



“Mentoring and Modeling Quality”

A Discussion Guide for Child Protective Investigations Supervisors

Objective: To improve practice and outcomes for children and families who have been reported for child abuse or neglect.

Underlying Principle: All staff must understand each person has a role in assuring quality service to children and families. Everyone must be responsible for taking immediate action when there is any evidence the life, safety, or health of a child may be threatened. Whether the evidence is observed in the field, identified through formal review, or heard in an interview or other discussion with knowledgeable case participants or stakeholders, personal integrity and responsibility require action.

Sampling Methodology: At a minimum, supervisors must randomly select three cases per child protective investigator, each calendar month and facilitate discussion of critical and qualitative aspects of the investigative process specific to the sampled case with the investigator.

Instructions: The supervisor must first review the investigative record in preparing for a qualitative discussion with the investigator. The file review includes the following:

- All prior reports to the Hotline and outcomes
- Intake summary and allegations
- Household composition and frequent visitors
- Interview notes of child and family members
- Use of collateral contacts in assessing the family
- Assessment of criminal background checks
- Referrals to Child Protection Team and Law Enforcement as appropriate
- Completeness of Child Safety Assessment
- Consultation with Children’s Legal Services as appropriate
- Referral for behavioral health assessment as needed

The supervisor will document in a case note in Florida Safe Families Network that the discussion occurred, summarizing any major points that may need further attention and potential trend characteristics to be considered in the future. The supervisor will provide documentation to the Circuit Administrator that discussions occurred as outlined in this guide. The Circuit Administrator must determine how the the discussion process will be documented and managed at the local level.

Discussion Guide

A. History and Cultural Background

1. Tell me about this family; what are they like; do they have supports? (Include: Does the investigator understand the language and culture of the family, and if not, how is he/she communicating with the family?)
2. Tell me about the prior reports on this family, even those that were closed with “no indicator” findings. Were there priors on the mother as a victim? The father? Other household members? Do you have a sense that we’re getting more reports on the family and that the reports/allegations are getting to be more serious than prior reports? Do any family members have a criminal history; if so, how might this impact safety?

B. Quality of Contacts

3. How would you describe the family's interactions with each other? Have you assessed each child's safety?
4. Is/was the frequency and intensity of your contacts with the child and the family sufficient to thoroughly address the reported allegations and to assess the family's strengths and needs?
5. What do the collateral contacts say as to the child's current safety and potential future risks?

C. Safety

6. Have you observed any behavioral or physical indicators that the child is not thriving or is in a potentially dangerous environment? Did you involve CPT; if so, what were the findings?
7. Based on the family's strengths and needs, are they able to provide a stable home life for the child?
8. Is there a plan in place that will help assure the child is kept safe – what is the [safety] plan?

D. Services

9. Is the family receiving the services they need based on your assessment? (Did you provide service referrals yourself? Did you assure they were engaged? Were services addressed through Case Transfer or Early Service Intervention agreements in which the CBC would make referrals and ensure engagement?)
10. Are the services in line with the goals of family preservation or reunification? Are there mental health, developmental, or substance abuse issues that require treatment?

E. Removals

11. Before the CBC placement authority took responsibility for placement, did the child stay overnight in an unapproved, unlicensed or office setting (including a hotel room)?
12. If you made the placement with a relative or non-relative, how did you assure the relative or non-relative was an appropriate placement setting for the child? Is there any potential danger due to "visitors" in the home?
13. Was the medical history form sufficiently completed so that the next caregiver had all of the medical information you knew about at the time?
14. Did the child have a medical diagnostic screening within 72 hours; if not is it planned/scheduled? Were any health problems identified; if so, what follow-up actions are planned? Is the child on psychotropic medications and if so, is there a current record of Informed Consent and/or a court order authorizing this treatment?

F. Supervisor's Assessment of Discussion

15. The investigation and subsequent maltreatment findings are based on well documented, properly weighted and well analyzed evidence.
16. All appropriate and required authorities were involved in the decision making process? (CPT, law enforcement, therapists, etc.)
17. The discussion has been documented in the FSFN case notes.