Rapid Safety Feedback Quality Assurance Review

Child Protective Investigations

This document contains the questions by which trained quality assurance reviewers will assess case work practice related to child safety in open child protective investigations.

February 2014
# Rapid Safety Feedback QA Review

**Child Protective Investigations Review Items**

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Introduction

The child welfare practice model for child protection is a continuum of interventions that begin when a child abuse or neglect report is received by the agency and concludes when a case closes and children are in a safe and permanent home. The effectiveness of this system of services is contingent on all stages of service working together to achieve these outcomes. As a family proceeds through certain steps or decision making points across stages of service, the safety of the child remains paramount.

The single most critical function of child protective investigators is the complex process of assessing child safety and risk at every stage. The investigator’s assessment is crucial to addressing a child’s immediate safety through safety analysis and determining if there is a need for an ongoing Safety Plan. The investigator’s assessment includes fact-finding, establishing rapport with family members and engaging them in the safety intervention process.

Ratings for each of the questions will be guided by the Core Concepts:. However, each case is unique and the reviewer will use professional judgment in determining the overall rating.
Question 1

Prior Child Abuse and Neglect Reports, Prior Services, and Criminal History

1.0 Are the prior child abuse and neglect reports, prior services, and criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impact on child safety?

☐ Strength  ☐ Area Needing Improvement

Core Concepts: In every investigation, the investigator must assess the immediate safety and short and long-term risks to each child and identify the safety service needs for each child and family. One way of assessing these factors is through exploring the household members’ and frequent visitors’ criminal histories and prior involvement with the child welfare system in Florida, and other states when applicable.

Abuse record checks and criminal history checks are completed on the adult subjects of the report by the Hotline when a report of abuse or neglect is accepted for investigation; however, the reporter may not have known or provided names of everyone in the household at the time. Therefore, upon learning there are additional family or household members, the investigator must request criminal background checks be conducted on those people and include the findings in the overall assessment. If there are criminal histories, prior reports of abuse or neglect or prior case management services provided to the child and family, the investigator must consider the entirety of this history during the course of the investigation. Sources providing this information are Florida Department of Law Enforcement, Department of Corrections, Department of Juvenile Justice, Florida Abuse Hotline, Florida Safe Families Network, local law enforcement agency, etc.

If there is evidence or a determination is made an individual is a frequent visitor in the home, the investigator has the discretion to request a background check through the Hotline. Consideration should be given to the following when deciding if an individual is a frequent visitor:

- Does the visitor spend the night at the house? If so, how often?
- Does the visitor spend any unsupervised time in the home with the child?
- Is the visitor ever left in a caregiver role? If so, how often? Under what condition?
- Is the visitor a boyfriend or girlfriend of any adult household member?

The reviewer’s task is to determine how timely the background checks were requested, and how effectively the background information was applied to the assessment of safety, risk and safety service needs during the course of the investigation. Reviewers should carefully consider background checks to determine if the results were included in the assessment. The reviewer should also consider how the investigator used the background history of frequent visitors to assess safety, risk, and safety service needs. The reviewer must assess if the information obtained through these checks appropriately drove investigative decision making and determine if the investigator did or did not recognize an increase over time in the seriousness or frequency of the criminal history and prior abuse and neglect reports. Some factors that should impact decisions related to assessment of child safety include: violent criminal acts, multiple reports of abuse and neglect involving the same perpetrator, or same type of maltreatment, reports documenting prior or current domestic violence, ongoing substance abuse and/or mental health concerns, or any combination thereof.

It is acceptable to rate this question as a “Strength” when the background screening was not timely but at the time of the case review the information had been assessed and used appropriately to assess danger threats.
References: s. 39.301(9) (a) 1, & 39.521(2)r; F.S. & 65C-29.003 (j), & 65C-29.009; 65C-29.009 (1)(a)-(c), (2), (3)(a)-(c), (4)-(5)F.A.C., CFOP 174-94; Safety Outcome 1, Item 4 & Policy Directive, April 21, 2008 – Calls for Service During Investigations, CFF-CB-PI-10-02, March 26, 2010
Question 2
Information Collection

2.0 Is sufficient information collected and validated?

- Strength
- Area Needing Improvement

**Core Concepts:** Sufficient information collection helps guide decision making and determine if a child is safe or unsafe. The information collection process includes gathering information or evidence in order to assemble an information base, and interpret information accurately to guide the decision making process regarding child safety. This activity assesses the degree to which critical decisions are carefully reasoned by the investigator at strategic decision points.

The investigator must observe the child’s interaction with his/her family, the alleged perpetrator or caregiver if residing in the home, as well as the other children in the household. The degree of documentation may differ depending on the elements of the investigation and the age of the victims; however interactions between the child and subjects of the report should be observed and the observations documented should be relevant to the alleged maltreatment(s) and presenting concerns.

The investigator is required to document specific and relevant observations of the children during the investigation that include each child’s physical appearance, developmental progress, behavioral indicators, and interaction with others in the household. The investigation is required to describe the physical and emotional state of the children and relevant parent/child interactions given the alleged maltreatments. Observations documented in the record should give the reviewer a sense of each child’s present state of overall well-being. Phrases such as “free of marks and bruises” or “child appeared happy healthy and bonded” or “appeared to be developmentally on target” are not sufficient when assessing qualitative interactions and observations. More individualized and substantive statements are needed to fully assess child safety.

Interviews with the children and caregivers must address the type and severity of maltreatment; a description of the specific events that transpired; a description of the emotional and physical symptoms when applicable; and the child’s condition. Additionally it is important to document the history and duration of the maltreatment; patterns of functioning that led to or explain the maltreatment; the caregiver’s intent and explanation regarding the maltreatment; any unique aspects of the maltreatment; and the caregiver’s acknowledgement and attitude about the maltreatment.

Specific to child functioning, the investigator should be collecting information regarding the child’s general mood and temperament; intellectual functioning; communication and social skills; expressions of emotions/feelings; behavior; peer relations; school performance; independence; motor skills; physical and mental health.

2.1 Are child interviews and observations sufficient?

- Strength
- Area Needing Improvement

**Core Concepts:** The reviewer must determine if child interviews and observations are complete and comprehensive enough to provide sufficient information. The purpose of the face-to-face contact and interview with the alleged victim, his or her siblings, and other children living in the household is to gather information regarding the alleged maltreatment incident(s) and determine if the children are vulnerable to any present or “impending danger” threats. Investigators use both direct observation (what they see) and interviewing (what they hear) to assess the children’s immediate safety and collect information related to child functioning on a day to day basis, that is likely to reveal the presence of “impending danger” in the household.
If it is not possible for the investigator during the initial attempt to make a face-to-face contact with and interview the victim, siblings or other children living in the household, the investigator must continue to make at a minimum daily attempts at varying times and locations to see the alleged victim and other children. The investigator must also document why contact was not made, as well as the diligent efforts made to complete face-to-face contact.

2.2 Are caregiver interviews and observations sufficient?

Strength ☐ Area Needing Improvement ☐

Core Concepts: The reviewer must determine if caregiver interviews and observations are comprehensive and provide sufficient information. Information from interviews and observations of caregivers demonstrate how caregivers function in respect to daily life management. How do the caregivers typically feel, think, and act on a daily basis. It is important for recent (adult related) history to be captured here such as employment experiences and what that tells us about the adult’s behavior, impulse control, etc.; and previous relationships and associated dynamics. Information from interviews will include the parents’ history: childhood, parental maltreatment, school and education, past domestic violence relationships, and substance abuse and mental health history. Information that addresses this sub-item and answers this question includes:
- Communication and social skills; coping and stress management; self-control;
- Problem solving; judgment and decision making;
- Independence; home and financial management; income/employment;
- Citizenship and community involvement; rationality; self-care and self-preservation;
- Substance use; mental health; family and/or domestic violence;
- Physical health and capacity; and
- Functioning within cultural norms.

2.3 Are collateral contacts relevant and interviews sufficient?

Strength ☐ Area Needing Improvement ☐

Core Concepts: The reviewer must determine if collateral contacts are relevant and comprehensive enough to provide sufficient information. Based upon the information in the intake and the review of the family’s history, the investigator must determine which collateral sources are likely to have relevant information related to the current investigation and the family. In most instances, the reporter should be the first individual contacted prior to commencing the investigation. This step is necessary to corroborate information obtained by the Hotline counselor and provide an opportunity for the investigator to obtain more specific information around child functioning, adult functioning, general parenting, and disciplinary and behavior management practices the reporter may not have provided to the Hotline. The reporter may also be an excellent source for providing the names and contact information for other reliable collateral contacts who know the family well.

An additional consideration in identifying collateral contacts is the degree to which the source is likely to provide reliable and unbiased information about the family. Professional sources are typically less biased than neighbors, friends and family members but correspondingly also are less likely to have as much detailed information about the family. Informal sources on the other hand, typically know the “family’s business” to a much greater extent than professional sources but may be biased regarding the information shared and may intentionally skew the information to present the family in a more favorable or negative light. The degree to which information from one source can be corroborated by additional sources helps the investigator determine the reliability of the information.

Unless compromised by adult instruction, children are the most unbiased source for information within a family and are also the least guarded in disclosing sensitive information. Similarly, family
members who were emotionally and/or physically “cut-off” from the family in the recent past are often good collateral sources for information. Asking a child if there is a favorite aunt, uncle or family member he or she misses is a good way to identify these individuals because the adults in the home will rarely disclose this information because of concerns about what the individual might share about the family.

The investigator should also determine the order in which collateral sources are interviewed to facilitate information collection. In determining the order of collateral source interviews, it would be optimal to begin with the individual(s) most likely to provide relevant and valid information and then the individual(s) more likely to be resistant or guarded. This will allow the investigator to develop a line of questioning for future interviews that builds on the information already collected and indicates to “closed” sources the investigator has obtained substantial information to analyze their responses to the questions asked.

2.4 Are there referrals for medical examinations, developmental screenings, and evaluations of parents and children?

- Strength
- Area Needing Improvement
- Not Rated

**Core Concepts:** When children present at intake with serious injuries, medical examinations occur as a matter of course; but when children's injuries are minor or of undetermined origin the investigator may depend on their observations of bruises, etc. without medical follow-up. The purpose of a medical examination in cases of suspected child abuse or neglect is to determine from a medical standpoint how an alleged injury or condition may have occurred and whether it could have resulted from other than accidental means. The medical evaluation can also help the physician, family, and investigator determine whether the child has any treatment needs. There may be injuries that are not obvious or old injuries from previously reported or non-reported incidents. A child may be too young to communicate verbally or adequately. A child may be too frightened or may have been threatened "not to tell" and not be able to talk about abusive incidents or answer questions. The parent may give to the investigator or physician explanations for injuries which are possible but not probable or likely.

When parents appear to have untreated substance abuse, mental health and domestic violence issues, they should be referred for specialized assessments. Consultation with substance abuse, mental health and or domestic violence experts should be part of the decision making process. The accurate assessment of unmanaged mental health issues and out-of-control substance abuse requires professional input from individuals trained in those respective disciplines. Co-dependency dynamics in the family may result in the minimizing or outright denial of a problem related to either issue. If the investigator suspects an unmanaged mental health issue or substance abuse problem is contributing to the parent’s or caregiver’s diminished protective capacity then the investigator shall make a referral for a family intervention or integration support specialist for additional screening and assessment services. In emergency situations where the investigator suspects the parent or caregiver is experiencing an acute mental, emotional or substance abuse crisis for which the individual's typical coping strategies are inadequate and no immediate family is available for assistance, the investigator should immediately contact law enforcement for assistance with an involuntary assessment of the individual as directed under either the Baker (s. 394.463, F.S.) or Marchman (s. 397.675, F.S.) Act.

Developmental screening and assessments should be part of the family assessment for pre-school children in chronically referred families. A health, diagnostic or educational assessment is a brief, simple procedure used to identify potential health, developmental or social-emotional problems in infants and young children in the context of family, community, and culture. The screening process provides an opportunity for young children and their families to access a wide variety of services and early childhood programs; and promotes and supports parents' understanding of their child’s health, development, and learning.
A developmental screening is the early identification of children at risk for cognitive, motor, communication, or social-emotional delays that may interfere with expected growth, learning, and development and may warrant further diagnosis, assessment, and evaluation. Developmental screening instruments include (at least) the domains of: cognition, fine and gross motor skills, speech and language, and social-emotional development.

### 2.5 Is information validated and inconsistent information reconciled?

- **Strength**
- **Area Needing Improvement**

*Core Concepts:* The investigator must demonstrate an understanding of the information collected from the family, collateral contacts, and experts. When conflicting information is obtained, the investigator must validate and reconcile the information. The determination of child safety is precise in focus. Information is gathered and analyzed to develop an understanding of family dynamics and functioning. Standardized information gathering is crucial. While “present danger” is readily identifiable and likely observable at the time of initial contact; “impending danger” is more elusive and requires focused professional information gathering and assessment.

*References:*

- **Interviews:** ss. 39.301(9) (a) 2 & 10 (b) & (11), F.S., Safety Outcome 2, Item 4; Observations: 39.301(10) (b), F.S.; & 65C-29.003 (3) (c), F.A.C., Safety Outcome 2, Item 4; **Collaterals:** s. 39.301(6) & (11), F.S.; & 65C-29.003 (8) & 30.001(28), F.A.C., Safety 2, Outcome 4 **Diligent Efforts:** s. 39.201(5) F.S. & 65C-29.013 (2) (a) & (b) 1-4, F.A.C., Safety Outcome 1, Item 1
Question 3
Identification of Danger Threats and Assessment of Caregiver Protective Capacity

3.0 Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently assessed to determine the caregivers’ ability to control the identified danger threat or safety concern?

- Strength
- Area Needing Improvement

Core Concepts: The vulnerability of each child needs to be considered throughout the information collection and assessment process. The investigator must continue to assess the following danger threats:

- Caregiver is not meeting child’s basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.

- Caregiver’s intentional and willful act caused serious physical injury to the child, or the Caregiver intended to seriously injure the child.

- Caregiver is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

- Caregiver is threatening to seriously harm the child; or the Caregiver is fearful he/she will seriously harm the child.

- Caregiver or caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has resulted or will result in serious harm to the child.

- Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control that results in self-destructive behavior and the Caregiver is unwilling or unable to provide necessary care. Child provokes dangerous reactions/behaviors in Caregiver and the Caregiver is unwilling or unable to arrange or provide for care to manage/control the child.

- Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Caregiver’s explanations are inconsistent with the serious illness or injury that is indicative of child abuse.

- The child’s physical living conditions are hazardous due to the faults and habits of the Caregiver and a child has already been seriously injured or will likely be seriously injured.

- There are reports of serious harm and the child’s whereabouts cannot be ascertained and/or there is a reason to believe the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.

- Caregiver is not meeting the child’s essential medical needs AND the child has already been seriously harmed or will likely be seriously harmed.

Parental protective capacity areas of assessment are related to personal and parenting behavior, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one’s children. Protective capacities are personal qualities or characteristics that contribute to vigilant child
protection. They are “strengths” that are specifically associated with one’s ability to perform effectively as a parent in order to provide and assure a consistently safe environment.

Assessment of a caregiver’s capacity to protect a child begins with identifying and understanding how specific safety threats are occurring within the family system. At this point in the investigation process the investigator determines the specific protective capacities associated with the threats to child safety. Children are unsafe because the caregiver cannot control or mitigate threats to safety.

3.1 Are danger threats accurately identified?  

Strength  Area Needing Improvement

**Core Concepts:** The first assessment component in the determination of child safety is the identification of danger threats. The term “danger threat” is defined as “family behavior, conditions, or circumstances that could result in harm to a child.” While collecting information the investigator may discover information about danger threats in the home. This reinforces why it is so important for investigators to understand how the family is functioning overall rather than conducting an incident focused interview that asks who did what and when, which ultimately narrowly defines the family by maltreatment rather than by overall functioning.

Danger threats may occur as a “present danger” or an “impending danger”. Present danger is unique in that it is immediate, significant, clearly observable, and actively occurring during the investigator’s visit to the home. Present danger threats are conspicuous and require an immediate protective action be taken to ensure the child’s safety.

While just as serious in terms of consequences to a child, “impending danger” threats are typically more subtle in nature and can best be described as a pervasive “state of danger” in which family behaviors, attitudes, motives, emotions and/or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time. Impending danger threats result from persistent and ongoing out-of-control conditions in the home that places a child in a continual, imminent, but not immediate, position of being seriously or severely maltreated.

3.2 Are caregiver protective capacities sufficiently assessed?  

Strength  Area Needing Improvement

**Core Concepts:** Caregiver protective capacities are personal behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one’s child. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection. Caregiver protective capacity is a concept that applies specifically to the adult who lives with a child and is responsible for the primary care of a child. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, day care providers, other institution providers, babysitters, etc. A caregiver protective capacity is a specific quality that can be observed and understood to be part of the way a parent thinks, feels and acts that makes him or her protective. This includes demonstrated behavior over time.

There is also cognitive, behavioral, and emotional caregiver protective capacities related to adult functioning. This refers to personal characteristics that are apparent about a person regardless of whether he or she is a parent. These are characteristics that are typical of how the person (as an adult) functions on a daily basis. For example, does the adult have any of the following characteristics to a greater or lesser degree: physically able, displays emotional control, reality oriented, accurately processes information, takes action, assertive and responsive, adaptive, resilient, stable, able to meet own needs, and intellectually able.
o **Cognitive Protective Capacities Related to Parenting** - Caregivers are more likely to be protective when they understand their protective role. They recognize when their child’s safety is threatened. They have an accurate perception of their child. They accurately recognize their child’s needs. They possess adequate knowledge about child development, parenting, and protection, and have realistic expectations for their child.

o **Emotional Protective Capacities Related to Parenting** - Caregivers are more likely or motivated to be protective when they demonstrate love toward their child. They are sensitive toward their child. They have empathy for their child. They are emotionally bonded to their child. They feel a positive attachment to their child.

o **Behavioral Protective Capacities Related to Parenting** - Caregivers are more likely to be protective when they have a history of being protective. They control their impulses in parenting situations. They are successful at setting aside their own needs.

Upon the identification of a danger threat and the determination a child in the home is vulnerable to the threat, the investigator must then assess whether there is a non-maltreating caregiver in the home who has the capacity to control or manage the identified threat(s) to keep the child safe. Sufficient information to assess caregiver protective capacity will generally come from an investigator collecting information related to adult functioning. This assessment is critical to the investigator determining if the caregiver has demonstrated actions of protection that specifically address the danger threats identified to the extent the investigator is confident that the child is safe and will remain safe without department intervention. Rationale that a non-maltreating caregiver has the capacity, ability and willingness to take protect action to keep a child safe includes both:

1. A historical record of taking such action in the past; and
2. A current demonstration of taking protective actions on the children’s behalf.

Only an in-depth assessment of caregiver protective capacity will enable the investigator to determine when a short-term, temporary incapacitation is not representative of the parent’s normally sufficient protective vigilance. This is a critical distinction for the investigator to make because many parents assert the maltreatment incident was not a result of any lack of protective vigilance on their part but due solely to a one-time, highly unusual incident or unique set of circumstances. The reviewer should consider the entirety of the interviews conducted with the subjects of the report, household members and collateral contacts to determine if the caregiver’s protective capacity was accurately assessed. While caregiver’s incapacitation can be specific to a situation or a point in time, it is up to the investigator to clearly show how any harm or “present danger” threat resulted from a parent temporarily being incapacitated despite a history of regularly demonstrating sufficient protective capacity. Examples include, but are not limited to:

o **Acute reactions or side effects from prescription medications** - (e.g., a parent falls asleep after taking a painkiller prescribed for a dental procedure and the 2 year-old manages to get outside unsupervised, etc.)

o **Undiagnosed medical conditions** - (e.g., a parent has a diabetic hypoglycemic reaction while driving with her 4 year-old and she is arrested for what appears to be impaired driving – D.U.I., etc.)

Diminished capacity in caregivers with sufficient protective capacity is unpredictable because the temporary incapacitation is brought on, for the most part, by circumstances outside the caregiver’s control (if it was predictable the normally protective parent would have taken steps to prevent it or made appropriate arrangements for their children’s care and supervision). Both examples provided above illustrate why an investigator has to collect sufficient information on protective capacity and not
assess the caregiver’s “protectiveness” solely on the basis of the maltreatment incident. When a “present danger” is identified and the full assessment of the caregiver’s protective vigilance indicates sufficient protective capacity the investigator should describe the temporary diminished capacity.

Question 4
Safety Planning

4.0 Is the Safety Plan viable and does it incorporate safety intervention strategies implemented in response to an identified danger threat or safety concern?

☑ Strength ☐ Area Needing Improvement ☐ Not Rated

(Not Rated can only be used when there is no Safety Plan and the QA reviewer agrees that based on the sufficiency of information, a Safety Plan is not needed)

Core Concepts: When the family assessment indicates a need to take action to ensure child safety, the investigator develops a Safety Plan that is clear and contains achievable steps and benchmarks to increase the family’s ability to succeed. The Safety Plan is instantaneous (same day), and short-term. The plan includes a sufficient strategy to provide a child responsible adult supervision and care to control danger threats from the present until sufficient information can be gathered and analyzed. The plan should clarify specifically how accountability for all safety actions will be monitored, by whom, for how long, and the process for reporting challenges or changes, etc.

Safety Plan Essentials and Error Indicators: There are 10 Safety Plan essentials: Identification of Safety Threats; Vulnerable Child; Identification of Protective Capacities; Diligent Efforts; Least Restrictive Setting; Protection/Control Focus; Engagement; Clarity of Understanding; Clarity of Responsibility; and Monitoring and Accountability. There are also 10 Safety Plan error indicators: False Positives (viewed as present but is not) and False Negatives (viewed as not present but is) on Safety Threats; Misapplied Child Vulnerability; Overstating or Understating Protective Capacities; Safety Threats without Safety Interventions; Safety Interventions without Safety Threats; Using the Safety Response as a Change Intervention; Reliance on Promises; Verification Vagueness; Absent Safety Plan Collaboration; and Misapplied Duration.

4.1 If a danger threat is identified, is there evidence of collaborative decision making related to the Safety Plan?

☑ Strength ☐ Area Needing Improvement ☐ Not Rated

Core Concepts: It is essential for all individuals to know and understand how the safety actions will manage the identified danger threats in the home. While the development of the plan is collaborative in nature it is not a democratic process ruled by the majority. The investigator is responsible for determining the elements required in the plan to ensure child safety. Caregivers have a right to reject a protective action but must be helped to understand their decision to reject protective action as an option will require the investigator to seek legal intervention. Caregivers do not have to agree the protective action is necessary, but must be willing to accept the protective action when the investigator determines the action is required to ensure child safety. The reviewer may only use “Not Rated” when no danger threat exists.
4.2 Is the Safety Plan sufficient to manage and control for danger while information gathering proceeds?

〇 Strength 〇 Area Needing Improvement 〇 Not Rated

**Core Concepts:** When analyzing the sufficiency and appropriateness of a Safety Plan, the reviewer should consider the following:

- Is the safety threat clearly and accurately identified?
- Is the child’s vulnerability accurately identified?
- Are the caregiver’s protective capacities known, appropriately assess, and supported by the information obtained?
- Is the safety decision consistent with the available information and in alignment with the safety threats, child vulnerabilities, and parental protective capacities?
- Did the plan address the safety actions needed?
- Is there evidence of collaboration?
- Is there clarity in responsibility?
- Is there clarity about the plan for monitoring?
- Is the duration of the plan clearly stated and appropriate?

4.3 Are safety services appropriately identified, referred and engaged?

〇 Strength 〇 Area Needing Improvement 〇 Not Rated

**Core Concepts:** Safety planning is an ongoing process. The need for a plan may be triggered by a specific event, but individual and family circumstances change frequently enough to warrant continual monitoring and updating when new safety threats are identified; parental protective capacities diminish; new members join the family or leave the home; or there is an increase in stressors in general, e.g., loss of job, illness, pregnancy, etc. A Safety Plan is appropriate when the caregiver agrees to cooperate with the safety actions and work closely with service providers; the home environment is calm and stable enough for services to be provided and for service providers to be safe in the home; the safety actions are sufficient to control all of the conditions affecting safety and can be put in place immediately; and a responsible person or legal guardian resides in the home. Safety plan interventions may include voluntary kinship placements; restricting access of the alleged perpetrator to the child; the alleged perpetrator leaving the home either voluntarily or as a result of a court order; obtaining a protection order, accessing at risk childcare; respite care, etc. The reviewer may only use “Not Rated” when safety services are not needed.

4.4 Is the investigator ensuring the Safety Plan is being followed through weekly, bi-weekly, or more frequent visits that are made by the investigator or designated service provider?

〇 Strength 〇 Area Needing Improvement 〇 Not Rated

**Core Concepts:** The reviewer must assess if the investigator understands the child is in danger, and follow-up is sufficient to assure the Safety Plan is being followed and the child remains safe as a result. This will require the investigator to check on the child’s and family’s safety at least weekly or bi-weekly, and sometimes more often. If other individuals have responsibility for ensuring follow-through with the plan, the investigator will be required to document follow-up communication with them. The reviewer may only use “Not Rated” when a Safety Plan is not needed.

**Reference:** ss. 39.301 (7), F. S.; & 65C-29.003 (5) (a), F.A.C., Safety Outcome 2, Item 4
Question 5
Supervisory Case Consultation and Guidance

5.0 Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?

- Strength
- Area Needing Improvement

Core Concepts: Quality and sufficiency refer to enough depth and breadth in all information collection to: a) provide a reasonable understanding of family members and their functioning, and b) support and justify decision making. Information is specific, behaviorally stated, precise, relevant and comprehensive. There is evidence of sufficient supervisory support and guidance throughout the investigation.

The supervisor and investigator must both be aware of the information needed and why. The investigator must consult with the supervisor to review the observed family condition and discuss what was observed and why the child was assessed to be safe, or there is evidence of Impending Danger, or there is evidence to support Present Danger. The supervisory consultation should focus on whether the investigator’s information and observations are sufficient to support the investigator’s conclusion. When the investigator determines there is present or “impending danger”, the supervisor must explore all aspects of the family condition and ensure the information obtained is reconciled with the core concepts of each. The supervisory consultation should not reflect a list of actions the investigator was directed to complete.

The reviewer should look for evidence the investigator was encouraged to critically analyze the information obtained, observations made, and what is known and unknown about the family. The follow-up planned should address those factors known and unknown and the actions planned by the investigator to address the present or “impending danger” concerns when applicable.

When “present danger” is assessed, is the assessment, decision making, and supervision consistent with:

1. An understanding of the implications of the prior abuse history of reports and investigations.
2. Information collected from completed contacts.
3. Conditions believed to endanger the child.
4. Child’s condition and whether it is consistent with the definition of “present danger”.
5. Caregiver’s condition and whether it is consistent with the definition of “present danger”.
6. An active current danger based on the investigator’s description.
7. An active threat to child safety based on the investigator’s description of the family’s circumstance or an aspect of the caregiver’s functioning.
8. A need to take action immediately to assure the child’s protection.
9. A “present danger” Safety Plan that includes a sufficient strategy to control danger threats and a specific plan for ensuring accountability for how all safety actions will be monitored, by whom, for how long, and the process for reporting challenges or changes.

When “impending danger” is assessed, is the assessment, decision making and supervision consistent with a state of danger in which family behaviors, attitudes, motive, emotions, and/or situations pose a threat which is not currently active, but can be anticipated to have severe effects on a child at any time?
5.1 Does the initial supervisory consultation document a collaborative discussion about the actions taken or planned to address the alleged abuse or neglect concerns, and provide the guidance and direction needed?

☑️ Strength ☑️ Area Needing Improvement

*Core Concepts*: An initial supervisory consultation is required to be completed within five (5) calendar days from the Screening Decision Date/Time of the intake. The supervisory consultation should focus on:

- Investigator’s assessment of the implications to child safety based on a review of the prior reports and criminal history;
- Information that needs to be collected to inform the decision making process;
- Information or corroboration needed to validate the investigator’s direct observations; and
- Information that needs to be reconciled due to being incomplete or conflicting.

5.2 Is ongoing supervisory consultation sufficient to provide the level of guidance and direction needed relative to the complexities and challenges of the investigation?

☑️ Strength ☑️ Area Needing Improvement

*Core Concepts*: Supervisors can contribute to a relatively straightforward and problem-free closure process by including the evaluation of information sufficiency as a regular element of their ongoing consultative process. Continually evaluating the sufficiency of the information as the investigation progresses helps the investigator structure investigative activity (i.e., lines of questioning, identification of additional collateral sources, requests for evaluations, reconciling information, etc.) and ensures initial decision making is based upon as much reliable and complete information as possible.

Reconciliation of the reported information is critical because if left unaddressed the information could raise more questions. There are multiple reasons why an investigative file might initially contain any number of apparent discrepancies in information. While all information is not as easily reconciled by additional questioning, on an ongoing basis supervisors are responsible for noting when discrepancies in information exist and ensuring the investigator makes a diligent effort to resolve them. Information reconciliation does not mean there are no discrepant or conflicting statements recorded in the record, but rather there are no unexplained discrepancies in recorded information due to the supervisory oversight and the investigator’s documented concerted efforts to obtain additional information to reconcile the inconsistency or explain why one account is more credible than the other.

The record should reflect the supervisor timely identified gaps in information, discrepancies or conflicting information, and when necessary the need to complete additional collateral sources, etc.

The reviewer should consider the following four key information elements when assessing whether the supervision was sufficient to ensure needed information was collected to ensure a thorough investigation.

1. Does any of the information obtained by the investigator and critical to decision making need to be validated?

   In reviewing the file the reviewer should be able to determine all significant information was validated by the investigator’s direct, personal observation or corroborated through multiple collateral sources.

   Example of Personal Observation: The investigative notes contain, “The parents state the child’s injury was the result of falling off her bike.”
In this instance, the investigator would not only view the physical injury but request to see the child’s bike. It is easy to appreciate how the absence of a bike, or the presence of an unusable bike (no chain, two flat tires, etc.) is critical information for the investigator to consider and document.

**Example of Corroboration:** The investigative notes document, “The mother states her 14 year-old daughter is a very reliable babysitter (provides supervision for her 5 and 6 year-old siblings after school).”

In this instance, a supervisor would want to review additional comments (information) corroborating the daughter’s level of “responsibility.” More than likely this would come from collateral sources, particularly the family’s neighbors who are home in the afternoon when school is out.

Note: Corroboration is defined as credible and reliable information obtained from multiple (more than one) sources. Diligent efforts (three attempted contacts with neighbors not home, and two completed contacts with neighbors who provided no information) while laudable, does not count as corroboration.

2. **Does any information obtained by the investigator need to be reconciled because of unaddressed discrepancies?**

There are multiple valid reasons why an investigative file might initially contain any number of apparent discrepancies in information.

**Example of Reconciliation:** The investigative notes document, “The child victim states she got into an argument with her mother about what clothes she could wear to school. Her mother “lost it” and threw her down on the kitchen floor.” The next entry states, “The alleged victim’s younger sibling states her sister got a whipping for watching TV when she was not supposed to.”

Reconciliation of the reported information is critical because if left unaddressed the information would raise more questions than answer and lead to concerns about which child’s account, if either, should be considered more credible. Conflicting information from children frequently results because each child simply recalls or describes events from their unique, individual perspectives – with their recollections shaped by peripheral factors (to the maltreatment) most important or meaningful to them.

For instance, the younger sibling was describing an incident that took place in the afternoon after school while the victim shared information related to an incident that occurred in the morning before school. (Note: This is why good open-ended questions – “Tell me about what happened in your home the other day” - sometimes need to be further clarified by close-ended questions – “Is this the only trouble you got into that day?”)

The younger sibling was upset because she missed her favorite afternoon TV show so she naturally recalled the details surrounding that incident. Her sister on the other hand, was much more upset about not getting to dress how she wanted for school so she disclosed those details to the investigator.

While not all information can be so easily reconciled by additional questioning, supervisors are responsible for noting when a discrepancy in information exists and the diligent efforts the investigator made to resolve the discrepancy.
3. Has sufficient information been collected to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

The initial determination a supervisor must make in assessing the appropriateness of closing the investigation is whether sufficient information was collected (and adequately documented). Insufficient or inaccurate information will likely compromise the thoroughness and accuracy of the assessment of the family’s overall functioning.

Correspondingly, since the three safety formula constructs for the determination of safe or unsafe – danger threats, child vulnerability to the threat, and caregiver protective capacity - rely on the same information, the critical safety decision is likely to be compromised as well. This is why the supervisor’s evaluation of information sufficiency is so critical – because any safety decision is only as good as the information it is based upon.

4. Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?

Despite the axiom that any decision is only as good as the information it is based upon, having essential information available to inform the decision making process does not necessarily guarantee the “right” decision is reached.

The reviewer should find evidence the overall determination of safe or unsafe is the result of the correct application of the safety formula components, and the Safety Planning is adequate to control danger threats in the home to ensure child safety. The reviewer should find evidence adequate information was obtained to inform the decision a child is safe or unsafe, and sufficient rationale regarding how the decision was derived.

5.3 Are issues identified by the supervisor resolved timely?

Strength

Area Needing Improvement

Core Concepts: Supervisory consultations should be a collaborative process between the supervisor and investigator. Agreed upon follow-up should be completed timely or the reason the follow-up is no longer needed documented by the supervisor.

The reviewer will need to consider the agreed upon follow-up actions documented throughout the investigation and determine if timely completion of a particular directive was potentially critical to child safety or potentially critical to decision making. For example, if the supervisor noted in the initial supervisory consultation required background checks were missing, was follow-up on this completed timely? If the supervisor determined the Safety Plan was not adequate to control the behavior, emotion or condition that resulted in a child being unsafe, was follow-up completed timely? If the direction documented was no longer necessary, did the supervisor document the directive was rescinded? If the direction documented was subsequently rescinded, does the reviewer concur the action was no longer needed?

Reference: Initial consultation: s. 39.301(4), F.S.; & 65C-29.003 (6) (b), F.A.C., CFSR Systemic Factor #31
Other

5. Was a case consultation completed on this investigation?
6. Was a Request for Action
7. Was the child removed following the case consultation?
8. Was an in-home safety plan developed as a result of the case consultation?