Investigative Response Power Point Slides

Slide 1

Investigative Response

Slide 2

Purpose: Child Protective Investigations

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

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

Slide 3

Your Responsibilities

Collect evidence & assess if child needs protection.

Initiate interventions that protect the child.

Establish the agency’s relationship with the family.

Begin a joint effort to identify maltreatment causes & eliminate them.
Slide 4

Module 1: Preparing for the Investigation

Objectives

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

Slide 5

Types of Intakes

Relevant to Protective Investigations

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

Slide 6

Special Conditions Referrals

Requests that require agency intervention to ensure service provision
**Slide 7**

Special Conditions Referrals

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

**Slide 8**

Child on Child Sexual Abuse Referrals

- Any sexual behavior between children 12 yrs. or younger occurring without consent, equality, or as a result of coercion.
  - GSC-32.001(19)
- You must respond to all child on child sexual abuse intakes when the alleged offender is 12 yrs. or younger.
  - GSC-26.007(1)
- Hotline immediately transfers reports/calls to LE if alleged offender is age 13 or older.
- Services for family/caregiver, victim, juvenile sex offender, or child who exhibited inappropriate sexual behavior must be voluntary & of necessary duration.

**Slide 9**

Foster Care Referrals

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

**Caregiver Unavailable**

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

Slide 11

**Parent Needs Assistance**

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

Slide 12

**Institutional Intakes**

- s. 39.302, F.S.

  - is acting in an official capacity
  - committed an act of child maltreatment

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

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

Interview collateral and alleged perpetrator.

Unannounced on-site face-to-face interview w/child at child's residence.

Full written report to SA within 3 working days after oral report.

Missing Children

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

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

65C-29.013
- Reasonable efforts to locate

False Reports

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

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

Investigation Requirements

- s. 39.30(1)(a):
  - Conduct/assess state & federal records checks, including D.O.C. records on the parents/legal custodians/caregivers, & any others in the same household.
  - Crime Intelligence Unit at the Hotline provides this information on all intake subjects.

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

- Research court records.

55C-29.009: addresses all investigations requirements

Slide 17

Gather Information Prior to Contact

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

Slide 18

Gather/Document Information

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

Current & Prior Intakes and Investigations
Slide 19

Gather/Document Information:
Criminal History

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

Slide 20

Reporter Contact

Why contact the reporter?
65C-29.003(3)(n)

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

Slide 21

Caller ID

When can caller ID be used?

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

**Child Maltreatment Index**

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

Slide 23

**Cultural Factors**

A family’s culture can influence how they:

- respond to investigator
- perceive the agency
- share information
- set parenting & child rearing standards
- cooperate

Slide 24

**Considerations for Initial Contact**

- How to explain the purpose of the investigation
- Who does the family consider to be a family member? Who is the primary caregiver? Who should you interview first?
- The roles and positions of various family members
- How to encourage family to involve others
- A PI who knows the family’s culture, local community and can speak the family’s language is the best option
Slide 25

**Family-Centered Practice**

**Purpose of Federal & State laws:**
- Focus services on the child’s safety, well-being and permanency
- Preserve, stabilize, and protect the integrity of family life when possible

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

If the family is abruptly or punitively approached, it can:
- Create obstacles to casework intervention
- Interfere with promoting positive family change

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

Slide 26

**Planning the Investigation**

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

Slide 27

**Module Two:**
**Conducting the Investigation**

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

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

Slide 29

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

Slide 30

**Mandatory CPT Referrals**
- Head injuries, believe to the neck or head, burns or bruises in any child.
- Bruises anywhere on a child age 5 or younger.
- Malnutrition and/or failure to thrive.
- Medical neglect.
- Serious emotional problems.
- Child death due to suspected maltreatment, when is sibling or other child remains in the home.
- Any intake alleging sexual abuse.
- Any sexually transmitted disease in the child.
- REFER TO CPT.
Slide 31

Non-Judicial In-Home Services

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

Slide 32

Grounds for TPR

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

Slide 33

Grounds for TPR

- Involuntary TPR of child’s sibling
- Parent history of extensive, abusive, and chronic use of alcohol or a controlled substance which renders them incapable of caring for the child and have refused or failed to complete treatment during the 3 year period prior to filing TPR petition
- Test at birth indicates blood contains alcohol or controlled substance not the result of medical treatment and child’s biological mother has had 1 other child adjudicated dependent due to same finding
- Child or another child of parent(s) placed in out-of-home 3 or more times and conditions for out-of-home placement were caused by the parent(s)
**Photographing Children**

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

**Maintaining & Updating Photographs**

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

**Fingerprints and Birth Verification**

- **Fingerprints:**
  - Ages 3 years or older: within 15 days after initial placement
  - Under Age 3: Consider footprints
- **Birth Verification:**
  - Within 15 days of:
    - placement in out-of-home care.
    - transfer to services unit for in-home services.
    - initial placement if born out of state/country
  - Certified copy for licensed out-of-home care
Slide 37

**Initial Contact**

- Child safety is always considered first.
- Know your agency procedures for law enforcement assistance requests.
- If the client may be dangerous, take law enforcement with you.
- FS 39.301(7), (9) require:
  - face-to-face interviews
  - assessment of the child's residence

**Module 2: Conducting the Investigation**

---

Slide 38

**Methods for Gathering Data**

- Interviews
  - Identify what happened & when, who was involved, etc.
  - Verify/refute allegations based upon consistency with other facts/interviews
- Direct observations
  - Assess family interactions
  - Assess child's response to caregivers/household members
  - Determine the presence of injury
- Assess documentation from past agency, court, police, & medical records

---

Slide 39

**Document Observations**

- Children's physical/developmental condition
- Includes observable effects of maltreatment
- Emotional status
- Includes mannerisms, signs of fear
- Parents' reactions to the agency's concerns
- Emotional and behavioral status
- Interactions between family members
- Home's physical condition
- Neighborhood's climate
Risk assessment is an ongoing process that can help you:

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

Specific areas to observe include:

- Child’s physical condition
- Child’s emotional status
- Parent’s reaction to agency’s concerns
- Parents’ emotional/behavioral status; denial & resistance levels; use of defense mechanisms
- Home’s physical status
- Neighborhood climate

Threat of Harm: Immediate or Impending?

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

Caregiver’s Ability & Willingness to Protect

Does the caregiver:

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

Slide 44

Safety Planning

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

Slide 45

Safety Planning

The Safety Plan must:

- be agreed to & signed by you and the parent/legal custodian
- contain specific tasks for all parties
- be documented in FSFN
- address both immediate & long-term protection planning
Slide 46

**Least Intrusive Options**

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

---

Slide 47

**Temporary Placement**

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

---

Slide 48

**Tiered Services Protocol**

- Foster Care
- Court Ordered Relative/Non Relative Placement
- Judicial In-Home Services
- Non-Judicial In-Home Services

---
Slide 49

**Module Three: The Safety Assessment**

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

**Objectives**

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

Slide 50

**Supervisory Review**

Supervisors must review all SAs and:

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

**Second Party Review**

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

Second Party Review is required.

Combination of any 2 of the following 3:
- Child age 5 or younger or nonverbal
- Prior intakes involving any subjects of current intake, regardless of finding/whether
- Actualizing, neglect or threatened harm is serious or severe

Slide 53

**Second Party Review Timeframes**

Second party reviewer must:

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

Slide 54

**Updating the Safety Assessment**

65C-29.003(6)(e) – Must update:
- After initial contact w/ the child or any other subject of the intake if it occurs after the initial submission
- When assessing if child removal is necessary
- As often as necessary to ensure child safety
- When you have new information that impacts child safety
- When circumstances w/in the child's environment change
- Prior to a recommendation to the court for disposition
- Prior to closure of the investigation
**Slide 55**

**Request for Assistance Assessment (RFA)**

- **Parent in Need of Assistance**
- **Foster Care Referral**
- **Caregiver Unavailable**

RFA Assessments: Document activities, assessment, & removal information for these special conditions referrals:

---

**Slide 56**

**Module Four: Investigation Closures**

**Objectives**

- Determine findings based upon the credible evidence to support/refute alleged maltreatments.
- Identify investigative & assessment summary components.
- Describe decisions & documentation prior to closing investigation.
- Describe 5 types of "no jurisdiction" closures.
- Name the criteria for a "duplicate" closure.