be made in conjunction with the family members:

- Is the child safe?
- Is the child at risk of maltreatment, and what is the level of risk?
- If the child’s safety cannot be assured, what type of services are necessary?
- Does the family have emergency needs that must be met?
- Are child maltreatment findings identified or not as described in the Child Maltreatment Matrix?
- Should ongoing services be offered to the family?
- Can the child’s safety be assured through the provision of voluntary services or does the
court need to be involved with the child and family?

- If the child(ren)’s safety cannot be assured in the home, what is the most appropriate placement decision?

**Is the Child Safe?**

**High Risk Situations**

You have a responsibility to assess child safety from the moment you begin the initial assessment. Examples of situations indicating that a child may be at high risk include:

- young children left alone
- parents utilizing drugs or alcohol to the extent that their ability to care for the child is seriously impaired
- situations of domestic violence
- parents of a young age
- situations involving sexual abuse
- children under the control of parents who clearly express hatred for the child and openly indicate their likelihood of abusing the child again or who have repeatedly inflicted severe and bizarre punishments

**Imminent Danger vs. Likelihood of Future Maltreatment**

To assess imminent danger, you must assess each situation individually to decide what behaviors or conditions are creating a danger for the child.

In some cases, it is decided that the child is not in imminent danger, but there may still be risk factors that increase the likelihood of future maltreatment.

If the results of the initial response suggest that the child will likely suffer future maltreatment without intervention, you must arrange for emergency services to offset all risk factors.

One method proven to be effective in deciding if a child is safe or at risk is to consider the following:

- How does the family view the situation?
- How manageable is the child/family situation?
- What is the severity of the maltreatment or how severe might the results be?
- How accessible is the child to the perpetrator?
- Is the child visible to the community?
- How were prior issues with the family addressed?

For example, a substance-exposed newborn child with medical needs may not be safe if the only parent is a single mother addicted to crack. The effects of the mother’s addiction are uncontrollable, and the likely consequence could be immediate and severe due to the vulnerability of an infant with medical problems.

**The Safety Assessment Tool**

The initial assessment is a primary responsibility of your job. You must use this Assessment to help guide your conclusions about the risk to the child and the likelihood of future maltreatment.

This assessment must be family-centered and focus on the whole family, value family
participation and experience, and respond the family's culture and ethnicity.

You must document safety factors and the implications these factors have upon the child's safety under the following categories on the automated Safety Assessment:

- Signs of Present Danger
- Child Vulnerability
- Parent/Caregiver’s Protective Capacities

**What Response Will Ensure the Child’s Safety?**

If the child’s safety cannot be assured, you must decide in conjunction with the family:

- the types of services needed
- if the family has emergency needs that must be met
- if ongoing services are needed

After you assess the behaviors or conditions that are creating a danger for the child, you must involve the family in the change process and build on their strengths to decide the most effective response to reduce the danger to the child. This does not always mean removal of the child. For example:

- If a family is homeless and has no food, thereby creating concern for the safety of the children, securing a placement for the whole family is a less intrusive response than removing the children.

Prior to a child being removed from the home, you must decide if, with the provision of appropriate and available early intervention or prevention, the child could safely remain at home. Child safety must always be promoted while actively assisting the preservation of families and family connections.

**Tiered Services Protocol**

Florida Administrative Code outlines a protocol allowing you to diligently support family continuity prior to placing children in out-of-home care. You must use this protocol when considering the services that best meet the needs of the child.

The Tiered Services Protocol is as follows *(65C-30.009)*:

- Non-Judicial In-Home Services
- Judicial In-Home Services
- Court Ordered Relative/Non-Relative Placements
- Licensed Care

Florida law *(39.402)* allows you to place children only if these four criteria for removal have been met:

- It is in the best interest of the child.
- There is an imminent risk of harm to the child.
- There is probable cause.
- Reasonable efforts to prevent removal have been made.

**Probable Cause/Reasonable Efforts**
The case must be reviewed by Children’s Legal Services prior to or immediately following removal to establish “probable cause” to place a child in shelter.

The shelter order must contain written explanations if reasonable efforts were made to prevent or eliminate the need for removal or continued removal of the child from the home.

A description of which specific services, if available, could prevent or eliminate the need for removal or continued removal from the home and the date which the services are expected to become available must be specified.

**Does the Family Have Emergency Needs?**

Due to any number of problems that may be identified during the initial assessment, you are often in the position of deciding with a family their individualized emergency needs and advocating for these emergency services for the child and family. Examples include:

- emergency medical attention
- food, clothing, and shelter; emergency mental health care
- crisis counseling

The responses you consider must be ranked from least intrusive to most intrusive, arranging for the least intrusive whenever possible.

A major provision of the Adoption Assistance and Child Welfare Act is that you must make “reasonable efforts” to enable children to remain safely at home before they are placed in out-of-home care.

Each region/circuit has services established to assist in keeping children safe and families together whenever possible.

The availability/appropriateness of these services is what is addressed in the determination completed by the court at the shelter hearing.

You must be able to describe what services were attempted, and if none were attempted, why they were not available and/or appropriate for the child.

**Maltreatments and Findings**

**Child Maltreatment Matrix**

To guide you in assessing the specific findings for each maltreatment, you use a tool, the Child Maltreatment Matrix, that guides you in the collection of evidence and factors to be considered in deciding if maltreatment has occurred.

You must decide if the child maltreatment findings are identified as described in the Child Maltreatment Matrix. Each maltreatment identified must be assigned a finding.

All decisions must be based on deciding if there is credible evidence to support or deny the allegations for each injury or harm to the child.

This information is referred to as the findings of maltreatment and is recorded in the Summary/Findings Implications section of the Investigative Summary on FSFN.

**Findings of Maltreatment**

A verified finding means:

- You found a preponderance of credible evidence that there was an injury, harm, or
threatened harm that was the result of maltreatment.

A finding of not substantiated that the maltreatment occurred means:

- You found some credible evidence, not meeting the standard of being a preponderance, to support that there was an injury, harm, or threatened harm that was the result of maltreatment.

A finding of no indication that the allegation has occurred means:

- You revealed no credible evidence to support the allegation of maltreatment.

**Should Ongoing Services Be Offered?**

The final decision you make is if a family needs ongoing services. The decision to offer services is based upon:

- findings,
- level of risk of future maltreatment,
- presence of high risk factors, and
- an assessment involving the families’ capabilities, strengths, resources and needs.

Children and families can be referred to community services based on their individual needs, regardless of findings or risk level. If they require ongoing services and intervention through your local Community Based Care (CBC), the case must be staffed.
Pre-Commencement Activities

Pre-commencement activities include:

- analyzing the intake
- reviewing prior investigations to determine patterns and/or familial changes
- analyzing records checks
- notifying required parties such as law enforcement, the State Attorney’s Office, and CPT
- contacting the reporter
- planning the investigation and interviews

All information obtained while completing the pre-commencement activities and any other investigative activity must be documented in FSFN (including the PDS, if applicable).

All investigative information must be used in the decision-making process regarding the child’s safety and family needs.

Pre-commencement activities are detailed in the following section. To complete these activities you must utilize time management. Prepare for the investigation by conducting as many pre-commencement activities as possible.

Analyze the Intake - QPS #1.3

You must analyze the intake and take note of the subjects involved, the addresses, if there are any unknown subjects, the roles and relationships of the various subjects and any issues that pose a risk to you in your capacity of CPI.

- All prior contacts with the family must be reviewed and analyzed in order to verify patterns, additional subjects, different addresses, services provided, level of cooperation, and possible safety issues.
- If there is an active services case involving the family, you must notify the Case Manager within one working day of the receipt of the new intake.
- You must also document meaningful communication with the Case Manager to assure mutual understanding of history and current events.

Background Checks - QPS #1

A thorough background check provides information on individual or family issues and identifies behavior patterns that could create risk to the child or affect family functions.

The following background checks are required for parents, legal custodians or caregivers and any other persons in the same household:

- FSFN, the Florida Abuse Hotline
- Department of Juvenile Justice (DJJ)
- provider checks
- local, state, and federal record checks, inclusive of the Department of Corrections

Background checks on all subjects and household members age 12 and older must be assessed by you and your supervisor for the impact that the history may have on immediate and long term child safety.

If the family has recently relocated from another state, you must assure contact with the
appropriate law enforcement and child welfare agency in the state where the family resided and request information on all subjects and household members of the intake.

Notifications

Chapter 39 outlines the specific roles and responsibilities for PIs and law enforcement as well as specific cases requiring joint investigation. \textbf{39.301(2)(a)-(d)}. The state attorney and law enforcement must be notified if:

- The immediate safety or well-being of a child is endangered.
- The family is likely to flee.
- A child died as a result of maltreatment.
- A child is a victim of aggravated child abuse.
- A child is a victim of sexual battery or sexual abuse.
- The intake alleges institutional maltreatment.
  - Intakes involving an employee or agent of the department or any other entity or person acting in an official capacity, who allegedly has committed an act of child maltreatment qualifies as an Institutional Intake.

Other Notifications include:

- The Contract Manager - every institutional intake received
- The licensing unit - intakes involving maltreatment in a licensed home/agency if licensing violations are identified
- Agency and active service providers - intakes involving families receiving services

\textbf{These notifications apply if this information is discovered during any stage of the investigation.}

Contacting the Reporter - QPS #1.2

The reporter must be contacted:

- to clarify information and obtain additional pertinent or missing information about the family members and situation;
- at the time of case closure to assure the reporter that the case has received attention.

The reporter must be advised of:

- CPI contact information within 24 hours of intake receipt;
- their right to provide a written summary to CPI for inclusion in the master file.

The reporter can be contacted only if he/she does not indicate a wish to be anonymous. DO NOT call the caller-identification number on the intake unless it is the same as the number provided by the reporter or your supervisor has given approval. See \textbf{65C-29.002(2)(c)} for additional information.

Additionally, be aware of confidentiality laws. DO NOT disclose confidential information to the reporter or any other parties.
Planning the Commencement/Interview Process

Based on the information gathered prior to commencement, each commencement must be planned and must consider:

- where the interviews will take place:
  - initial contact must be made with the child’s safety as primary concern;
  - therefore, in certain situations the initial contact may occur in a location other than the child’s home (e.g. hospital, daycare, school).
- when the interviews will be conducted,
- how many interviews will likely be needed,
- how long each interview will likely last, and
- if other agencies must be notified to participate in the interviews.
- personal safety:
  - analyze background reports - don’t just review
  - note history of non-compliance and violent behavior, previous arrest, firearm issues, etc.
- safety assessment questions and risk factors
**Commencing the Investigation**

The initial response requires you to respond in an orderly, timely, and structured manner to gather sufficient information to decide if maltreatment took place and to assess the safety of the child.

The timeliness of contact with the victims and subjects of the intake is driven by the response level assigned by the Abuse Hotline and must ensure child safety.

Commencement is defined in Administrative Rule as

- the date and time you attempt or achieve a face-to-face contact with the child victim by visiting the site where the victim is reportedly located.

Commencement must be recorded in FSFN within 24 hours of intake receipt by the Hotline.

**Commencement Requirements - QPS #2, 3**

You must comply with the response priority designated by the Hotline to either respond immediately or no later than 24 hours from the time the intake was accepted at the hotline. The response time can only be changed by your supervisor.

**Unannounced, On-site, Face-to-Face Visit**

Commencement must consist of an unannounced, onsite visit. Florida statute mandates that all investigations include an onsite assessment of the child’s residence and face-to-face interviews with:

- the child
- other siblings/children
- parents
- other adults in the household

If the subjects of the intake cannot be located at the time of the initial visit, you must document daily attempts to locate the family.

These attempts must be at different times during the day. Leaving a letter or card in the door must not be considered an option until approved by your supervisor.

**If the Family has Relocated**

**Documentation and Supervisor Approval**

In some cases, families may have temporarily moved out of the area or otherwise become unavailable. These types of situations must be clearly documented and all action pertaining to stopping contact attempts and case closure must be approved by your supervisor.

It may be necessary to contact another region/circuit within the state to request commencement or other contact assistance.

This is accomplished by requesting an Out-of-Town Inquiry (OTI) and must be documented in FSFN and the case file.

In the event that the family has relocated out of state, supervisory review must occur to decide what type of action is necessary.


**Introducing Yourself**

You must begin with an introduction to the parents explaining the purposes of the investigation, parental rights, and general information about outcomes and related services that would assist the family to better understand what they may expect.

- Provide your name, your supervisor’s name, and a means of contacting each.
- Parents and legal custodians must also be informed of their right to be involved in the assessment, planning, delivery and coordination of services when it is safe and in the best interest of the child to do so.

One of your goals is to build strengths-based, trusting working relationships with children and families, so your engagement must also include establishing rapport.

**Parental Rights Brochure**

The brochure, “Child Protection: Your Rights and Responsibilities,” must be reviewed with the family at the initial face-to-face contact.

The case file must contain documentation of your review of this brochure with the parents, and they must be provided a copy.

**Interview and Observe the Child and Family Members - QPS #4, 5, 6**

You must interview and observe each child involved, all other children who reside in the household, parents, adult household members, and other persons responsible for the child.

Document a description of the interaction between the child and family members, especially between the alleged perpetrator and the child. Document observations regarding the family’s situation/behavior/environment which are relevant to the alleged maltreatment.

You must strive to be understanding of differing cultures and ensure that any decisions made are respectful of, and compatible with, the family’s cultural strengths and needs. You must view a family’s strengths and needs within a cultural context and integrate culturally relevant information in helping the family develop a meaningful plan of action.

Employ a structured, culturally sensitive interview protocol and avoid making judgments which may affect your ability to gather information.

- Reduce parental denial and resistance by showing respect and empathy.
- Develop an understanding of the family’s past experiences, current situation, concerns, and strengths.
- Build trust and cooperation by being consistent, reliable and honest.
- Ask open-ended questions which allow the family member to tell their story about the circumstances and issues related to the maltreatment allegations.

All family members must be interviewed individually to establish a climate of trust and to increase the accuracy of the information gathered.

Individual interviews enable you to use information learned from one interview to assist with gathering information in the next interview.
Interviewing the Identified Child - QPS #4; 6

The purpose of the initial interview with the identified child is to gather information about the maltreatment and to assess the child's immediate safety and any risk of future maltreatment.

Because you go beyond finding out what happened with respect to any maltreatment, the focus must include gathering information about the child, the parents, and the family.

If you are refused access to the child, you must immediately contact your supervisor for guidance. Refusal by the parent/caretaker as well as supervisory directives must be documented in FSFN and the case file.

The children must be observed in every intake, and you must address issues arising from a child’s age and developmental stage, ethnicity, and gender.

A description of the physical, developmental and behavioral observations of the child must be documented in the FSFN case file.

Interviewing Other Children in the Household - QPS #4; 6

You must document that face-to-face interviews were completed and that all allegations were addressed. You must include a determination if the “other” children were maltreated. The purposes of the interviews with other children in the household are to

- decide if they have experienced maltreatment,
- assess their level of vulnerability,
- gather corroborating information about the nature and extent of any maltreatment of the identified child, and
- gather further information about the family that may assist in the assessment of risk of maltreatment for all children in the household.

Interviewing the Parent/Caretaker/Alleged Perpetrator - QPS #5

You are required to conduct and document a face-to-face interview with all adult subjects of the intake and to address all alleged maltreatments. Documentation of their roles must be clear and must contain information regarding their attitudes toward the children.

The primary purpose of this interview is to:

- engage family members as partners in the change process by allowing them to define problems and identify solutions through the strengths in their own situations
- find out what they know about the alleged maltreatment
- gather information related to the risk of maltreatment, i.e. child’s vulnerability
- decide the capacity to protect the child(ren)
- evaluate the alleged perpetrator’s reaction to allegations of maltreatment
- gather further information about the alleged perpetrator and the family in relation to the risk and safety of the child(ren)

Observing Family Members and the Environment - QPS #6
Part of the process of gathering adequate information includes your responsibility to observe the identified child, other children in the household, parents, family, and the environment. Interactions between the child and subjects of the intake must be observed and considered relevant to the alleged maltreatment.

**Observations of the Child and Family**

Specific areas for observation of the child and family are:

- physical condition of the child(ren), including any observable effects of maltreatment;
- emotional status of the child(ren), including mannerisms, signs of fear, and developmental status;
- developmental progress;
- reactions of the parents to the allegations;
- emotional and behavioral status of the parents during the interviewing process, levels of denial and resistance, and use of defense mechanisms;
- interactions between family members, including verbal and facial expressions and body language.

Documentation must address each child’s present state of overall well-being and

- the physical and emotional state of the children
- relevant parent/child interactions

**Environmental Observations**

Environmental observations include:

- physical status of the home including cleanliness, structure, hazards or dangerous living conditions, signs of excessive alcohol use, and/or use of illicit drugs, and
- neighborhood environment, including level of violence and/or support and accessibility of transportation, phones, or other methods of communication.

**Indian Child Welfare Act (ICWA) - QPS #25, 30**

You must document an inquiry at the onset of every investigation if the child is of American Indian or Alaskan Native descent.

- No assumptions are to be made based on the child’s or family’s physical appearances.
- The case file must have documentation of your discussion with the parents to decide if they are of American Indian/Native Alaskan descent.
- The documentation may be in the form of an investigative note or signed document testifying to the fact that the question was asked.

If American Indian or Alaskan Native descent is claimed and removal or court ordered supervision services are pursued, you must

- Complete the ICWA Eligibility Form and document the family’s response to the inquiry and
the information needed to assist the tribe in determining the child’s and family’s eligibility.

- The completed ICWA Eligibility Form must be in the file and signed by at least one parent.
- Complete the ICWA Checklist activities.
- Notify the court if the child is a member or eligibility is being pursued.

**Closure with Family after Initial Interviews and Observations**

After completing interviews and observations, you must reconvene the parents or family to:

- share a summary of the interview and the next steps that will occur.
- seek individual responses concerning perceptions and feelings.
- indicate interest in the family and provide information about the next steps, including if ongoing services will be offered and if court intervention will occur.
- demonstrate appreciation for their continued participation in the process as team members.
- if appropriate, request signature on consents for release of information forms, providing explanation regarding what and how this information is to be used consistently with HIPPA.

You must also practice time management by having available appropriate and applicable forms and a resource list.

**Federal Funding**

**Temporary Assistance for Needy Families (TANF)**

The use of temporary assistance for needy families, TANF, must be explored for each family contacted. It is necessary for you to establish the child or family’s eligibility for the funds.

Evidence of approval/denial of these funds must be documented in each case file by you or another designated worker.

**Purpose**

The purpose of these TANF funds is to help maintain children in the home with the parent(s) or in the home of an unlicensed relative.

The funds are meant to remedy some of the underlying conditions that led to the maltreatment of the children and to strengthen families so that children can be cared for in their own home or in the home of a relative.

**Eligibility**

Children who are at imminent risk and can be safely served in their own homes or with an unlicensed relative are potentially eligible for these funds.

The families of these children are also eligible for the funds, including a non-custodial parent who must complete tasks or activities according to a case plan or court order before reunification may occur.

In all cases there must be a clear connection between the outcome of the service or product delivered and the need to strengthen the family to maintain the children in their own home or in
the home of a relative.
Therefore, the proposed intervention must be goal-oriented and time-limited.

**HIPPA**
The Health Insurance Portability and Accountability Act (HIPPA) requires DCF to assure the privacy and confidentiality of protected health information of all children and families served. All children and families must be provided with the Management and Protection of Personal Health Information Policy at the time of initial contact. In addition, you must obtain a receipt from the family verifying that they received the document. CFOP 60-17
Gathering Information from Other Sources

Collateral Contacts - QPS #9, 10, 11, 15, 23

You may discover, or the family may disclose, other persons who may have information about the alleged maltreatment and/or about the family in general.

These persons may have information that will help you understand the nature and extent of the alleged maltreatment so you can:

• assess the overall safety of the child(ren), and
• the need for services

Collateral contacts include professionals and other individuals who have existing information about the family and can assist you in making assessments about the child and family.

Examples of such contacts may include:

• relatives, neighbors, or friends
• teachers and school personnel
• service providers, community members
• law enforcement, the reporter and other agency personnel

LE and the reporter must be considered a relevant collateral contact only if they have additional information regarding the family different from the current situation (i.e. law enforcement has responded to the home previously/dealt with family).

To protect the family’s right to confidentiality, interviews or contacts with others must not be initiated without cause. Contacts must be pursued within the constraints of confidentiality laws.

In the event a family is offered services, but refuses those services, you must contact a relative (if you have knowledge of and the ability to contact) for discussion.

Previous Investigators, Service Providers, Case Managers, Other Professionals

Other collateral contacts must include previous PIs, current or past service providers, CMs, and other professionals who have been or are involved with the family.

If there was an active case when the intake was received, you must have evidence of notification and meaningful communication with the Case Manager.

Timely communication and collaboration with the CM must occur and must assure mutual understanding of history and current events.

You must document the date and time information was received from the professionals to whom referrals were made, detailing the specific information provided. The information gathered from these contacts must not be confused with the necessary notifications addressed in the pre-commencement section.

Documentation

Information from collateral contacts must be documented in the case notes and PDS, if applicable, and must be used in the decision-making process regarding the child’s safety and family needs.

The documentation must reflect that you asked questions to corroborate or refute the allegations, provide additional family information, and identify service needs.

You must document how the information obtained from collateral contacts was used to assess
Gathering Information from Other Sources

If comparable collateral contacts provided conflicting information, you must document the reason for considering one contact more credible than the other.

**Referral to Child Protection Team (CPT) - QPS #13, 14, 15, 16**

If required or indicated by the allegations or circumstances of the intake, the victim(s) must be referred to the child protection team in a timely manner (39.303(2)(a)-(h)).

Evidence of a referral for services to CPT must be included in the file.

Cases that must be referred to the child protection team or other medical resource include but are not limited to:

- injuries to the head, bruises to the neck or head, burns, or fracture in a child of any age
- bruises anywhere on a child 5 years of age or under
- any report alleging sexual abuse of a child
- any sexually transmitted disease in a prepubescent child
- reported malnutrition of a child or failure to thrive
- reported medical neglect of a child
- any family in which one or more children have been pronounced dead on arrival at a hospital or other facility or have been injured and later died as a result of suspected maltreatment in the home
- symptoms of serious emotional problems in a child when emotional or other maltreatment is suspected

The child protection team or other medical resource can also provide a psychological, psychiatric evaluation or developmental assessment on a child or parent, if necessary.

A summary of the information obtained from and the services provided by CPT or other medical resource must be documented and included in FSFN and the case file.

**CPT Report and Recommendations**

Additionally, a copy of the child protection team report must be attached to the shelter petition and the Pre-disposition study when applicable.

This information must be used in the decision-making process regarding the findings of maltreatments, the child’s safety, and family needs.

If you have questions regarding CPT recommendations, you must request a staffing to discuss the facts of the case, the goals for the caregiver/family, and responsibility for specific tasks.

Any photographs or reports on examination made or X-rays taken must be preserved in the child’s permanent mast records.

If an intake meets the criteria for mandatory referral to CPT and you do not make the referral, an exception form signed by your supervisor must be in the file documenting the reason the referral was not made.

In addition, the exception must also be documented in the FSFN system. The reasons for exceptions can be found in 39.303(4).

**Notification of Relatives**

After commencement of the investigation, a relative may submit a written request to you to...
receive notification of all proceedings and hearings. 
Request must include relative’s name, address, phone number, and relationship to the child. 
You must forward the request for notification to CLS, who is responsible to assure notification of relatives. 
In addition, the exception must also be documented in the FSFN system.
Analyze Information for Decision-Making
Thoroughness of the Investigation - QPS #24

Critical decisions need to be made based on the information obtained during the investigation. The thoroughness of your investigation assists you to analyze information for decisions:

- Implications to safety of the child
- Determination of services
- Appropriate findings and disposition
- Development of a safety plan, if appropriate

Having a structure to help guide the analysis of the information is important. The following will assist you in making decisions:

- Use of structured tools such as the Safety Assessment and the Child Maltreatment Matrix
- Thorough case note documentation

QPS #7, 11, 24

A thorough analysis considers many factors:

- Prior history or involvement
- The home visit and observation of the physical environment
- Determination of composition of the household
- Observation of each child’s physical appearance and behavior relevant to each maltreatment listed
- Observation of and interaction among all household members
- Discussion with parent(s), caretaker, and other subjects about each maltreatment
- Discussion with each age appropriate child about the listed maltreatment
- Discussion with parent(s) or caretaker and other subjects regarding possible outcomes
- Discussion with parent(s) or caretaker and other subjects for services needed to assist the family
  - Includes discussions re: family’s strengths and needs, current resources, and any community or family supports currently in place or available
- Information received from collateral contacts
- Evidence collected, (i.e. – medical records, CPT reports and recommendations, law enforcement, etc.)
- Critical risk factors present within the family and/or household

Is the Child Safe? QPS #7, 8

Based on the information gathered during the initial assessment, you must assess if the child is safe in the current situation.

To decide the current safety of the child you must look at the indicators of maltreatment as well
as the safety assessment.

Is the child at risk of maltreatment, and what is the level of risk?

**FSFN Safety Assessment Tool**

The Safety Assessment Tool will assist you to assess the child(ren)’s safety. Its structure will guide and assist you to analyze information gathered during the investigation; however, it does not replace your professional judgment.

The steps you take to ensure safety must appropriately address the safety factors on the SA Tool: present danger, child vulnerability, and protective capacity. And, you must decide the implications that these factors have on immediate and ongoing risks to the child.

The Safety Assessment must be submitted to your supervisor within 48 hours after initial contact.

**Safety Plans**

Florida Administrative Code (F.A.C.) requires you to develop a Safety Plan to ensure the safety of a child when threats of serious harm are identified. Safety plans, completed with family members and the family team, must include appropriate, specific steps that will be taken to prevent further maltreatment and must address both immediate and long-term protection planning.

A safety plan includes interventions aimed at reducing the serious threat of harm or signs of present danger, decreasing the child’s vulnerability and/or strengthening the family’s protective capacities.

If interventions/services will not ensure the child’s safety in the home, then the removal of the child is part of the Safety Plan. The FSFN system generates a printable Safety Plan template after you answer a set of specific questions.

**Supervisory Guidance and Second Party Review - QPS #8, 26, 27**

You must complete all required investigative activities, and they must be reviewed by your supervisor in a timely manner.

Your supervisor must provide guidance and direction throughout the investigation.

Your supervisor must review all Safety Assessments within 72 hours of the time the tool is submitted for review and provide feedback to you within 24 hours, noting any follow up actions that you must complete. Supervisory guidance and your subsequent actions must be documented in the case file.

A second party review is an administrative review of the assessment tool and investigative file, performed by a higher level staff person than your immediate supervisor, necessitated by high risk and safety factors as indicated in the assessment tool.

The purpose of the second party review is to examine the decisions of the supervisor and either validate the supervisor’s recommended course of action or determine the need for alternative or additional action by either the supervisor or CPI.

All intakes meeting the second party review criteria must be referred and documentation of the review and follow up actions must be in the case file.

**What Response Will Meet the Child’s Needs? QPS #19, 20, 21, 22**
If the child(ren)’s safety cannot be assured within the current situation, what responses are needed?

You must identify the immediate service needs of the children and family and offer the services on a voluntary basis unless high risk factors are present that may impact the ability of the parents or legal custodians to exercise judgment.

Immediate service needs require you to complete the service referrals prior to the Case Transfer Staffing and ensure the engagement of those services.

These may include:
- emergency services: food, housing, clothing
- at risk childcare
- hospitalization
- protection through a domestic violence shelter
- If services do not eliminate the risk to the child, the following may be necessary:
  - removal of the alleged perpetrator, or
  - removal of the child

If it is decided that removal of the child is necessary, you must initiate court action and involve Children’s Legal Services (CLS).

**What Services Will Meet the Family’s Needs? QPS #20, 21, 22**

Deciding and responding to emergency needs of the family are based on the specific nature of the information gathered during the investigation.

Families must be viewed as partners in the change process, helping to define problems and identify solutions through their individual strengths and needs. Services must be individualized to address the family’s unique strengths and needs and must be delivered via an individualized plan, constructed with the family and their team.

You must identify and make arrangements for the immediate service and ongoing supervision needs of the children and family. For example, if the child needs medical attention, this must be arranged immediately.

If the family is without food or housing, there are community resources to address these specific needs.

Identified services must be delivered with sufficient intensity to address presenting and underlying needs and must be well-coordinated. In addition, any intervention into the life of children and families must offer as much service as necessary to achieve the goals, and no more.

This is the stage where the case planning process, if necessary, will begin.

**Can the Maltreatments Be Verified? QPS #18**

Are child maltreatment findings identified or not as described in the Child Maltreatment Matrix?

Upon completion of the investigation, you must reach a decision regarding all maltreatments that were alleged and that you may have added based on your investigation.

This decision must be based on information gathered from other persons during the investigation.
in addition to direct observations.

All maltreatments, including those alleged by the reporter and all others identified during the investigation must be addressed.

The findings (verified, not substantiated, or no indication) for each maltreatment must be supported or refuted by the evidence documented in the FSFN case file.

If the findings are verified, the correct incident date (the most recent date the specific maltreatment occurred or may have occurred) must be entered into the FSFN case file.

**Should Ongoing Services Be Offered? QPS #20, 21, 22**

Deciding which families will be referred to services is based upon

- risk to the child,
- needs of the child and family, and
- findings of the intake.

Services must be provided in a timely manner based on identified needs. All relevant parties must be involved in the decisions regarding services.

Discussion regarding needed services must include the child and parent or caregiver, as well as others who are familiar with the family such as relatives, agency staff, caregivers, service providers, and the guardian ad litem (GAL).

Documentation must include discussions regarding:

- confirmation that services were engaged
- progress of the family
- recommendations of the service provider

Families may be referred to services regardless of risk and findings. A family with low risk for future maltreatment may still require and benefit from services.

**In-Home Services**

You have the ability to refer families for In-Home Services. In-Home Services are appropriate for those cases in which ongoing services by the local CBC are necessary to ensure child safety.

If child safety is not an issue, the family must be referred to services through local community providers that can address the familial needs.

**What are In-Home Service Cases?**

Non-Judicial In-Home Service cases are those in which court involvement is not needed to ensure child safety or effective service provision, whether or not there is legal sufficiency to file a petition for court ordered services.

Non-Judicial In-Home Services are offered only to children who are remaining in the home because when a child is removed, the court must adjudicate the child dependent if ongoing services are to be provided.

Prior to offering Non-Judicial In-Home services to a family, you must first decide, in consultation with your supervisor, if the child is at high risk. This is done through the completion of the Safety Assessment.

**High Risk Factors**
Factors that must be considered in deciding if the child is at high risk are:

- the parents or legal custodians are of a young age
- use illegal drugs by parents and/or legal custodians
- presence of domestic violence in the home
- parents or legal custodians have been arrested on charges of manufacturing, processing, disposing of, or storing, any substances in violation of chapter 893
- 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 or severe abuse/neglect or of multiple maltreatments
- prior intakes and the maltreatment findings
- a history of non-compliance or non-cooperation during this or previous interventions

If the child is considered to be at high risk, Judicial In-Home Services must be pursued.
Removal and Placement

Staffing with Children’s Legal Services (CLS) - QPS #12

If the child is taken into custody, you must review the facts supporting the removal with the CLS attorney.

The purpose of this review is to decide if probable cause exists for the filing of a shelter petition.

If the facts are not sufficient to support the filing of a shelter petition, the child must be immediately returned to the custody of the parent or legal custodian.

If the facts are sufficient to support the filing of the shelter petition, the attorney will prepare the shelter petition and UCCJEA based on the information you provide.

You must provide the attorney with all pertinent information and cooperate in obtaining any additional information that may be necessary to establish probable cause and dependency.

In-Home Service Cases

There may be intakes in which the child does not meet the criteria for removal; however, there are risk factors present within the family requiring intervention to assure the present and ongoing safety of the child.

While some of these cases may be appropriate for Non-Judicial In-Home Services, others may require Judicial In-Home Service intervention.

Cases that are high risk and are not appropriate for Non-Judicial In-Home Services require you to staff the case with the CLS attorney to discuss the filing of a petition for dependency.

In these cases, you must attempt to place services in the home to control the risk level to the child while pursuing judicial oversight.

Case Transfer Staffing - QPS #19, 20, 21, 22

Case Transfer involves contacting a Case Manager to provide necessary services to the family.

The Case Transfer Staffing is combined with the Case Transfer Staffing in FSFN.

The service staffing involves reviewing the case to assess appropriateness for services and if appropriate, transferring the case.

No case is to be transferred to a services unit until approved at a staffing.

You must be prepared and know the case and family dynamics, as you are responsible for providing all relevant information and facts.

In most circuits/regions you are expected to provide the staffing members with a complete copy of the case file as well as a completed service planning conference checklist at the time of the Case Transfer Staffing.

Once staffed and accepted for service provision, you will need to explain your role and the role of the Case Manager to the family and continue regular contact with the family and Case Manager to ensure services are in place prior to closure.

Emergency Removal and Placement - QPS #29, 30

The decision to remove and place a child involves a thoughtful process of weighing the risk to the child with the impact of placement.
Alternative interventions, including requesting the removal of the person alleged responsible for the abuse (39.504 injunction), must be considered prior to a child’s removal from the home.

The placement decision process involves discussions with all necessary parties including the child and family and addresses services for the child while in an emergency placement.

Family-centered approaches facilitate planned, appropriate placement when necessary, based on sound information about the child’s needs.

If it is decided that the child must be removed at any point in the investigative process, you must adhere to the following procedure for emergency removal and placement:

Evidence supporting the reason for removal is documented in the Safety Assessment, case notes, investigative summary (IS), shelter petition, and PDS.

Efforts to provide appropriate services to the family to prevent removal have been attempted, or Child is in imminent danger of harm and In-Home interventions cannot reasonably ensure the child(ren)’s safety.

ICWA, Indian Child Welfare Act - QPS #25, 30
You must complete the activities outlined on the ICWA Checklist when removing a child of American Indian or Native Alaskan heritage.

The checklist must be included in the case file and there must be evidence of court notification of the child’s tribal eligibility.

Avoiding Removal - QPS #29, 31
You must make reasonable efforts to avoid placement. Reasonable efforts include but are not limited to:

- careful selection and prompt provision of preventive services
- Homemaker Services
- Family Preservation Services
- removal of the alleged person responsible for the maltreatment (39.504 injunction)
- or consistent attempts to assist, develop, and encourage a meaningful and safe relationship between the parents and child

Involve the child, family, supervisor, and others important to the intake in the decision to remove the child.

The shelter order must provide a written decision if you have made reasonable efforts to prevent or eliminate the need for removal or continued removal of the child from the home.

This decision must include a description of which specific services, if available, could prevent or eliminate the need for removal or continued removal from the home and the date which the services are expected to become available.

If services are not available to prevent or eliminate the need for removal, the written decision must also contain an explanation describing why the services are not available for the child.

Documenting Removal
You must clearly document the reasons for removal of the child.

Emergency removal must only be considered when the risk in the home is so serious that
removal is necessary to protect the child(ren) and alternative interventions cannot reasonably assure the child’s safety.

**Exploring Placement Options - QPS #31, 32, 33**

You must explore certain placement options prior to placement in a shelter home or other licensed facility.

Prior to placement in a shelter, FSFN case notes must reflect your efforts to identify, contact, and interview:

- non-custodial parents
- adult relatives (maternal and paternal)
- non-relatives
- adoptive parents of a child’s sibling (39.401(2))

**Diligent Search - 65C-30.003**

Diligent searches must be initiated for these individuals in the event that they are not located. This includes contact with potential caretakers who reside in other regions in the state as well as out of state.

You must request Out-of-Town Inquiries (OTI) when locating potential caretakers in other regions in the state.

**Interstate Compact for the Placement of Children (ICPC)**

Upon locating potential caretakers in other states, you are responsible for initiating the legal process of Interstate Compact for the Placement of Children (ICPC).

In addition, at both the shelter and adjudicatory hearings, the court will inquire of the parents as to relatives who might be considered as a placement for the child.

The court must advise the parent of their continuing duty to inform the agency of any relative who may be considered for placement of the child.

**Sibling Placement - QPS #33**

If you are removing a sibling group, you must place the siblings together with a relative or non-relative caregiver when it is in their best interest. If the children cannot be placed together, you must develop a plan for frequent visitation.

When children cannot live with their families, they must be able to maintain family connections, in particular, sibling relationships.

**Assessing the Proposed Placement - QPS #32**

**Background Checks**

Chapter 39, F.S. requires the completion of a criminal history records check for all persons being considered for placement of a child subject to a placement decision.

This includes all non-relative placement decisions, all members of the household of the person being considered, and frequent visitors to the household.

A criminal history records check must include, but is not limited to:
• submission of fingerprints to the Florida Department of Law Enforcement for processing and forwarding to the Federal Bureau of Investigation for state and national criminal history information, and
• local criminal records checks through local law enforcement agencies
Background checks must also include a search of FSFN and record checks (i.e. subject abuse history, Florida criminal history information and delinquency records check).

**Placement Restrictions**
The statute restricts you from placing a child with a person other than a parent if the criminal history record checks reveal that the person has been convicted of any felony that falls within any of the following categories:

- Child abuse, abandonment, or neglect
- Domestic violence
- Child pornography or other felony in which a child was a victim of the offense
- Homicide, sexual battery, or other felony involving violence, other than felony assault or felony battery when an adult was the victim of the assault or battery

Further restrictions prevent the placement of a child with a person other than a parent if the criminal history record check reveals that the person has, within the previous 5 years, been convicted of a felony that falls within any of the following categories:

- Assault
- Battery or
- A drug-related offense

**Home Visit**
Before placing a child in a setting other than a licensed shelter home or other facility, you must make a home visit, which includes interviewing and assessing the prospective caregiver, household members, and frequent visitors to ensure the home is safe and secure and also:

- an assessment of the physical environment
- an evaluation of the prospective caregiver’s capacity to protect the child
- assess for suitable child care arrangements

In addition, the assessment process includes, but is not limited to an assessment of the prospective caregiver’s:

- relationship with the child(ren) and parent(s);
- attitude toward reunification;
- capacity for parenting; and
- timeframe for care.

The information gained during this home visit must be fully assessed prior to making the placement decision. Information must be documented on the Unified Home Study format and submitted to the court.

**Relative Caregiver Program**
Upon discussing the possible placement of a child with a relative, you are responsible for discussing the possibility of the relative receiving financial assistance via the Relative Caregiver Program.

In addition, you are responsible for providing the necessary documents to ESS in the event that the relative qualifies and desires to participate in the Relative Caregiver Program.

**Addressing the Child’s Well-Being**

If a child is taken into custody, address the following to ensure the child’s well-being:

**Child Health Check-Up - QPS #34**

Each file must include a copy of the Child Health Check-Up chart, or a medical discharge summary if the child is either a newborn or is being discharged from an inpatient unit.

Every child removed and placed in out-of-home care must receive a Child Health Check-Up within 72 hours of removal.

**Child Resource Record (CRR)**

You need to be aware of the local protocol regarding your responsibility in developing the Child Resource Record.

The CRR includes the medical, dental, psychological, psychiatric, and behavioral history of the child as well as court documents, educational records, and a recent picture of the child. The initial CRR must be provided to the caregiver within 72 hours of placement.

**Medical Consent and Emergency Intake Form - QPS #35, 36**

You are required to complete an Emergency Intake Form for each child taken into custody. The purpose is to identify any current medical information/needs of the child known by the parent, guardian, or legal custodian.

You must also obtain the parent’s signature on the medical consent form (Consent for Treatment and Release of Medical Information) which authorizes medical and dental examination/treatment for the child.

In addition, the assessment process includes, but is not limited to an assessment of the prospective caregiver’s:

- relationship with the child(ren) and parent(s);
- attitude toward reunification;
- capacity for parenting; and
- timeframe for care.

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You must also obtain the parent’s signature on the medical consent form (Consent for Treatment and Release of Medical Information) which authorizes medical and dental examination/treatment for the child.

Psychotropic Medication

You are responsible for determining if the child is on psychotropic medication at the time of the removal. If the child has a current prescription and the medicine is in the home in the original container, you must make sure that this medicine is taken with the child.

You must also initiate the process to obtain written express and informed consent by the parents, or absent of that, a court order.

Meeting Shelter Requirements - QPS #37

You must meet and document shelter requirements and be aware of the local protocol regarding your responsibility in completing the shelter packet.

If placement is made in a licensed emergency shelter, the child must have:

- a health screening
- weekly contacts

Minding Legal Matters - QPS #12

CLS Staffing

You must discuss with Children’s Legal Services the facts supporting the removal decision as a shelter hearing must be held within 24 hours of removal.
Shelter status applies to placements that require court action such as an emergency shelter home/facility or non-voluntary placements with relatives or non-relatives.

**Shelter Hearing**

At the shelter hearing, you must provide the court with the following:

- copies of available law enforcement, medical, or other professional reports
- copies of abuse hotline intakes without reporter information
- verbal information regarding previous case plans, adjudication of the parents or caregivers of delinquency
- past or current injunction for protection from domestic violence
- all of the child’s places of residence during the prior 12 months
- a visitation plan, recommending scheduled contacts between the child and parents, if appropriate

**Notification**

In addition you must provide timely notification to the parent or legal custodian of the date, time, and location of the shelter hearing. All efforts to locate and notify must be documented in your notes.

**Dependency Petition**

Upon the child being successfully sheltered, you and the CLS attorney must meet to discuss the information necessary to complete the dependency petition.

A dependency petition must be filed within 21 days after the shelter hearing or within 7 days after any party files a demand for the early filing of a dependency petition, whichever comes first.

**Making Efforts to Reunify the Family**

Continuous reunification efforts must be made while the child is in emergency placement unless ordered otherwise by the court or documentation supports that return is not in the child’s best interest.

Efforts to reunify may include:

- facilitation of parent/child visits,
- substitute care funds,
- and provision of In-Home or Out-of-Home services.

If the child is returned to the parents at the shelter hearing or at any time during the investigation, you may be responsible for completing the reunification staffing.

These staffings involve supervisory staff and above (depending on the age of the child) in assuring that when the child is returned, there are services in place to control the risk to the child.

**Pre-disposition Study (PDS)**

The pre-disposition study presents a comprehensive social assessment of the child and family. The report is factual, non-prejudicial, and based on observations with concrete descriptions.

Essential elements of the study must address issues that resulted in your involvement and
actions taken to reduce the risk to the child and resolve those issues. Goals and tasks are documented along with the supports or services offered to achieve them. New issues or changes in circumstances as well as recommendations to improve family functioning are also included.

**Who is Responsible?**

You must submit the pre-disposition study to Children’s Legal Services (CLS) staff no less than 7 working days before the disposition hearing.

You need to be aware of who has the responsibility for the pre-disposition study in your specific circuit.

- Some circuits may have the PI responsible for completing all or part of the PDS.
- Other circuits may have the case managers completing all or part of the PDS.

The courts may grant an exception to the requirement for a pre-disposition study by separate order or within the judge’s order of disposition upon finding that all the family and child information required is available in other documents filed with the court.

**What must be updated and included in the Case File**

- FSFN Hotline Intake
- Initial/Updated Safety Assessment

*** The following must be documented/updated in the appropriate sections of the Child Safety Assessment and all hard copies of supporting documents placed in the investigative file, if required.

- Photos of the children
- Juvenile Justice records
- Prior histories and information obtained from records checks
- Local, state, and federal law enforcement records
- State Attorney notification, if necessary
- Case notes and other documentation
- Documentation from Medical Screening/CPT Referral, if applicable
- Child Protection Team and other medical Records, if applicable
- School Records
- Injunctions against Domestic Violence, if applicable
- Safety Plan
- All court documents including the Pre-disposition Study, if case is brought to court
- Removal documentation/paperwork, if child is removed from home
- Reunification paperwork, if necessary
• Staffing paperwork including Service Planning Conference Checklist, if staffing is conducted
• Case Plan, if necessary
• All other paperwork related to the case
• Closure Checklist, if required by supervisor
Closing the Investigation QPS #24, 28

Case Closure Process

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 in the FSFN case file, tab by tab, as well as the Safety Assessment and the case notes, to ensure that all of the investigative information and/or evidence documented supports the findings of maltreatment, the child safety decision, and the disposition decision.

This process involves ensuring that all investigative tasks have been completed including the FSFN investigation closure checklist when required by your supervisor.

You must thoroughly assess child safety and long-term risk to make an appropriate investigative closure decision.

- A safety plan, if needed, must be developed and adequate to reduce risk and ensure continued child safety.
- The family must be engaged with the services needed to reduce risk to the child prior to closing the investigation.
- If placement is required, the placement must be safe for the child.

Investigative Summary (IS)

In FSFN, the investigative summary (IS) must be consistent with information documented elsewhere in the case file, especially in the case notes.

All sections of the IS must be completed prior to submitting the case to your supervisor. The following sections of the IS are completed in the disposition section of FSFN:

Summary/Findings Implications

You must document for each child/victim each alleged maltreatment and the findings within 45 days from receipt of the intake.

You must specify the person responsible if the finding is verified and document the evidence that led to the findings decision.

You must then summarize how these maltreatment findings impact the child(ren)’s safety.

Recommended Disposition

To arrive at an appropriate recommended disposition, you must use all of the information documented throughout the investigation to decide the implications to safety, including criminal history and prior reports and service records.

All safety factors must be appropriately addressed in the disposition decision and overall child safety assessment. Child safety and improved family functioning must be paramount in disposition decisions.

The disposition of the case must be consistent with the findings and needs of the family.

The “Recommended Disposition” section of the FSFN Investigative Summary (IS) includes documentation of:

- referrals to providers or community/agency services and compliance with services
• child’s placement information - In-Home or Out-of-Home
• if judicial action was required, what action was taken

Supervisor Review QPS #26, 27
You will update the computer system and request an initial review from your supervisor who has the responsibility of closing the investigation.

The case will be closed with no services offered or closed and transferred to the appropriate program area. The family must be informed of the outcome of the investigation.

Exceptions to 60 day Timeframe for Investigation Closure
According to Florida law, the investigation must be closed within 60 days of the initial intake unless:
• There is also an active, concurrent criminal investigation that is continuing beyond the 60 day period and the closure of the intake may compromise successful criminal prosecution.
• In child death cases, the final report of the medical examiner is necessary to close the investigation.
• A child who is necessary to an investigation has been declared missing.

Case Closure will be covered in more detail during the Investigative Response course and associated FSFN computer instruction, and during your agency field training activities.

Case Transfer - QPS #19, 20, 21, 22, 28

Engagement of Services
You must identify and make arrangements for the immediate and ongoing service needs of the children, family, and caregiver, and you must ensure engagement with the services identified.

If services are identified to reduce the risk to the children, confirmation of engagement is critical prior to case closure and case transfer to the agency/CBC for case management.

Case Transfer Staffing
If transferring the case to Non-Judicial In-Home services, the case file must confirm the family’s agreement with the services upon being contacted by the Case Manager as well as subsequent visits.

If you are referring the family to community services deemed critical to reducing risk, there must be evidence that the family has followed through or the provider has contacted the family.

If you implemented services through an Case Transfer Staffing, you must provide the Case Manager with all subsequent documents not provided at the staffing, prior to transferring and closing the case.

When you are closing the investigation, you or your supervisor must make sure that the receiving Case Manager is notified of the closure, and the completed transfer of responsibilities from you to the Case Manager is clearly communicated.

Closure with the Family
You must make sure that the family understands your role is ending and that the Case Manager
will continue working with them to ensure the child’s safety and to work with them to determine further supports/resources and services.
Appendices
Appendix A: Child and Family Services Review (CFSR)

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<tr>
<th>CHILD AND FAMILY SERVICES REVIEW (CFSR)</th>
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<tr>
<td>SAFETY, PERMANENCY, AND WELL-BEING Outcomes and Performance Items:</td>
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</table>

**Outcome S1: Children are, first and foremost, protected from abuse and neglect.**

- Item 1: Timeliness of initiating investigation of reports of child maltreatment
- Item 2: Repeat maltreatment

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

- Item 3: Services to family to protect child(ren) in home and prevent removal
- Item 4: Risk of harm to child(ren)

**Outcome PI: Children have permanency and stability in their living situations.**

- Item 5: Out-of-home care re-entries
- Item 6: Stability of out-of-home placement
- Item 7: Permanency goal for child
- Item 8: Reunification, guardianship, or permanent placement with relatives
- Item 9: Adoption
- Item 10: Permanency goal of other planned permanent living arrangement

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

- Item 11: Proximity of out-of-home care placement
- Item 12: Placement with siblings
- Item 13: Visiting with parents and siblings in out-of-home care
- Item 14: Preserving connections
- Item 15: Relative placement
- Item 16: Relationship of child in care with parents

**Outcome WB1: Families have enhanced capacity to provide for their children’s needs.**

- Item 17: Needs and services of child, parents, caregivers
<table>
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<tr>
<th>Item 18: Child and family involvement in case planning</th>
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<tbody>
<tr>
<td>Item 19: Worker visits with child</td>
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<tr>
<td>Item 20: Worker visits with parent(s)</td>
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</table>

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

| Item 21: Educational needs of the child |

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

| Item 22: Physical health of the child |
| Item 23: Mental health of the child  |
## Quality of Practice Standards (QPS) for Child Protective Investigations

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32. Background Checks and Home Inspections
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34. Child Health Check-Up
35. Emergency Intake Form
36. Psychotropic Medications - Informed Consent or Court Ordered
37. Weekly Visits
# Section I: Investigative Response

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<tr>
<th>Required Standard</th>
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<th>Requirements</th>
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<tr>
<td><strong>BACKGROUND CHECKS</strong></td>
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</table>
| 1.0 Required Background Checks were completed timely and the information was appropriately used to assess risk to each child. Outcome: (S2) | 39.301(10) (b)(3)  
65C-29.003 (3)(a)  
29.009 | Determine Immediate and Long-Term Risk  
Assess immediate and long-term risk to each child by reviewing abuse history checks, provider history, state and federal records checks, including, when feasible, DOC’s records on the parents, legal custodians or caregivers, and any other persons in the household.  
- Supporting documentation of completed checks must be in case notes and in assessments.  
  - Prior Abuse Intakes  
  - DJJ (ages 12-26)  
  - Local Law Enforcement  
  - FDLE  
  - Department of Corrections-DOC  
  - Child Welfare Out of State. (If the record reflects the family resided in another state)  
  - Prior Case Management Records  
  - 911 Calls or Calls for Service  
  - Other  
- A DJJ check will be accepted for children age 12 to 18 in lieu of a local history check.  
- Document results of all inquiries in FSFN case notes or in case file documentation.  
- Contact the reporter to validate allegations and other information.  
**Timeframes**  
Document clearly the date you requested and obtained the background checks. From the date of deciding the demographics, the following are considered timely:  
- within 24 hrs.- prior abuse intakes;  
- within 72 hrs.- criminal histories.  
**Apply Information to Overall Child Safety Decisions**  
- Information obtained must be applied to overall child safety decisions. Factors include:  
  - multiple intakes, same maltreatment/perpetrator  
  - reports documenting prior or current DV  
  - on-going substance abuse or mental health concerns or a combination  
- Consider the background history of frequent visitors and paramours when assessing risk.  
**Address Implications of Prior History**  
- Address implications of prior history based upon:  
  - total number of intakes and/or foster care referrals received  
  - span of time between intakes; number of sources; patterns  
  - common victims and target children  
- Review the licensing file.  
- Address history of compliance with recommendations or agreed upon safety plans.  
- Additional inquiries and information on arrests or convictions related to serious crimes must be documented in the case file. |
## Section I: Investigative Response

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<tr>
<th>Required Standard</th>
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<tr>
<td><strong>DILIGENT ATTEMPTS</strong></td>
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<tr>
<td>2.0 Diligent attempts were made at least daily when a child victim was not seen immediately or within 24 hours of report receipt from the Florida Abuse Hotline.</td>
<td>39.301(14) 39.301(10)(b) 29.003(3)(b)</td>
<td><strong>Unannounced, Face-to-Face Contacts</strong>&lt;br&gt;Make unannounced, on-site, face-to-face contact with all child victims within 24 hours of the time the intake was taken by the Hotline.&lt;br&gt;- Unless an unannounced visit would threaten the safety of the child&lt;br&gt;- If the first attempt was unsuccessful, make continued diligent attempts to contact the victim.&lt;br&gt;☑ Regular attempts (daily and at varying locations and times during the day) are required until all child victims are seen.</td>
</tr>
<tr>
<td>If the initial attempt to contact the child victim was unsuccessful, regular attempts (daily and at varying locations and times of the day) are required until all child victims are seen.</td>
<td>65C-29.013(2) (a)</td>
<td><strong>Documentation</strong>&lt;br&gt;- All contacts and attempts to contact must be documented in FSFN.&lt;br&gt;- Written evidence of diligent efforts may include: copies of contact letters or case notes documenting inquiries made to locate child victims.</td>
</tr>
<tr>
<td></td>
<td>65C-29.003(3) (d)</td>
<td><strong>Additional Efforts to Locate</strong>&lt;br&gt;Go to the address listed on the intake, as well as other possible locations, at different times of day. Additional efforts may include:&lt;br&gt;- re-contacting the reporter to verify the address or contacting relatives, school personnel or law enforcement</td>
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<td>65C-29.003(3) (c)</td>
<td><strong>Child is Temporarily Out-of-State</strong>&lt;br&gt;If the child has been seen by the child welfare agency in another state:&lt;br&gt;- Enter date and time of contact into FSFN.</td>
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<tr>
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<td><strong>Purpose of Initial Contact</strong>&lt;br&gt;- Assess the child's safety.&lt;br&gt;- Begin an assessment of the family's strengths and needs.</td>
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<td></td>
<td><strong>Observations of the Child</strong>&lt;br&gt;- Document your observations of the child's physical, developmental and behavioral characteristics.</td>
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<td>Outcome: S1</td>
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<td><strong>SEEING CHILDREN TIMELY</strong></td>
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<td>Assess Risk and Ensure Safety of All Children</td>
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| 3.0 All *other* children named in the report and/or residing in the home were seen timely. | 39.301(14) 39.301(10)(b) | - You must see all children in the household, not just victims, in order to assess risk and ensure safety. All *other* children residing in the home must be seen in a timely manner. “Timely” is based upon: 
  - the nature of the allegations
  - ages of the children
  - proximity to the alleged perpetrator
- Timeliness must be based on the risk to the *other children* and how quickly they must be seen in order to ensure safety. |
| | 65C-29.013(2)(a) | Unannounced, Face-to-Face Contacts |
| | 65C-29.003(3)(b) 29.003(3)(c) 29.003(3)(d) | - On-site visits and face-to-face interviews with all children in the home and family must be unannounced unless it is decided that an unannounced visit would threaten the safety of the children. |
| | | - If the first attempt was unsuccessful, make continued diligent attempts to contact the child victim. |
| | | - Document your observations of the child's physical, developmental and behavioral characteristics. |
| **INTERVIEWING CHILDREN** | | Address Each Maltreatment |
| 4.0 An interview was conducted and addressed all maltreatments with the alleged child victim(s) and *other* child(ren) named in the report and/or residing in the home: |
| 4.1 Interviews with child victim(s) | 39.301(10)(b) 39.301(11)(b)(1) 39.302(1); Institutional Investigations | - An assessment must include a face-to-face interview with all 
  - the alleged child victims
  - other children residing in the home |
| 4.2 Interviews with *other* child(ren) | 65C-29.003(3) 29.003(3)(c), (p), and (q) | - Document face-to-face interviews with all children and that you
  - addressed each alleged maltreatment, and
  - decided if the victim children and *other children* were maltreated. |
| | | - Document the nature and extent of present or prior injuries, maltreatment and all evidence. |
## Section I: Investigative Response

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<td><strong>INTERVIEWS WITH CAREGIVERS</strong></td>
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| 5.0 Interviews that addressed all maltreatments were conducted with the mother, father, other caregiver, and alleged caretaker responsible (alleged perpetrator, if other than the mother or father), and other adult household members. | 39.301(10)(b) | Face-to-Face Interviews  
• Assessment of child safety must include face-to-face interviews with parents and other adults in the household.  
• If one of the parents is non-custodial and/or does not reside in the child's house, must contact as a relevant collateral source (standard 1.9).  |
| | 39.301(11)(b) | **Address All Alleged Maltreatments**  
• Conduct and document face-to-face interviews that address all alleged maltreatments with all  
  □ adult subjects of the intake  
  □ adult household members residing in the home  
• Document the roles of all household members.  |
| | 65C-29.003(3)(h) | **Attitudes towards Children**  
• Document the adult household members' attitudes toward the child victim(s) and "other" children in the home.  |
| | | Outcome: S2 |
| | | |
| **OBSERVATIONS AND INTERACTIONS OF THE CHILDREN** | | |
| 6.0 Observations and interactions of the children with family members were completed and documented during the course of the investigation. | 39.301(10)(b) | **Decide if Maltreatment Occurred**  
• Decide if there are any indicators of maltreatment.  
• Decide the nature and extent of present or prior injuries.  |
| | 39.301(11)(b) | **Observe and Document Interactions Between the Child and Family**  
• Observe/document the child's interaction with  
  □ his/her family, especially an alleged perpetrator or caregiver responsible  
  □ all other children in the household/subjects of the intake  
• Consider relevance to the alleged maltreatment.  |
| | 65C-29.003(3)(h) | **Document Specific and Relevant Observations of the Child**  
• Document each child's present state of overall well-being:  
  □ physical appearance  
  □ developmental progress  
  □ behavioral indicators  
  □ interactions with others in the household  
  □ physical and emotional state of the children and relevant parent/child interactions  |
| | | Outcome: S2 |
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| 7.0 The safety assessment process was completed with sufficient thoroughness to identify risks and develop a safety plan, if needed. | 39.301(10)(b)5, 29.003(8): Child Maltreatment Matrix | Initial In-Home Safety Assessment Process  
- Assess and document the immediate and long-term risk to each child.  
- Document information gathered to support immediate safety action(s) taken including:  
  - Prior intake  
  - Criminal history  
- Ensure consistency between overall safety assessment and the information gathered.  
- Take steps to ensure safety appropriately address implications from the safety factors:  
  - present danger  
  - child vulnerability  
  - protective capacity  
- Determine Protective, Treatment, and Ameliorative Services  
  - Decide if services are necessary to ensure child’s safety and well-being and development.  
  - Ensure that services are engaged through early intervention.  
- FSFN Documentation  
  - Assess the safety of each child in the family using the FSFN Safety Assessment.  
- Safety Plans  
  - Safety plans must:  
    - identify the immediate and long-term action that will keep the child safe from harm  
    - include appropriate, specific steps that will be taken to prevent further maltreatment; and  
    - go beyond a written pledge by parents/caretakers not to abuse/neglect the child. |
|                         | 39.301(10)(b)6, 65C-29.003(6) (a) | Outcome: S2 |

| 7.1 The initial safety assessment was completed with sufficient thoroughness to identify risks. | 39.301(10)(b)5, 29.003(8): Child Maltreatment Matrix | Based on the information obtained from sources, the automated assessment tool must:  
- be submitted within 48 hours from the time the first child victim is seen and,  
- A safety plan must be developed, if needed.  
- The purpose of conducting the assessment within 48 hours is to determine if a safety plan is necessary. |
|                         | 39.301(10)(b)6, 65C-29.003(6) (a) | Outcome: S2 |
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<table>
<thead>
<tr>
<th>Required Standard</th>
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</tr>
</thead>
<tbody>
<tr>
<td>SAFETY ASSESSMENT/SAFETY PLAN</td>
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</tbody>
</table>
| 7.2 The updated safety assessment(s) was completed with sufficient thoroughness to identify risks and accurately reflect information obtained during the course of the investigation. | 39.301(10)(b)5 39.301(10)(b)4-6 65C-29.003(6)(e) | Updated In-Home Safety Assessment Process  
- An updated safety assessment is required:  
  - After initial contact with the child or any other subject of the report, when the initial contact occurs after the initial submission of the safety assessment  
  - At any stage of the investigation when a determination is being made if the child needs to be removed from the home  
  - As often as necessary to ensure the child’s safety  
  - As new information is received that may have an impact on child safety  
  - When the circumstances change within the child’s environment  
  - Prior to the development of a recommendation to the court for disposition in cases being considered for judicial action  
  - Prior to closure of the investigation in the statewide automated child welfare information system  
- Take steps to ensure safety appropriately address implications from the safety factors:  
  - present danger  
  - child vulnerability  
  - protective capacity |
| 7.3 The safety plan, when needed, must be sufficient and identify the immediate and long term action required to keep the child safely in the home. | 39.301(10)(b)5 39.301(10)(b)6 65C-29.003(5) 65C-29.003(6)(a) 65C-29.003(7) | Safety Plans  
Safety plans must:  
- describe safety concerns that would pose immediate or serious harm or threats of harm  
- identify the immediate and long-term action that will keep the child safe from harm  
- include appropriate, specific steps that will be taken to prevent further maltreatment; and go beyond a written pledge by parents/caretakers not to abuse/neglect the child  
- Describe specific actions to be taken  
- Be re-assessed, updated, and resubmitted for review and approval immediately upon determining:  
  - a family’s protective capacities are not sufficient to manage immediate or serious harm threats and  
  - that it is necessary to control threats of serious harm or supplement a family’s protective capacities.  
The CPI must consider all factors that pertain to:  
- child vulnerabilities,  
- protective capacities, and  
- signs of immediate or emerging danger. | Outcome: S2 |
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<thead>
<tr>
<th>Required Standard</th>
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</tr>
</thead>
<tbody>
<tr>
<td>SAFETY ASSESSMENT/SAFETY PLAN</td>
<td>39.301(10)(b)5</td>
<td>Safety plans, as documented in the statewide automated child welfare information system, must be re-assessed, updated and resubmitted to the CPI Supervisor for review and approval immediately upon learning during the course of an investigation that: - The immediate safety or well being of a child is endangered - The family is likely to flee - A child died as a result of abuse, abandonment, or neglect - A child is a victim of aggravated child abuse - A child is a victim of sexual battery or of sexual abuse</td>
</tr>
<tr>
<td>7.4 The safety plan was documented in FSN...</td>
<td>39.301(10)(b)8</td>
<td></td>
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<tr>
<td></td>
<td>65C-29.003(5)</td>
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<td>65C-29.003(6)</td>
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<td></td>
<td>(a)</td>
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<td></td>
<td>65C-29.003(7)</td>
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<tr>
<td></td>
<td>Outcome: S2</td>
<td></td>
</tr>
<tr>
<td>SECOND PARTY REVIEW</td>
<td>65C-29.003(6)</td>
<td>Criteria for 2nd Party Reviews</td>
</tr>
<tr>
<td>8.0 The CPI supervisor identified appropriate indicators requiring the completion of a second party review and a quality review was completed.</td>
<td>(c)</td>
<td>Second party reviews are required when the report documents one of the following criteria: - Caregiver is responsible for death or serious injury of another child; - 8 Any 2 of the following 3 criteria are met: - child is age four years of age or younger or nonverbal; - prior intakes involve any of the subjects of the current intake regardless of findings - The actual injury, neglect, or threatened harm is serious or severe.</td>
</tr>
<tr>
<td></td>
<td>Outcome: S2</td>
<td>OR</td>
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<tr>
<td></td>
<td>65C-29.003(6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d)</td>
<td></td>
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<tr>
<td></td>
<td>29.003(6)(d1)</td>
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<td>Timeframes</td>
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<td>- Reviewer has 72 hours to complete the review.</td>
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<td>- Reviewer must provide feedback to the supervisor within 24 hours after completion.</td>
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<td>- There must be documentation of the review and follow-up actions.</td>
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</tbody>
</table>
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<tr>
<td><strong>COLLATERAL CONTACTS</strong></td>
<td></td>
<td>Relevant Collateral Contacts</td>
</tr>
</tbody>
</table>
| 9.0 Relevant collateral contacts were completed during the course of the investigation. | 39.301(11)(b)2 65C-29.003(9) 65C-30.001(28) 28.013(2)(b)1 29.004(5)(a)17 | Relevant collateral contacts are necessary to corroborate or refute the allegations in the intake.  
- A specific number of contacts is not required.  
- Contacts may be face-to-face, by telephone, or written communication.  
Relevant collateral contacts include:  
- Persons with direct knowledge or information regarding the alleged maltreatements or the family's situation  
- Individuals who have contact with the child or have pertinent knowledge about the child or the child's condition:  
  - extended family members or family friends  
  - non-custodial parent  
  - school personnel  
  - reporter  
  - neighbors  
  - service providers  
  - other community members  
  - significant person in the child's or caregiver's life |
| Institutional Abuse | | |
| **OBTAINING PERTINENT INFORMATION FROM COLLATERALS** | | Use Information to Assess Overall Safety and Need for Services, Supervision |
| 10. Pertinent information was obtained from the collateral contacts and was considered when assessing the overall safety of the child and/or the need for services. | 39.301(11)(b)2 65C-29.003(9) 29.013(2)(b)1 30.001(28) 29.004(5)(a)17 |  
- Document pertinent information obtained and considered to  
  - assess child safety  
  - identify and address the service needs of the family  
  - determine the allegation findings and an appropriate disposition  
- If comparable collateral contacts provided conflicting information, document the basis for considering one contact more credible than the other. |

Outcome: S2
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<table>
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<tr>
<th>Required Standard</th>
<th>Cites</th>
<th>Use Assessment Findings and Recommendations to Determine Safety and Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROFESSIONAL ASSESSMENT OF OTHERS</strong></td>
<td></td>
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<tr>
<td>11.0 Consideration of other professionals' assessment findings and recommendations in the determination of child safety and ongoing protective interventions was documented in the case file.</td>
<td>DCF: Best Practice</td>
<td></td>
</tr>
</tbody>
</table>
| Outcome: S2 | - Document the information received from professionals.  
- Consider assessment information to determine maltreatment findings and disposition/services decisions.  
- Past or current assessments requested/received during the current investigation may include:  
  - ☐ domestic violence or substance abuse  
  - ☐ mental health  
  - ☐ developmental or behavioral  
  - ☐ other specialized assessments/evaluations needed to determine child safety and ongoing protective interventions  
  - ☐ This does not apply to CPT assessments: Refer to standard 15.  
- If assessment findings or recommendations were not followed, document the reason. |

| **CHILDREN'S LEGAL SERVICES (CLS) STAFFING** |
| 12.0 The CPI presented the case to CLS for a staffing when warranted and when the investigation was legally sufficient, a petition was filed or a valid reason for not filing a petition was documented. |
| 12.1 |
| 12.2 A Children's Legal Services staffing was held when warranted. |
| 39.301(3) | A Children's Legal Services (CLS) staffing is required  
- when an investigation documents high-risk for child safety and the CPI believes the child is in need of the protection and supervision of the court.  
- High risk factors include, but are not limited to:  
  - ☐ young parents or legal custodians,  
  - ☐ repeated use of illegal drugs  
  - ☐ arrest of the parent/legal custodian on charges of manufacturing, processing, disposing of, or storing, either temporarily or permanently, any substance in violation of chapter 893  
  - ☐ domestic violence,  
  - ☐ significant medical neglect or severe abuse; or  
  - ☐ a combination of issues such as financial stressors and unmet mental health needs.  
- When the CPI and CPI Supervisor after a thorough safety assessment, conclude that the risk is high or there otherwise exists a need for court action. |
| 39.301(9)(b) |
| 65C-25.003 (15)(c)1 |
| Outcome: S2 | A CLS staffing may be documented on a CLS form or in the case file and clearly state:  
- The date of the staffing  
- Individuals who participated  
- Legal action requested  
- Outcome of the staffing  
- Follow-up action recommended  
**Dependency Petition**  
- A dependency petition must be filed if the child needs protection and court supervision.  
- The decision to file a dependency petition must result in court action unless the case file documents a compelling reason not to pursue a dependency action. |
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<tr>
<th>Required Standard</th>
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<tbody>
<tr>
<td><strong>REFERRAL TO THE CHILD PROTECTION TEAM (CPT)</strong></td>
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<tr>
<td>13.0 The alleged child victim(s) was referred to the Child Protection Team and the referral was made timely when required:</td>
<td>39.303(2)(a-h)</td>
<td><strong>Required CPT Referrals</strong></td>
</tr>
<tr>
<td>13.1 A referral was made to the Child Protection Team (CPT) when required.</td>
<td>39.303(3)</td>
<td>- Document service referrals if CPT services were used following the initial investigation.</td>
</tr>
<tr>
<td>13.2 The referral was timely.</td>
<td>39.303(4)</td>
<td>- The allegation or circumstance must meet one of the CPT referral criteria in F.S.</td>
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<td>- Make a CPT referral even if the injury did not meet mandatory referral criteria if the child needs:</td>
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<td>- a medical evaluation or</td>
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<td>- other CPT assessment or services to determine whether maltreatment has occurred (such as when a child expresses pain without visible injury)</td>
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<td><strong>Criteria for Mandatory CPT Referral</strong></td>
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<td>- Injuries to the head, bruises to the neck or head, burns, or fractures—child of any age</td>
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<td>- Bruises anywhere on a child 5 years of age or younger</td>
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<td>- Any report alleging sexual abuse of a child</td>
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<td>- Any sexually transmitted disease in a prepubescent child</td>
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<td>- Reported maltreatment of a child and failure of a child to thrive</td>
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<td>- Reported medical neglect of a child</td>
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<td>- 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 AIAN, when any sibling or other child remains in the home</td>
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<td>- Symptoms of serious emotional problems in a child when emotional or other AIAN is suspected</td>
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<td><strong>CPT Exception Form</strong></td>
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<td>- If the report meets the criteria for a mandatory referral and a CPT service is not provided:</td>
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<td>- An exception form (signed by the supervisor) must be in the file.</td>
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<td>- Form must document the reason why no referral was made.</td>
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<td></td>
<td><strong>Timely Referrals</strong></td>
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<td>There is no specified timeframe for referring children to CPT; however, timeliness is based upon the circumstances:</td>
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<td>- Seek immediate/same day assessment of the child by CPT for</td>
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<td>- serious physical injuries, sexual abuse, maltreatment or</td>
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<td>- other maltreatments where a medical evaluation is needed to ensure safety or preserve evidence</td>
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<td>- For minor injuries, a referral within 24 hours may be warranted to ensure the injury is documented before it fades.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Required Standard</th>
<th>Cites</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| **CHILD PROTECTION TEAM DISCUSSIONS** | | Document Your Discussion with CPT  
- Document the date and time background information was shared with CPT detailing the specific information discussed:  
  - information related to the current situation  
  - a brief family history  
  - prior history in FL and other states where family resided  
  - any known criminal information  
  - involvement of other professionals in care and treatment of child/ family  
  - subject and collateral statements  
- As new information develops throughout the investigation that warrants continued CPT involvement, CPT must continue to be updated. |
| 14.0 The date, time, and specific information discussed with the CPT at the time of initial referral were documented in the investigation file. | DCF Directive on the Use of Professional Opinions | Outcome: S2 |
| **CHILD PROTECTION TEAM RECOMMENDATIONS** | | Child Safety Decisions Must Consider CPT Findings and Recommendations  
- Any written documentation received from CPT must be in the case file.  
- Consider CPT assessment information in all child safety decisions.  
- If assessment findings or recommendations related to child safety are not followed, document the reason.  
Note: This applies to CPT only. Standard 1.11 applies to other professionals. |
| 15.0 CPT assessment findings and recommendations related to child safety were followed, or a rationale for not following the assessment/ recommendations was documented. | DCF Directive on the Use of Professional Opinions | Outcome: S2 |
| **SUPERVISORY REVIEW OF EXCEPTIONS** | |  
- This exception applies only to children whose circumstances require a medical evaluation as per 39.303(2)(a)-(h).  
**CPT Referral May be Waived Only If**  
- 39.303(4)(b): The PI, with supervisory approval, has decided after conducting a safety assessment, there are no indications of injuries as described in 39.303(2)(a)-(h).  
- Child was examined by a physician and a consultation with the CPT physician concludes a further medical evaluation is unnecessary  
- The CPT physician determines a medical evaluation is not necessary.  
**Documentation**  
- One of the following must be in the investigative file:  
  - a copy of the CPT Exception “Waiver” form signed by the supervisor or  
  - a case by the PI Supervisor approving the exception |
| 16.0 When the report met mandatory CPT referral criteria, and a face-to-face medical evaluation was not done, the case file documented the supervisor approved the exception decision. | 39.303(4) When CPT face-to-face medical evaluation is not necessary | Outcome: S2 |
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<tr>
<th>Required Standard</th>
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<th>Requirements</th>
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<tr>
<td>17.0 BLANK</td>
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</table>

### MALTREATMENT FINDINGS

18.0 All maltreatment finding(s) were supported by the information gathered and appropriately documented in the investigative record.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>The Child Maltreatment Matrix assists in deciding if necessary evidence exists to support the findings of the intake.</th>
</tr>
</thead>
<tbody>
<tr>
<td>85C-29.003(8)(g)</td>
<td>Child Maltreatment Matrix</td>
<td><strong>Guidelines for Deciding Findings</strong></td>
</tr>
<tr>
<td>30.301(11)y(b)</td>
<td>Enhanced On-Site Investigation</td>
<td><strong>Verified findings</strong> – a preponderance of the credible evidence indicates that the maltreatment (injury, harm or threatened harm) was the result of abuse/neglect.</td>
</tr>
<tr>
<td>65C-29.003(3)(n)</td>
<td></td>
<td><strong>Not Substantiated findings</strong> – credible evidence which does not meet the “preponderance” standard to support the maltreatment was due to abuse/neglect.</td>
</tr>
<tr>
<td>65C-29.003(3)(o)</td>
<td></td>
<td><strong>No Indicators findings</strong> – no credible evidence to support the alleged maltreatment.</td>
</tr>
<tr>
<td>29.003(3)(p)</td>
<td></td>
<td>• “Preponderance” means superiority in terms of weight or quality/importance.</td>
</tr>
<tr>
<td>29.003(3)(q)</td>
<td></td>
<td>• “Credible” means offering reasonable grounds for being believed.</td>
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<td><strong>Enhanced On-Site Investigation</strong></td>
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<tr>
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<td>The enhanced onsite investigation must include</td>
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<td></td>
<td>• face-to-face interview with child, siblings, parents/legal custodians or caregivers, and other adults in house</td>
</tr>
<tr>
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<td>• collateral contacts</td>
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<td>• contact with the reporter (as required by rule)</td>
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<td>• an onsite assessment of the child’s residence</td>
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<tr>
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<td>• updated assessment</td>
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<tr>
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<td></td>
<td><strong>Documentation of Investigative Information</strong></td>
</tr>
<tr>
<td></td>
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<td>• Document sufficient information to corroborate or refute the allegations.</td>
</tr>
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<td></td>
<td></td>
<td>• Add maltreatments identified during an investigation to the intake.</td>
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</tbody>
</table>
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<tr>
<th>Required Standard</th>
<th>Cites</th>
<th>Best Practice</th>
<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>EARLY SERVICES INTERVENTION STAFFING</strong></td>
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</tbody>
</table>
| 19.0 If at any point during the investigation, placement of the child outside of the home was a possibility, the CPI requested Early Services Intervention (ESI) Staffing to determine if the CBC should provide family preservation services that would allow the child to remain safely in the home. | 65C-30.002 ESI/Case Transfer | - ESI may prevent unnecessary placements by initiating family preservation services  
- ESI staffing is to gather all interested parties to participate in a collaborative effort to make the most informed and beneficial decisions concerning services for the family, case planning, and possibly moving a child into out-of-home care  
- The ESI process must start a multi-disciplinary team pre-placement process when placement is necessary, which will enhance stability. |
| **IDENTIFICATION OF SERVICE NEEDS** | | | |
| 20. Based on the child/family needs, the immediate service and/or ongoing service needs were appropriately identified for the child, mother, father, other caregiver or caretaker responsible, if other than the mother or father. Note: “Child” is not restricted to focus child or child identified as the victim in the abuse hotline report. | 39.301(10)(b)6 39.301(15)(a)2 65C-29.003(3)6 | - Complete the service referrals rather than waiting for a staffing.  
- Services must first be offered for voluntary acceptance unless there are high risk factors that may impact the ability of the parents or legal custodians to exercise judgment. |
| | | **ESI/Case Transfer Staffing** | |
| | | If there is a need to engage ongoing services:  
- PI or PI Supervisor must request ESI/Case Transfer staffing and provide any recommendations for expedited services:  
  □ at risk childcare  
  □ removal  
  □ housing, clothing, food  
  □ food, housing, clothing  
  □ protection through a domestic violence shelter, etc. | |
| **REFERRAL FOR SERVICES** | | **Identify/Engage Services for the Entire Family** | |
| 21. If immediate services or ongoing services were needed, referrals for these services were documented for the child, mother, father, and other caregiver or caretaker responsible (if other than the mother or father and has access or ongoing contact with the child). | 39.301(9)(a) 39.301(10)(b)6 39.301(15)(a)2 65C-29.003(3)6 30.002(1)(g)1 | - PI’s must identify and make arrangements for the children and family’s  
  □ immediate service needs and/or  
  □ ongoing supervision needs  
  □ Complete referrals for the entire family, as appropriate.  
  □ Family means the entire family, not just the victim/child identified by the Hotline. |
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<tr>
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<tbody>
<tr>
<td><strong>ENGAGING SERVICES</strong></td>
<td></td>
<td>Engage Services to Ensure Immediate Safety and Reduce Risk</td>
</tr>
</tbody>
</table>
| 22.0 If documentation reflects the need for immediate services and/or ongoing services, the investigation record contained evidence the services were engaged. | 39.301(9)(e)  
39.301(15)(a)  
2  
65C-29.003 (3)(k) | - Engage services necessary to ensure immediate safety and reduce risk when the services are critical to protect the child(ren):  
- Confirmation of engagement is critical.  
- Engagement applies to all family members, not just the child victims.  
- Community services must enhance the family’s capacity and reduce the identified risk to the children.  
- Documentation of engagement may be confirmed by telephone calls, reports, or a case note entry.  
  - Document that the family has followed through with the referral or called and is on a waiting list; or  
  - The provider has contacted the family. |
|                   | Outcome: S2 | **In-Home Services** |
|                   |            | - If In-Home services were deemed necessary at the CLS staffing, document the family’s agreement.  |
|                   |            | - If In-Home services is recommended, and the family declined the service, document that no further action could be taken based on the existing concerns. |
| **COMMUNICATION BETWEEN CPI AND CASE MANAGER (CM)** |       | Timeframe  |
| 23.0 If there was an active services case when the report was received, timely and appropriate communication and collaboration between the CPI and Case Manager occurred to assure mutual understanding of history and current events. | 65C-30.015 (1) | - When there is an active services case at the time an intake is received for investigation:  
  - must notify the Case Manager within 1 workday |
|                   | Outcome: S2 | **Document Meaningful Communication** |
|                   |            | - Document collaboration with the Case Manager or CM Supervisor to make appropriate investigation decisions for the child.  |
|                   |            | - Pls need to know what is happening in the services case.  |
|                   |            | - CMs need to be aware of the investigative events, subsequent findings, and dispositional decisions. |
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<tr>
<th>Required Standard</th>
<th>Cites</th>
<th>Implications to Safety</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THOROUGHNESS OF THE INVESTIGATION</strong></td>
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</tr>
<tr>
<td>24.0 The investigation was thorough, and appropriate steps were taken to ensure child safety.</td>
<td>39.301(10) (b)6 39.302</td>
<td>You must use information obtained throughout the investigation to</td>
<td>□ assess the implications to safety; and □ arrive at an appropriate recommended disposition. □ Include information from criminal history, priors, strengths and concerns</td>
</tr>
<tr>
<td>(Refer to standards 1, 4, 5, 10, 22)</td>
<td></td>
<td>Determining Necessary Services</td>
<td>For each intake received, you must decide what protective, treatment, and ameliorative services are necessary to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determining an Appropriate Disposition</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Documentation</td>
<td>Document an inquiry in every investigation whether the child is of American Indian or Alaskan Native descent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notification of Staffing</td>
<td>□ Parents or Indian custodian and child’s tribe must be notified of the staffing and encouraged to participate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide Information to CLS</td>
<td>□ Provide information regarding the possibility of Native American heritage to CLS. □ CLS can evaluate whether or not ICWA is applicable.</td>
</tr>
<tr>
<td><strong>AMERICAN INDIAN OR NATIVE ALASKAN</strong></td>
<td>65C-28.013(1)-(7) 29.003(16) 30.001 (67-69) &amp; (146): Definitions 30.002(1)(a) 30.002 (1)(e) 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Section I: Investigative Response

<table>
<thead>
<tr>
<th>Required Standard</th>
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</thead>
<tbody>
<tr>
<td><strong>SUPERVISORY GUIDANCE AND DIRECTION</strong></td>
<td></td>
<td><strong>Supervisor Review and Guidance</strong></td>
</tr>
<tr>
<td>26.0 Appropriate supervisory guidance and direction were provided that ensured a</td>
<td>39.301(4)</td>
<td>Supervisors must</td>
</tr>
<tr>
<td>thorough investigation was being completed.</td>
<td></td>
<td>- Review all investigative activities including investigative and services history; and</td>
</tr>
<tr>
<td>a. Initial supervisory guidance</td>
<td>65C-29.003</td>
<td>- Provide appropriate guidance and direction when necessary.</td>
</tr>
<tr>
<td>b. On-going supervisory guidance</td>
<td>(8)(b)</td>
<td>- Guidance and direction must be based upon the information known and needed prior to investigation closure</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Review of Assessments and Safety Plans</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supervisors must</td>
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<tr>
<td></td>
<td></td>
<td>- Review all assessments; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assure that safety plans are in place when needed.</td>
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<td></td>
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<td>- Ensure that safety plans appropriately address identified safety threats.</td>
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<td></td>
<td><strong>Timeframes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reviews must be completed within 72 hours of PI submission to the supervisor.</td>
</tr>
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</tr>
<tr>
<td><strong>SUPERVISORY FOLLOW-UP</strong></td>
<td></td>
<td><strong>Complete Follow-Up Activities</strong></td>
</tr>
<tr>
<td>27.0 Follow through occurred on the supervisory guidance and direction provided or</td>
<td>65C-29.003</td>
<td>- Supervisor is required to review investigations and provide guidance to the PI when necessary.</td>
</tr>
<tr>
<td>there was documentation that it was no longer necessary.</td>
<td>(8)(b)</td>
<td>- Complete the follow-up activities recommended by your Supervisor as quickly and thoroughly as possible.</td>
</tr>
<tr>
<td>a. The CPI followed through on the supervisory guidance and direction.</td>
<td>(8)(b)1</td>
<td>- Document all guidance and direction provided by your Supervisor.</td>
</tr>
<tr>
<td>b. The CPI supervisor ensured PI followed through on supervisory guidance and</td>
<td></td>
<td>- Document your follow-through.</td>
</tr>
<tr>
<td>direction provided or the reason(s) the guidance and direction provided was no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>longer necessary was documented.</td>
<td></td>
<td><strong>Timeframes</strong></td>
</tr>
<tr>
<td>c. The CPI supervisor ensured the PI followed through on the 2nd party reviewer</td>
<td></td>
<td>Supervisors must provide feedback to the PI within 24 hours after completion of their review.</td>
</tr>
<tr>
<td>guidance and direction or documented justification that actions were no longer</td>
<td></td>
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<tr>
<td>necessary.</td>
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### Section I: Investigative Response

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<td><strong>INVESTIGATION CLOSURE NOTIFICATION</strong></td>
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</tr>
<tr>
<td>28.0 Then the investigation was being closed, the case file reflects the CPI or CPI supervisor ensured the receiving case management agency was notified of the closure, and the completed transfer of responsibilities from CPI to case management was clearly communicated.</td>
<td>65C-30.001 (41)</td>
<td>• The CPI or CPI Supervisor must ensure the receiving CBC is notified that the investigation is being closed and no further intervention or oversight will be provided by the CPI.</td>
</tr>
<tr>
<td></td>
<td>Outcomes:</td>
<td>• A well communicated and documented notification will help ensure the child remains safe either in the home or in placement and clearly identifies who is responsible from that point forwards.</td>
</tr>
<tr>
<td></td>
<td>S 1, 2</td>
<td>• Closing a case is a critical juncture and all parties must be aware of the implications</td>
</tr>
<tr>
<td></td>
<td>P 1, 2</td>
<td>• CPI and CBC staff must understand who is responsible for any intervention activity at all times.</td>
</tr>
<tr>
<td></td>
<td>WB 1, 2, 3</td>
<td>• Documentation must show that the CPI or CPI supervisor clearly alerted the CBC of the investigative closure and that any ongoing interventions are the CBC’s responsibility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Documentation can be in the form of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Telephone contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Email</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Other form</td>
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# Investigative Response

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<td>INVESTIGATION CLOSURE NOTIFICATION</td>
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| 28.0 Then the investigation was being closed, the case file reflects the CPI or CPI supervisor ensured the receiving case management agency was notified of the closure, and the completed transfer of responsibilities from CPI to case management was clearly communicated. | 65C:30.001 (41) | - The CPI or CPI Supervisor must ensure the receiving CBC is notified that the investigation is being closed and no further intervention or oversight will be provided by the CPI.  
- A well communicated and documented notification will help ensure the child remains safe either in the home or in placement and clearly identifies who is responsible from that point forwards.  
- Closing a case is a critical juncture and all parties must be aware of the implications  
- CPI and CBC staff must understand who is responsible for any intervention activity at all times.  
- Documentation must show that the CPI or CPI supervisor clearly alerted the CBC of the investigative closure and that any ongoing interventions are the CBC’s responsibility.  
- Documentation can be in the form of:  
  - Telephone contact  
  - Email  
  - Other form |

Outcomes: S 1, 2, P 1, 2, WB 1, 2, 3
### Section II: Emergency Removal

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<tr>
<td><strong>INDIAN CHILD WELFARE ACT (ICWA)</strong></td>
<td></td>
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</tr>
<tr>
<td>30.0 The investigation file documented compliance with the Indian Child Welfare Act (ICWA) through timely initiation of the search process, completing the required ICWA eligibility form and by notifying the court when required.</td>
<td>85C-29.013(1)(7); 30.001(67-69) &amp; (146); Definitions</td>
<td>Legal Requirements</td>
</tr>
<tr>
<td>30.1 The investigation file contained a completed ICWA Eligibility Form.</td>
<td></td>
<td>- Decide at the onset of each investigation if the children are American Indian or Alaskan Native.</td>
</tr>
<tr>
<td>30.2 The ICWA checklist was completed if the child reported to be a member of a tribe or was eligible to be a member of a tribe.</td>
<td></td>
<td>- Child's parent, Indian Custodian, and tribe must be notified of all legal and case planning activities.</td>
</tr>
<tr>
<td>30.3 If American Indian or Native Alaskan heritage was claimed, the search process was initiated timely by contacting the designated tribe or Bureau of Indian Affairs.</td>
<td></td>
<td>- □ Tribe can intervene at any time and request transfer of jurisdiction to tribal court.</td>
</tr>
<tr>
<td>30.4 The court was informed when a child was determined to be a member of a tribe or eligible to be a member.</td>
<td>85C-30.002 (1)(e); 30.002 (1)(e)</td>
<td>All letters of inquiry and notification must be in writing and sent by registered mail, return receipt.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Required Investigative Activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If American Indian or Alaskan Native descent is claimed and removal of the children or court ordered supervision services are pursued, you must</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complete the ICWA Eligibility Form by documenting the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ family's response to the inquiry and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ family information needed to assist the tribe in assessing the child and family's eligibility for enrollment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ Must be signed by at least one parent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complete the ICWA Checklist activities to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ Identify the children's Indian ancestry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ Complete a diligent search.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ Notify the tribe.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Initiate the search process by calling the designated tribe or Bureau of Indian Affairs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Document all activities in FSFN.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Notify the court when</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ the children are removed; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ you pursue court ordered supervision services, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- □ the children are members of a tribe or tribal eligibility is being pursued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Notification of Staffing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parents or Indian custodian and child's tribe must be notified of the staffing and encouraged to participate.</td>
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<tr>
<td></td>
<td></td>
<td>Provide Information to CLS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Provide information regarding the possibility of Native American heritage to CLS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CLS can evaluate if ICWA is applicable.</td>
</tr>
</tbody>
</table>
## Section II: Emergency Removal

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>PLACEMENT PRIORITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.0 Once the decision was</td>
<td>39.401(1)(b)(3)</td>
<td>Placement Priority</td>
</tr>
<tr>
<td>made to remove the child,</td>
<td>39.402(1)(c)</td>
<td>If a decision is made to remove the child(ren), you must</td>
</tr>
<tr>
<td>placement priority was</td>
<td>39.401(2)(a)(3)</td>
<td>• Explore alternatives to placement in a licensed shelter home or facility; and</td>
</tr>
<tr>
<td>given to responsible relatives/non-</td>
<td>39.507(7)</td>
<td>• Give placement priority to a parent or other responsible adult relative/non-relative if it is in the child(ren)’s best interest.</td>
</tr>
<tr>
<td>relatives rather than licensed care.</td>
<td>39.402(8)(c)</td>
<td>• The adoptive parent of the child’s sibling must be given priority consideration over a non-relative/licensed placement if this is in the best interest of the child.</td>
</tr>
<tr>
<td></td>
<td>65C-30.009(2)(c)</td>
<td>• Request the names, relationship and addresses of parents, relatives, and any non-relatives who may be appropriate for placement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Document Efforts</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Before placing the child in a licensed shelter or facility, document efforts to identify, contact, and interview:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ maternal and paternal relatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ non-custodial parents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ non-relatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If potential placement with responsible relatives/non-relatives is not immediately available, document attempts to continue to identify potential caretakers.</td>
</tr>
<tr>
<td>Outcome:</td>
<td>P2</td>
<td></td>
</tr>
<tr>
<td><strong>BACKGROUND CHECKS AND HOME INSPECTION</strong></td>
<td></td>
<td>Requirements Prior to Relative/Non-Relative Placements</td>
</tr>
<tr>
<td>32.0 When the PI placed the child with relatives/non-relatives the case file contained evidence of required background checks and a physical inspection of the home prior to the child’s placement.</td>
<td>39.521(2)(c)(1-7)</td>
<td>Prior to placement, the following must be completed:</td>
</tr>
<tr>
<td></td>
<td>39.401(3)</td>
<td>• Interview with proposed caregiver</td>
</tr>
<tr>
<td></td>
<td>39.0138</td>
<td>• Background checks on all household members and frequent visitors</td>
</tr>
<tr>
<td></td>
<td>65C-28.011</td>
<td>□ NCIC is not required when placement is made with a biological/legal parent</td>
</tr>
<tr>
<td></td>
<td>65C-28.012</td>
<td>• Assessment of the physical environment</td>
</tr>
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<td>• Assessment of financial security</td>
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<tr>
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<td></td>
<td>• Assessment of suitable child care arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Information to caregivers re: dependency process and available support services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluation of prospective caregiver’s capacity to protect</td>
</tr>
<tr>
<td>Outcome:</td>
<td>S2</td>
<td></td>
</tr>
</tbody>
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### Section II: Emergency Removal

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<tr>
<td><strong>BACKGROUND CHECKS AND HOME INSPECTION (CONTINUED)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.1 The required background checks were completed during the home study process prior to the child's placement.</td>
<td>39.013B</td>
<td><strong>Required Background Checks</strong></td>
</tr>
<tr>
<td></td>
<td>65C-28.011</td>
<td>- Prior Abuse Reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- DJJ (ages 12 to 26)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Local Law Enforcement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- FDLF</td>
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<tr>
<td></td>
<td></td>
<td>- NCIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Department of Corrections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Child Welfare Out of State (if the record reflects the family resided in another state)</td>
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<td></td>
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<td>- 911 Calls or Calls for Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Prior case management records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Other (For example, military records as needed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Assess the Information from Background Checks</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pls must fully assess the information prior to making a placement decision.</td>
</tr>
<tr>
<td>32.2 The physical inspection of the home was completed during the home study process prior to the child's placement.</td>
<td>39.521(2)(03)</td>
<td><strong>Physical Inspection of the Home</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If you arrange a placement in a non-licensed setting you must,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Prior to placement, complete and document:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- a physical inspection of the home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The Relative Caregiver Home Study format typically documents this requirement.</td>
</tr>
<tr>
<td>32.3 An evaluation of the prospective caregiver’s capacity to protect was completed during the home study process prior to the child’s placement.</td>
<td>39.521(2)(01-7)</td>
<td><strong>Evaluate the Caregiver’s Capacity to Protect</strong></td>
</tr>
<tr>
<td></td>
<td>65C-28.012</td>
<td>Document an evaluation of the prospective caregiver’s capacity to protect prior to the child’s placement. At a minimum, <strong>document</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- caregivers’ relationship with the parents;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- the presence or absence of threat to the children’s safety; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- when a potential threat exists, discussion of an appropriate plan for responding to the threat.</td>
</tr>
<tr>
<td>32.4 The completed home study was documented in FSFN.</td>
<td>65C-28.008 (1)</td>
<td><strong>The completed home study was documented in FSFN.</strong></td>
</tr>
<tr>
<td></td>
<td>DCF FSFN Policy</td>
<td></td>
</tr>
<tr>
<td><strong>PLACEMENT OF SIBLING GROUPS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.0 If removal involved a sibling group, the siblings were placed together with a relative or non-relative caregiver (not in licensed care) when it was in their best interest.</td>
<td>39.001(1)(d)</td>
<td><strong>Requirements for Sibling Placement</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Make efforts to place siblings in the same home, and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Help them keep in contact with one another if separated.</td>
</tr>
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<td></td>
<td>- Develop a plan for frequent visitation, if children cannot be placed together.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Base decisions upon whether the siblings lived together prior to removal or whether the siblings must be placed together (e.g., newborn born after removal).</td>
</tr>
<tr>
<td>Outcome: P2, Item 12</td>
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## Section II: Emergency Removal

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</tr>
</tbody>
</table>
| 32.1 The required background checks were completed during the home study process prior to the child’s placement. | 360.0136 | Required Background Checks:  
- Prior Abuse Reports  
- DJJ (ages 12 to 26)  
- Local Law Enforcement  
- FDLE  
- NCIC  
- Department of Corrections  
- Child Welfare Out of State (If the record reflects the family resided in another state)  
- 911 Calls or Calls for Service  
- Prior case management records  
- Other (For example, military records as needed)  
Assess the Information from Background Checks  
- PIs must fully assess the information prior to making a placement decision. |
| 32.2 The physical inspection of the home was completed during the home study process prior to the child’s placement. | 360.521(2)(a) | Physical Inspection of the Home:  
If you arrange a placement in a non-licensed setting you must,  
- Prior to placement: complete and document:  
  - a physical inspection of the home  
  - The Relative Caregiver Home Study format typically documents this requirement. |
| 32.3 An evaluation of the prospective caregiver’s capacity to protect was completed during the home study process prior to the child’s | 360.521(2)(a)(1) - 7 | Evaluate the Caregiver’s Capacity to Protect:  
Document an evaluation of the prospective caregiver’s capacity to protect prior to the child’s placement. At a minimum, document:  
- caregivers’ relationship with the parents;  
- the presence or absence of threat to the children’s safety; and  
- when a potential threat exists, discussion of an appropriate plan for responding to the threat. |
| 32.4 The completed home study was documented in FSNF. | 65C-28.008 (1) | The completed home study was documented in FSNF. |
| **PLACEMENT OF SIBLING GROUPS** |       | Requirements for Sibling Placement:  
- Make efforts to place siblings in the same home, and/or  
- Help them keep in contact with one another if separated.  
- Develop a plan for frequent visitation, if children cannot be placed together.  
- Base decisions upon whether the siblings lived together prior to removal or whether the siblings must be placed together (e.g. newborn born after removal) |
| 33.0 If removal involved a sibling group, the siblings were placed together with a relative or non-relative caregiver (not in licensed care) when it was in their best interest. | 360.011(1)(a) | Outcome: P2, Item 12 |
## Section II: Emergency Removal

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<td><strong>WEEKLY VISITS</strong></td>
<td>65C-30.007(3)(a)(b)</td>
<td><strong>Purpose/Requirement</strong>&lt;br&gt;- Children in shelter care status must be seen through a face-to-face contact at least once every seven days as long as the child remains in shelter status in a licensed home or facility.&lt;br&gt;- Face-to-face contact with the child and caregiver is to occur at least once every seven days during the first thirty days after removal for children placed with a relative or non-relative.&lt;br&gt;- After the first 30 days, the frequency of contacts may be modified to no less frequently than every 30 days for a child placed with a relative or non-relative.</td>
</tr>
<tr>
<td>37. The CPI visited the child in shelter care on a weekly basis until the case was transferred to and accepted by CBC provider who subsequently agreed to conduct the required visits.</td>
<td><strong>Case File Documentation</strong>&lt;br&gt;- Documented dates and times of face-to-face visits with child and caregiver at least once every seven days or as required above.&lt;br&gt;- Documentation of ESI staffing and agreement identifying the Case Manager as having responsibility for visitation.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix C: Protective Investigations Checklist

<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>39.301(10)(b)(3) 65C-29.009</td>
<td>• Completed on household members within established timeframes (including paramours) and frequent visitors or babysitters</td>
<td></td>
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<tr>
<td>OPS #1 65C-29.003(3)(i)</td>
<td>• FDLE/Juvenile Justice (DJJ)</td>
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<td></td>
<td>• Local Law Enforcement</td>
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<td></td>
<td>• Call outs (DV-check for active DV injunctions)</td>
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<td></td>
<td>• FSFN (Priors/Providers)</td>
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<td></td>
<td>• Department of Corrections (DOC) (when feasible)</td>
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<td></td>
<td>• Child Welfare — Out-of-State</td>
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<td></td>
<td>• 811 Calls or Calls for Service</td>
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<tr>
<td></td>
<td>• Information obtained used to appropriately assess risk to each child.</td>
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<td></td>
<td>• Results of background checks documented in FSFN case file</td>
<td></td>
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</tr>
<tr>
<td>39.301(6) 39.301(6)(10)&amp; (11) 65C-29.003(3)(n)</td>
<td>• Reporter contacted and interviewed (175-67 caller ID)</td>
<td></td>
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<td></td>
<td>• Contact information provided to reporter within 24 hours</td>
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<td></td>
<td>• Reporter advised of right to provide written summary for inclusion in master file</td>
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<td></td>
<td>• Commencement immediate or within 24 hours</td>
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<td></td>
<td>• Present/provide PI brochure to parents</td>
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<td></td>
<td>• Documentation of investigation as Onsite or Enhanced Onsite</td>
<td></td>
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</tr>
<tr>
<td>39.201(5) 39.301(10) 11 65C-29.003 65C-29.013</td>
<td>• Alleged victims/other children seen within 24 hours</td>
<td></td>
<td></td>
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<td></td>
<td>• Observations of victims and children documented</td>
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<td></td>
<td>• Interactions of children with family members documented</td>
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<tr>
<td></td>
<td>• Daily face-to-face attempts made for victims not seen.</td>
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<td></td>
<td>• Attempts to locate documented</td>
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<tr>
<td></td>
<td>• Alleged victims/other children interviewed and all maltreatment addressed</td>
<td></td>
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<tr>
<td></td>
<td>• Specific and relevant observations and interactions of the child with family members completed and documented</td>
<td></td>
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</tr>
<tr>
<td>39.301 65C-29.003 OPS #5, 6</td>
<td>• Face-to-face contact with primary caretaker</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Interview information addressing all maltreatment documented</td>
<td></td>
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<tr>
<td></td>
<td>• Contact with non-custodial parent</td>
<td></td>
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<tr>
<td></td>
<td>• Interview information addressing all maltreatments documented</td>
<td></td>
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</tr>
<tr>
<td>39.201 39.301(7)(10) OPS #5, 6</td>
<td>• Face-to-face contact with all other subjects of intake</td>
<td></td>
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<tr>
<td></td>
<td>• Interview information documented</td>
<td></td>
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<tr>
<td></td>
<td>• Face-to-face contact with all adult household members</td>
<td></td>
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<tr>
<td></td>
<td>• Interview information addressing all maltreatments documented</td>
<td></td>
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</tr>
<tr>
<td>39.301(11)(b) 65C-29.003(9) 65C-30.001(28) OPS #9, 10</td>
<td>• Relevant collateral contacts completed and documented</td>
<td></td>
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<td></td>
<td>• Type and date:</td>
<td></td>
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<tr>
<td></td>
<td>• Must obtain relative collateral contact (if available) when family refuses offered services</td>
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<tr>
<td></td>
<td>• Pertinent information obtained and considered when assessing safety of the child and/or need for services</td>
<td></td>
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<tr>
<td>65C-30.007(3) OPS #37</td>
<td>• Shelter contacts with children, if appropriate</td>
<td></td>
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<tr>
<td></td>
<td>• Face-to-face with both child and shelter parent/provider every 7 days</td>
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<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>
<td></td>
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<tr>
<td>CITES</td>
<td>PAPERWORK/DOCUMENTATION</td>
<td>Yes</td>
<td>No</td>
<td>Follow-up Tasks</td>
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<tr>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
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<tr>
<td>39.301(11)</td>
<td>Quality Documentation</td>
<td></td>
<td></td>
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<tr>
<td>65C-29.003</td>
<td>All investigative information is documented in case file (FSFN)</td>
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<tr>
<td>OPS #18, 28</td>
<td>Demographic and investigative information updated in FSFN</td>
<td></td>
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<tr>
<td>65C-29.013(1) (7)</td>
<td>Native Indian/Native Alaskan decent assessed/documented</td>
<td></td>
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<tr>
<td>65C-29.003(16)</td>
<td>Discussion with parents documented in FSFN or ICWA Eligibility Form</td>
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<tr>
<td>65C-29.013(1)</td>
<td>ICWA Eligibility Form completed timely and signed by at least 1 parent</td>
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<tr>
<td>65C-30.001(67-69)</td>
<td>If heritage claimed, timely initiation of the search process documented</td>
<td></td>
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<tr>
<td>14(0)</td>
<td>ICWA Checklist completed if child is a member of a tribe or is eligible to be a member of a tribe</td>
<td></td>
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<tr>
<td>65C-30.002(1)(a)</td>
<td>Court advised if child is member of a tribe</td>
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<tr>
<td>65C-30.002(1)(a)(4)</td>
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<tr>
<td>OPS #25, 30</td>
<td></td>
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<tr>
<td>39.301 (7)</td>
<td>Safety Assessment – within 48 hours form time 1st victim is seen</td>
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<tr>
<td>39.301(10)(b)</td>
<td>Completed with sufficient thoroughness to identify risks and develop a safety plan</td>
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<tr>
<td>65C-29.003(5)(b)</td>
<td>Safety plan is appropriate to risk</td>
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<tr>
<td>57; 8</td>
<td>Safety plan implemented</td>
<td></td>
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<tr>
<td>39.301(10)(b)</td>
<td>Investigator follow-ups completed</td>
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<tr>
<td>57; 8</td>
<td>Appropriate factors identified requiring completion of a second party review and review was completed</td>
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<tr>
<td>39.301(10)(b)</td>
<td>All follow up activities completed and documented</td>
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<tr>
<td>4.5 and (11)(b)</td>
<td>Document in initial SA if case is subject to critical case staffing</td>
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<tr>
<td>65C-29.003</td>
<td>FSN Safety Plan completed, if appropriate</td>
<td></td>
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<tr>
<td>OPS #17, 18, 26, 27</td>
<td>FSN Out-of-Home Plan completed, if removal</td>
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<td></td>
<td>FSN Visitation Plan completed with Case Manager, if removal</td>
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<tr>
<td>39.301(10)(b)</td>
<td>Update of Safety Assessment</td>
<td></td>
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<tr>
<td>17; 11</td>
<td>All findings supported by documentation</td>
<td></td>
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<tr>
<td>and (11)(b)</td>
<td>Follow through occurred on the supervisory guidance and direction and was documented</td>
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<tr>
<td>65C-29.003</td>
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<tr>
<td>OPS #11, 15, 18</td>
<td>Maltreatment findings</td>
<td></td>
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<tr>
<td>39.301(10)(b)</td>
<td>Child Maltreatment Matrix consulted: 175-29</td>
<td></td>
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<tr>
<td>2, 8</td>
<td>Evidence to support the finding documented in SA</td>
<td></td>
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<tr>
<td>65C-29.003</td>
<td>Consideration of other professionals' assessment findings and recommendations included in the maltreatment findings, disposition.</td>
<td></td>
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<tr>
<td></td>
<td>All identified maltreatment finding(s) supported by investigation record documentation.</td>
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<tr>
<td>65C-30.004</td>
<td>Identification of Children</td>
<td></td>
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<td></td>
<td>Photos taken - 72 hours from removal; In-Home - w/in 15 days after transfer to service unit</td>
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<td>Birth verification - w/in 15 days of placement; In-Home - w/in 15 days of</td>
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<td></td>
<td>transfer to service unit</td>
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<td>Fingerprints - age 3 or older - w/in 15 days of removal - out-of-home only</td>
<td></td>
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<tr>
<td>39.301(9)(b)</td>
<td>Immediate and long term family/children strengths/needs appropriately identified (with family) &amp; documented</td>
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<tr>
<td>39.301(10)(b)</td>
<td></td>
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<tr>
<td>39.301(15)</td>
<td></td>
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<tr>
<td>65C-28.003</td>
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<tr>
<td>OPS #20</td>
<td></td>
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<tr>
<td>175-29.175-71, 175-93</td>
<td>Request for TANF Funds form completed in FSFN, signed, and in file</td>
<td></td>
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<tr>
<td>65C-30.009(2)(o)(3)</td>
<td>Title IV-E/Medicaid application in file (licensed out-of-home care)</td>
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<tr>
<td>65C-28.012</td>
<td>Home Study completed within 30 days of placement – non-licensed placements.</td>
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<tr>
<td>OPS #32</td>
<td>Staffing conducted to decide if CM or PI will complete Home Study.</td>
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<tr>
<td></td>
<td>Acknowledgement of Firearms Safety Requirements</td>
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<tr>
<td>CITES</td>
<td>NOTIFICATION/REFERRAL/CONSULTATION</td>
<td>Yes</td>
<td>No</td>
<td>Follow-Up Tasks</td>
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<tr>
<td>39.301(2)(18) 65C-29.003</td>
<td>- State Attorney and Law Enforcement notified as per 39.301&lt;br&gt;- Local and Federal Law Enforcement notified if intake includes maltreatment of human trafficking or if during investigation PI suspects human trafficking.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>39.303(2)(a-h) 65C-29.008&lt;br&gt;OFP #13, 14, 15, 16</td>
<td>- CPT referral - if required, or document no indicators&lt;br&gt;  □ Referral is timely&lt;br&gt;  □ Specific information discussed with CPT documented&lt;br&gt;  □ CPT assessment findings and recommendations followed or rationale for not following documented&lt;br&gt;  □ Reasons otherwise warrant medical eval/consult&lt;br&gt;  □ Response received&lt;br&gt;  □ Reason for “exception” documented</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>39.301(9) 65C-30.003&lt;br&gt;39.401(3) 65C-30.015(1)&lt;br&gt;OFP #12, 23</td>
<td>- CLS consult/staffing held when required&lt;br&gt; - Appropriate professionals updated as new information develops&lt;br&gt; - If new intake on open services case, collaboration with Case Manager is documented. [30.015(1)]&lt;br&gt; - Any/all requests for notification of hearings/proceedings by relatives forwarded to CLS</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>39.301(10)(b) 65C-30.009&lt;br&gt;OFP #21, 22, 23</td>
<td>- Service referrals made as per Tiered Services Protocol&lt;br&gt;  □ Efforts made/document to provide services to prevent removal&lt;br&gt;  □ Immediate/ongoing service needs identified documented&lt;br&gt;  □ Referrals completed for immediate service needs&lt;br&gt;  □ Engagement of immediate/ongoing services documented</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>65C-30.002&lt;br&gt;OFP #19, 20</td>
<td>- ESI (Case Transfer) staffing held. Check if applicable:&lt;br&gt;  □ Assessment of preservation services allowing the child to remain safely in the home is appropriate&lt;br&gt;  □ Ongoing services for the child and family identified/engaged.</td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>175-14</td>
<td>- Multidisciplinary Staffing if human trafficking is suspected; Participants must include CLS and Office of Refugee Services, Child Trafficking Coordinator or knowledgeable victim advocate.</td>
<td>Yes</td>
<td>No</td>
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</table>

**CHILD(REN)’S NEEDS**

| 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-28.003(5)(a) 1. 65C-35<br>OFP #34, 35, 36 | - Child’s physical, medical, developmental, educational, and mental health needs – Out-of-Home Care:<br>  □ Initial Child Health Check-up w/in 72 hours of removal<br>  □ Copy of Child Health Check-up included in file<br>  □ Referral for Comprehensive Behavioral Health Assessment (CBHA) w/in 7 days<br>  □ Psychotropic medication needs addressed when applicable<br>  □ Documentation of Informed Consent<br>  □ Child’s Resource Record initiated by person making the placement 65C-30.011(4)<br>  □ Emergency Intake Form completed and accurately identifies child’s current medical information needs | Yes | No | |
## INSTITUTIONAL CASES

<table>
<thead>
<tr>
<th>Code</th>
<th>Tasks</th>
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</thead>
<tbody>
<tr>
<td>39.302(4)</td>
<td>Immediate oral notification to SA, LE</td>
</tr>
<tr>
<td>65C-29.004</td>
<td>Contract Manager notified within 48 hours of commencement.</td>
</tr>
<tr>
<td></td>
<td>FACCCA, Florida Association of Christian Child Caring Agencies, notified if institution is exempt from licensing.</td>
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<tr>
<td></td>
<td>Child’s attorney and GAL notified.</td>
</tr>
<tr>
<td>65C-29.004(4)</td>
<td>Licensing notified immediately if report involved a licensed foster home, day care facility or family day care home.</td>
</tr>
<tr>
<td>65C-29.006(2)</td>
<td>ADM notified immediately on all intakes involving a mental health or drug treatment facility or provider.</td>
</tr>
<tr>
<td>65C-29.004</td>
<td>Biological parent(s)/legal guardian notified as soon as possible of an intake involving their child(ren) as victims.</td>
</tr>
<tr>
<td>39.302</td>
<td>Safety Assessment completed</td>
</tr>
</tbody>
</table>

## JUDICIAL CHECKLIST

<table>
<thead>
<tr>
<th>Code</th>
<th>Tasks</th>
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<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>39.402(10)</td>
<td>Concerted efforts to provide appropriate services allowing child to remain safely in home is documented</td>
</tr>
<tr>
<td>65C-29.003</td>
<td>□ Specific efforts (services, etc.) or Reason that “no reasonable efforts” are required</td>
</tr>
<tr>
<td>QPS #29</td>
<td>Evidence supporting reason for removal documented</td>
</tr>
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<td></td>
<td>□ Document reasons why continuation in the home would be “contrary to the welfare of the child”</td>
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</tbody>
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<thead>
<tr>
<th>Code</th>
<th>Tasks</th>
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<tbody>
<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 #2, 31</td>
<td>□ Possible placements identified (relative/non-relative)</td>
</tr>
<tr>
<td></td>
<td>□ Affidavit of diligent search in PDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<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)(y)</td>
<td>□ FAHCIS, 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>□ Fingerrints 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>□ Attemtps 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 and documented regarding efforts to place siblings in same home</td>
</tr>
<tr>
<td>CITES</td>
<td>TASKS</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>39.501 (5)</td>
<td>Judicial Review and approval within 24 hours of placement with non-relative</td>
</tr>
<tr>
<td>65C-30.004</td>
<td>All case files of dependent children contain</td>
</tr>
<tr>
<td></td>
<td>☐ Photo and birth verification for each child</td>
</tr>
<tr>
<td></td>
<td>☐ Fingerprints if out of home placement</td>
</tr>
<tr>
<td></td>
<td>☐ Refer to “Identification of Children” – page 2</td>
</tr>
<tr>
<td>39.519</td>
<td>Visitation plan with parent(s)/siblings documented</td>
</tr>
<tr>
<td>39.402 (9)</td>
<td>Visitation schedule to court at Shelter Hearing</td>
</tr>
<tr>
<td>65C-30.007</td>
<td>Visitation addressed via “Keeping Children Safe Act”</td>
</tr>
<tr>
<td>QPS #33</td>
<td>If siblings not placed in same home, plan for frequent visitation developed</td>
</tr>
<tr>
<td>39.402 (15)</td>
<td>Service referrals for parents seeking In-Home services provided at Shelter Hearing</td>
</tr>
<tr>
<td>QPS #21</td>
<td>Court orders in case file</td>
</tr>
<tr>
<td>65C-30.002(1)(d)</td>
<td>Case plan filed with court within 60 days of removal, if child is removed, or not less than 3 business days prior to disposition</td>
</tr>
<tr>
<td>39.52(2)</td>
<td>PDS includes all necessary information</td>
</tr>
<tr>
<td></td>
<td>☐ PDS/Case Plan sent to legal 7 days prior to disposition hearing</td>
</tr>
<tr>
<td></td>
<td>☐ PDS excused by judge</td>
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</tbody>
</table>

**INVESTIGATION CLOSURE ACTIVITIES**

<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>39.301, 39.521-522</td>
<td>Assessment supports disposition decision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>QPS #24</td>
<td>Investigation is thorough and appropriate steps were taken to ensure child safety</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>39.301 (17)</td>
<td>Investigation completed</td>
<td></td>
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<tr>
<td>65C-29.003 (10)</td>
<td>Complete within 60 days (unless an exception applies)</td>
<td></td>
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<tr>
<td>65C-30.004 (98)</td>
<td>FSFN documentation: Case Closure Page</td>
<td></td>
<td></td>
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<tr>
<td>QPS #18, 28</td>
<td>Closure Notification completed</td>
<td></td>
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<tr>
<td></td>
<td>Findings determined and documented on FSFN within 45 days of intake receipt</td>
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<tr>
<td></td>
<td>Correct Incident Date is entered in FSFN if findings are verified</td>
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<tr>
<td></td>
<td>Results determination documented in FSFN and is appropriate based on the information obtained during investigation</td>
<td></td>
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<tr>
<td>65C-29.003</td>
<td>Supervisory review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56C-30.007 (15)</td>
<td>Date case returned to PI:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QPS #8, 26, 27</td>
<td>Due date of follow-up, if needed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Follow-up completed</td>
<td></td>
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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 ______________________________