

# Safety Methodology Practice Guidelines, All Staff

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## Safety Methodology Practice Guidelines, All Staff

**Purpose:** This chapter outlines the core safety methodology constructs and guidelines which are common to child welfare professionals, primarily child protection investigators (INVESTIGATORS) and case managers. The Safety Methodology provides a uniform language for assessing child safety, family risk factors and consistent approaches for safety interventions. While local systems of care and community resources may be different, the fundamental actions to protect and intervene with unsafe or at-risk children should be common across all jurisdictions in Florida. A companion piece to these guidelines is the Safety Methodology Desk Reference Guide which provides definitions and criteria associated with the Safety Methodology.

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## Core Principles of Safety Methodology Practice

**Purpose:** The Department's mission statement is "to protect the vulnerable, promote strong and economically self-sufficient families and to advance personal and family recovery and resiliency." This practice guideline establishes the core tenets for the child protection system.

### Guidelines:

The tenets that are the foundation for achieving this mission when children and families are involved with the child protection system are:

1. The first and greatest investment of public resources should be made in the care and treatment of children in their own homes and communities.
2. Every child deserves to live in a family which provides basic safety, nurturing and a commitment to permanency.
3. The cultural and ethnic roots of the child/family are a valuable part of the child's identity. In order to understand and effectively communicate with the child/family, cultural competence must be a primary feature of service delivery.
4. The focus of interventions should be on the family as a whole, not just the individual child.
5. Interventions with a family should be the least intrusive necessary to achieve child safety.
6. Families should be partners in the change process, helping to define problems and identify solutions. Children and their families should be engaged in the assessment, planning, decision-making, delivery and coordination of services when it is safe and in the best interest of the children. Whenever a family is invited to participate in a meeting with other professionals to make significant decisions regarding their family, the use of a family team meeting/conference model which includes methods for meeting facilitation is the preferred practice.
7. Families are more likely to succeed when they have helped to develop their case plans, thereby generating a sense of ownership and responsibility for the plan's outcome.
8. The family, their resource network, providers and other necessary experts should function as a collaborative team to develop and monitor the case plan to achieve desired family changes.
9. Children and families receive services that are individualized and based on their unique strengths and needs. Access to services is arranged and facilitated in a manner so that the family is supported in achieving the desired family changes.

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10. Intervention into the life of children and families should involve only as many services as necessary to achieve intended goals.
11. An array of services may be required to meet the unique needs of the child and family. If an in-home safety plan is not possible to achieve child safety, the child should be relocated or placed in a family-based setting, with the first priority given to the family of origin, relatives, or non-relatives with whom the child has a bond or existing relationship.
12. While in out of home care, the family's progress is continually assessed to effectuate a timely return home as soon as an in-home safety plan can be implemented.
13. When a child is in out of home care, a concurrent alternative permanency option is pursued as appropriate in order to achieve permanency twelve months from the date that the child was relocated or removed from their home.
14. A child in out of home care should achieve stability and success in school and his or her medical, dental, emotional, behavioral, developmental and educational needs must be met.
15. A child in out of home care will live in a normal home environment, partaking in activities that other children in the home and neighborhood enjoy.
16. The rights to family privacy and confidentiality must be respected. Child protective investigators, case managers and other child welfare professionals must be able to demonstrate respect, genuineness and empathy in order to engage children and families.
17. Regardless of the child welfare professional's agency of employment, all child welfare professionals will function as a unified child protection system working to achieve child safety, well-being and permanency.

### **Supervisors:**

Supervisors will provide oversight, consultation, modeling and coaching of staff that demonstrates mastery of the department's core principles through their supervisory activities in the office as well as through field activities with children and families.

## Safety Methodology Practice Model

**Purpose:** The Safety Methodology provides a set of common core constructs for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. To accomplish this, the Hotline first gathers information in the information domain areas to determine whether present or impending danger is suspected. The investigator gathers further information related to the six specific information domains and assesses it in order to determine: (1) the presence of danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe and the risk of subsequent harm.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities (case planning). The case planning process is based on an understanding of the stages of change and the logical progression that is most likely to result in successful remediation of the family conditions and behaviors that must change.

Florida's practice model includes the expectation that when children are safe and at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the investigator should diligently strive to use motivational interviewing skills to facilitate the parent's understanding of the need for taking action in the present to protect their children from future harm.

### Guidelines:

1. The Hotline counselor will gather information in the information domains in order to determine
  - a. The need to create an intake for a Family Functioning Assessment) -Investigation (FFA-Investigation).
  - b. To establish response times:
    - 4 hours for suspected present danger
    - 24 hours for suspected impending danger
2. The investigator will complete a Present Danger Assessment and if there is present danger, develop and implement a safety plan.
3. The investigator will conduct a FFA-Investigation which results in a determination of one of the following outcomes:
  - a. A child is unsafe and in need of protection

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- b. A child is safe, however has a risk score of “Very High” or “High” and would benefit from family support services.
  - c. A child is safe, and in some situations the family might benefit from referrals to community resources.
4. When the investigator determines that a child is unsafe, the INVESTIGATOR will:
  - a. Develop a safety plan. Standardized safety analysis criteria will be applied to determine whether an in-home safety plan is appropriate and whether court supervision is necessary.
  - b. If an out-of-home safety plan is developed, conditions for return (reunification) will be established.
  - c. Transfer the case to the Lead Agency for Community Based Care (CBC) for ongoing safety plan management and case management.
5. When the investigator determines that a child is safe but at “Very High” or “High” risk of future maltreatment, the case will be staffed for potential referral to family support services.
6. The case manager will use the assessment information presented in the FFA- Investigation as a starting point for more deeply assessing the underlying family conditions related to impending danger and caregiver protective capacities. The case manager will complete a Family Functioning Assessment-Ongoing (FFA-Ongoing) which will include information related to the parent’s motivation to change.
7. The case manager will use the FFA-Ongoing to identify the specific diminished or absent protective capacities and child needs that will guide the development of case plan goals and outcomes.
8. The case manager will co-construct case plan outcomes with families to the extent that the parents or legal guardians are available, willing and able. Outcomes should reflect the family’s current stage of change in order to best ensure that reasonable efforts are made to assist families with achieving change.
9. The case plan will identify the actions, activities, tasks and resources, both informal and professional, which are intended to address diminished caregiver protective capacities and child needs. Service provision may be provided when children are in or out of the home. To ensure resolution of permanency for children in out of home care, the achievement of change must occur within the timeframes established in Chapter 39, Florida Statutes.
10. The case manager will continue to assess the child and family to update the information domains, caregiver protective capacities and child needs. The case manager will complete regular Progress Evaluations that use standardized criteria for the evaluation of family change and progress.

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11. The case will be terminated when the parents have achieved sufficient change in caregiver protective capacities so that a safety plan is no longer required, or when a child has achieved permanency.
  
12. The Safety Methodology depends on family-centered practice skills for all actions and decisions required throughout the life of a case to:
  - a. Engage parents and a family team throughout all stages of assessment, planning and monitoring change.
  - b. Gather and/or update sufficient information in each domain and accurately apply threshold criteria.
  - c. Develop, manage and modify safety plans that consistently adhere to criteria for in-home plans and when necessary, develop appropriate conditions for return.
  - d. Provide services that are an appropriate match to family needs, offering evidence-based services when available.

### **Supervisors:**

1. Supervisors will provide supervision and coaching of staff that models mastery of the department's core tenets and core competencies through their supervisory activities in the office as well as through field activities with children and families.
  
2. Supervisors will have the ability to observe and assess the performance of workers to:
  - a. Treat staff, children and their families and others with respect, dignity and fairness at all times regardless of position, assignment, training or circumstance.
  - b. Effectively use engagement skills that include active listening.
  - c. Understand the dynamics of a family within the context of family rules, traditions, history and culture.
  - d. Effectively work with each family's resistance as they move through the change process.
  - e. Effectively develop and lead a team of professionals working in collaboration with each other and the family to share information and to plan, provide and evaluate family progress and interventions.
  
3. Supervisors will ensure that workers exercise due diligence in gathering and assessing required information.
  
4. Supervisors will ensure that safety and risk are assessed with fidelity to core constructs and definitions.

## Planning for Child Welfare Professional Safety

**Purpose:** Each case has the potential for problematic interactions with parents because many individuals feel threatened simply by the child welfare professional showing up at their home. Even more challenging are the unavoidable conflicts that arise when the child welfare professional has to initiate an involuntary safety intervention as part of a protective action. Parents can verbally threaten or even attempt to assault the child welfare professional under these circumstances. The first step in ensuring safety is to evaluate the situation before the initial contact.

### Guidelines:

1. In order to effectively evaluate personal safety prior to initial contact and subsequent home visits, the child welfare professional must consider the following information:
  - a. Is there a history of assaultive behavior by anyone in the family (i.e., aggravated assault, aggravated battery, battery on a law enforcement officer or other person of authority, or use of a weapon in the commission of a crime, etc.)?
  - b. Is there a history of domestic violence?
  - c. Does the report indicate the possibility of a family member with an unmanaged mental illness who is exhibiting violent or unpredictable behavior?
  - d. Are there firearms or other weapons noted in the report?
  - e. Is someone in the home abusing alcohol or drugs, likely to currently be under the influence of any substance, or selling and/or manufacturing drugs?
  - f. Has the family reacted aggressively during prior investigations?
  - g. Does the report describe any household members as potentially violent or hostile?
  - h. Are the injuries to the child reportedly severe or life-threatening?
  - i. Is it likely the child will be removed from the family situation on this visit?
  - j. Does the family have potentially dangerous pets?
2. Other logistical information the child welfare professional should consider before going to the home include:
  - a. Is the family's geographic location extremely isolated or dangerous?
  - b. Is the home visit scheduled after normal working hours?
  - c. Does the housing situation or neighborhood increase concerns for an investigator's personal safety?
  - d. Are individuals in the household known gang members?
  - e. Are there any animals in the home that may pose a threat to the child welfare professional?
3. The child welfare professional should always take the following precautions:
  - a. Place all personal items in the car trunk prior to leaving for the home visit.
  - b. Have access by telephone to a supervisor or designated staff person for consultation.

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- c. Always inform the supervisor or other personnel of the child welfare professional's interview / visitation schedule and approximate return time when there is contact with the family.
  - d. Memorize the address and home's location.
  - e. Drive by and observe the house and neighborhood prior to initiating the visit.
  - f. Closely observe each person in and around the area and watch for signs that may indicate the potential for personal violence.
  - g. Learn the safest route to and from the family's home.
  - h. Be sure the car is in good working order, and park it in a way that allows a quick exit, such as backing the vehicle in for a quick departure.
  - i. Carry a cell phone with a charged battery.
  - j. Plan to make initial contacts with another staff person or law enforcement when circumstances warrant.
  - k. Follow one's instincts. Any time the child welfare professional feels frightened or unsafe, he or she should assess the immediate situation and take whatever action is necessary to obtain protection.
4. When inside the home, the child welfare professional should:
- a. Ask who else is currently home or expected to return soon.
  - b. Identify which rooms have closed doors (and possibly contain individuals).
  - c. Identify how many exit points are in the home.
  - d. Be aware of the best location within the home for the interview to be conducted.
  - e. Avoid sitting with your back to a door or window.
  - f. Avoid having to walk past someone to leave the home.

### **Supervisors:**

1. The supervisor should ensure that all child welfare professionals in their unit know local worker safety planning protocols and expectations.
2. The supervisor will identify under what circumstances, if any, a supervisor consultation will be required to ensure personal safety planning is adequate.

## Assess Present Danger

**Purpose:** Present danger is active and clearly in the process of happening. Present danger is most often identified at the onset of an investigation, but can occur at any point in time. Present danger refers to immediate, significant and clearly observable harm or threat of harm occurring to a child in the present time, requiring **immediate protective actions** on the part of the investigator or case manager. Assessing for present danger is an on-going process as family and individual circumstances are dynamic and not static in nature. Even when there is a safety plan in place, a new danger threat may be occurring at any point during an investigation or an on-going services case. Examples of present danger include but are not limited to:

- *Inflicted or unexplained injuries to the face and/or head*
- *Allegations of sexual abuse in combination with a parent who is unwilling/unable to protect*
- *Premeditated maltreatments*
- *Hazardous living conditions*
- *Bizarre cruelty toward a child*
- *Children requiring immediate adult supervision*
- *Child needing immediate medical care*
- *Parent or legal guardian unable to provide basic care*
- *Caregiver out of control or under the influence of substances posing an immediate threat to the child*

**Definitions:** Refer to Desk Reference Guide, Danger Threats and Present Danger Examples

### Guidelines:

1. The investigator will assess present danger in accordance with Safety Methodology Practice Guidelines for Investigations, “Assess Present Danger and Take Immediate Actions.”
2. Present danger threats are usually identified at initial contact by an investigator, but may also occur during the course of an investigation or while the family is receiving case management services. Present danger which occurs during on-going services may involve a parent in an in-home case, a relative caregiver or a foster parent. Serious harm will result to the child without prompt response and interventions.
3. The child welfare professional will identify present danger using the following criteria:
  - a. “Immediate” for present danger means that danger in the family is happening during the time that the investigator or case manager is in the home. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, and is actively in the process of placing a child in peril.

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- b. “Significant” for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. “Significant “is anticipated harm that can result in severe pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death. What the INVESTIGATOR or case manager encounters becomes the dominant matter that must be addressed immediately.
  - c. Present danger is “clearly observable”, as what is happening or in the process of happening is totally transparent. The investigator or case manager will see and experience it in obvious ways. There is no guesswork; if the worker has to interpret what is going on to be present danger it is not present danger. Usually, when Present danger exists because of extreme family conditions, a child’s condition, individual behavior or acts, or family circumstances the investigator or case manager will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.
4. An investigator or case manager will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately.
  5. When the case manager determines that a child is in present danger, there must be immediate actions to protect the child.
    - a. A report to the Hotline will only be made when there are new incidents of harm. An insufficient safety plan does not constitute a new incident of harm.
    - b. If modifications to an in-home safety plan will not be sufficient to manage a newly identified present danger threat, the case manager will develop the next least intrusive actions.
    - c. An investigator must be called to the home to assist the case manager when a child needs to be sheltered.
  6. The present danger plan shall not be in effect for more than 14 days without staffing being held to assess the safety plans ongoing effectiveness to protect the child.

### **Supervisor:**

1. Will consult with the child welfare professional to review the determination of present danger within five days of present danger identification, and again subsequently as needed. Things to consider during this consultation include:
  - a. Can the child welfare professional clearly describe the home, child, caregiver(s) condition(s) that he/she believes currently protect or endanger the child?
  - b. If there is a danger threat identified and does the danger seem active, reasonable and vivid?

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- c. Does the child welfare professional feel compelled to take action immediately to assure the protection of the child, and if so, what is the basis?
2. All present danger plans will be reviewed by the supervisor within 24 hours of their creation.
3. For all Present Danger Safety plans in which the child either remains in the home or a family arrangement is used the following will apply:
  - a. Investigations supervisors are required to request a 2nd Tier Consultation
  - b. Case manager supervisors are required to consult with a manager, manager designee or consultative team.

### **FSFN Documentation:**

1. The child welfare professional will utilize the Present Danger Assessment in FSFN to document their assessment.
2. The supervisor will document their consultation with the child welfare professional of the Present Danger Assessment and Present Danger Plan, as applicable.

### **Focus of Family Functioning Assessment (FFA-Investigation, FFA-Ongoing, and Progress Update)**

**Purpose:** The family functioning assessment is the process by which information is gathered, analyzed and assessed to determine child safety in the household where the alleged maltreatment occurred. The essential mission of the department is to identify and protect children who need safety management and to support the enhancement of caregiver protective capacities of the caregiver(s) responsible (treatment/change). The role of the INVESTIGATOR or case manager is to evaluate and describe in the FFA how the household functions, including the development of an understanding as to who provides **any** care, parenting, quality time, and/or discipline for the children. When such care is significant, the FFA serves the purpose of identifying the danger threats that children in the household are exposed to, how the children are vulnerable to those threats, and **whether the parent/legal guardian and other significant caregiver(s)** in the household have sufficient protective capacities to manage the danger threats.

#### **Definitions:**

1. "Household" means a common residence shared by two or more individuals whether related or not. (Rule 65C-30.001 Definitions, F.A.C., 05-21-14)
2. "Household Member" means any person who resides in a household, including the caregiver and other family members residing in the home. Household members are any additional relatives or persons residing in the home, including but not limited to visitors expected to stay an indefinite length of time or college students expected to return to the home. (Rule 65C-30.001 Definitions, F.A.C., 05-21-14)
3. "Significant Caregiver Responsibility" means that the specific adult household members have taken on responsibility for major caregiving responsibilities. Things to consider in determining whether another adult household member has significant responsibility include but are not limited to the following:
  - a. Pervasive, day to day care and responsibility for protecting the child such that the child views such caregiver(s) as one of the primary persons with the authority for their care and the caregiver is expected to remain a part of the family unit **OR**
  - b. The other household member or paramour residing in or frequenting the home has become a parent figure based on the:
    - child welfare professional observations of interactions between child and paramour
    - child's statements about the household member or paramour
    - statements from other family members or friends who are familiar with family functioning
    - the child has a bond with the household member or paramour, even though the household member or paramour may or may not provide any financial support to the family.

#### **Guidelines:**

1. A FFA-Investigation will be initiated by the investigator as follows:

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- a. After a Present Danger Assessment has been completed and when sufficient information has been gathered about the household to understand who should be included in the focus of the FFA.
  - b. The focus of the FFA will always include the parent/legal guardian of the alleged child victim who resides in the household where the child was maltreated in order to fully assess their caregiver protective capacities.
  - c. The FFA will describe all persons residing in or frequenting the household.
  - d. In addition to parent/legal guardians, the FFA will include separate information domains and caregiver protective assessment of other adults in the household when they have **significant caregiver responsibility**.
  - e. When more than one family unit resides in the same household, the family unit wherein the alleged maltreatment occurred will be the focus of the FFA when:
    - The family units clearly function independently from each other.
    - The two family units may share some or all of the household expenses but do not have access to or combine family incomes.
    - The children in each family do not view the parent(s) in the other family unit as having any responsibility or authority over their care.
    - Some child care duties may be shared on occasion.
  - f. When only one of two family units residing together is the focus of the FFA, the non-focus family members will not be identified as participants.
  - g. When two families reside together and share caregiving responsibilities, a separate FFA will be created for each family.
  - h. When during the course of any investigation the INVESTIGATOR learns that the child victim's parent/legal guardian knew about the danger threat occurring in the home where the maltreatment occurred and was unable or unwilling to take actions to protect the child.
  - i. If the child's parents or legal guardians have established separate households through divorce or separation, only the household in which the maltreatment is alleged to have occurred is assessed for danger threats and family functioning.
4. As part of the FFA, separate information domains and caregiver protective capacity assessment will be completed for parents/legal guardians and other significant caregivers.
  5. The case manager will be responsible for continually re-evaluating household composition in an ongoing case to determine if there is a new adult in the home and whether they are a significant caregiver, OR there is a new child in the home, including the addition of a newborn.
    - a. The case manager will add the new caregiver and/or new child to the FFA-Ongoing or Progress Evaluation.
    - b. The information domains for child functioning, adult functioning, parenting and discipline/behavior management will be developed as appropriate for the new caregiver or new child, and caregiver protective capacities and/or child strengths

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and needs will be assessed and rated in accordance with the Desk Reference Guide.

**Supervisor:** Complex family dynamics may require supervisory consultation in order to determine whether other persons in the household with significant caregiving responsibility need to be assessed separately within the FFA-Investigation, FFA-Ongoing or Progress Evaluation.

## Develop Sufficient Information Domains

**Purpose:** The six information domains provide the substantive basis for the components which comprise the safety decision making process: (1) the presence of impending danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian **in the household** who has sufficient protective capacities to manage the identified danger threat in the home. The sufficiency of this information and interaction of these components are the critical elements in the determination of a child being safe or unsafe.

Analysis of the information domains is the first step in all versions of the family functioning assessment (FFA-Investigation, FFA-Ongoing and Progress Evaluation). Information gathered and assessed in the domains is essential in order to understand what is occurring in the family day in and day out and to effectively assess child safety and family risk. The information domains are a core component of family assessment functionality in FSFN. The domains support a continuous process over time to assess and take into account changing dynamics of the family over the life of their involvement in the child welfare system.

The completion or updating of the family functioning assessment at any point during a child welfare case requires workers to obtain sufficient information about six information domains: the extent of the maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, approach to parenting and methods of discipline and managing their child's behavior.

### Definitions

1. "Information Collection Domains" are defined in the Desk Reference Guide.
2. "Paramour" means a person who is in a social relationship that involves physical or emotional intimacy with a child's parent or caregiver. The intimate partner may or may not be cohabitating with the caregiver.

### Guidelines:

1. The information domains will be developed for the parent/legal guardian and other caregivers, including paramours, with significant responsibility for care and protection of the child (Refer to Practice Guidelines for "Focus of FFA").
2. The information domain for child functioning will be developed separately for each child in the household.
3. The information domains for adult functioning, parenting and discipline/behavior management will be developed separately for each parent/legal guardian and caregiver in the household with significant responsibilities for the care and protection of the child(ren).
4. Other household members, paramours and members of the family resource network who do not have significant responsibility for the care and protection of the child(ren) will be described within the information domain description for the parent/legal guardian or

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caregiver with significant responsibility as to the other person's relationship to the parent and any impact on adult functioning, parenting and discipline/behavior management.

Examples include but are not limited to:

- *The parent's appropriate use of a support system to help with the care or supervision associated with the child(ren)*
- *The parent cares for an aging parent residing in the home which requires much time and attention and impacts the parent's ability to care for their child*
- *Other persons, including paramours, who are a part of the household or the family resource network may be a significant support that the parent depends on for assistance with caregiving, household responsibilities or other supports*

5. Sufficient information will be gathered and assessed in the domains to ensure that potential danger threats are identified and understood.
6. Ask open-ended questions related to all six information domains. To the extent possible, try to avoid immediately preceding to the nature and extent of the maltreatment and circumstances accompanying it by asking more generalized open-ended questions (Domains One and Two) such as, "*What is important for me to know about your family?*" etc. If a parent demands to immediately know details about the specific maltreatment incident try a soft redirect question like, "*Why do you think I'm here?*"
7. The Hotline counselor gathers information in the domain areas in order to determine:
  - a. Reasonable cause to suspect maltreatment as defined in the Child Maltreatment Index, caused by a caregiver, to screen in a report for an investigation
  - b. Response time priority
    - 4 hour response time when present danger is suspected
    - 24 hour response time when impending danger is suspected
  - c. Type of intake (Other, Special Conditions or In-Home)
8. The investigator gathers information in the domain areas in order to:
  - a. Identify danger threats
  - b. Identify child vulnerability
  - c. Identify caregiver protective capacities
  - d. Develop appropriate safety plans
  - e. Manage, monitor and modify safety plans
  - f. Determine maltreatment findings
  - g. Determine the level of risk of subsequent maltreatment using the actuarial risk assessment
  - h. Develop appropriate actions for families with high risk scores
9. The case manager gathers information in the domain areas in order to:
  - a. Monitor danger threats
  - b. Further assess and monitor child vulnerability, strengths and needs
  - c. Further assess and monitor caregiver protective capacities

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- d. Manage, monitor and modify safety plans
  - e. Develop case plan outcomes
  - f. Measure family progress with change over time
10. To develop the information domains, child welfare professionals will use information resulting from:
- a. Skilled interviewing techniques to engage persons interviewed
  - b. Observation skills related to family dynamics and conditions
  - c. Analysis of family's past child welfare investigations and/or service history to identify continued patterns of behavior or conditions, and other information already known about the family (for example, diagnoses and treatment for a mental health or substance abuse disorder)
  - d. Analysis of criminal history and its relevance to current family conditions and dynamics (for example, a pattern of domestic violence, history of battery, assault, use of weapons, drug related, etc.)
  - e. Collateral contacts with family members and others persons or professionals as needed to validate and reconcile critical information learned
  - f. Professional evaluations
  - g. Teaming with other experts
11. Information in the domains should be validated by the child welfare professional through personal observations and/or corroboration from additional sources.
12. The information documented in the domains will be considered **sufficient** when the information:
- a. Fully describes what has or is happening in each domain, providing a clear picture and accurate understanding of the domain without having to refer to additional material (e.g., FSFN notes, CPT report, completed assessments, etc.)
  - b. Is relevant to that domain only (for example, aspects of child functioning are not described in the adult functioning domain, etc.)
  - c. Is essential to gaining a full understanding or complete picture of the domain (e.g., "child has numerous healthy peer relationships" is relevant; providing names of friends is not relevant)
  - d. Covers the core issues associated with the domain (e.g., Extent of Maltreatment – there is information on severity, maltreatment history, description of specific events, behaviors, emotional and physical symptoms, and identification of maltreating parent, etc.)
  - e. Adequately describes the role of other persons in the home or the family resource network in the context of their relationship with the parent/legal guardian
  - f. Provides a clear rationale for the decision and provides confidence that the correct conclusion was reached
  - g. Supports the impending danger threshold criteria
  - h. Supports protective capacity assessment

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## Supervisors

1. Supervisors will provide case consultation to ensure that the child welfare professional receives the guidance and support necessary to develop sufficient information in the domains, including the accurate identification of the parent/legal guardian and/or other caregiver with significant responsibility for child care and protection that should be the primary focus of information domain analysis.
2. It is the supervisor's responsibility to ensure that final documentation is consistent with the specific criteria for the domain. If documentation is not sufficient then prompt consultation with the worker is necessary to reconcile gaps in information or decision making before the final FFA is approved.

## FSFN Documentation:

1. The information domains are conceptually related throughout the child welfare continuum (Hotline, Investigations, and Case Management) and are integrated in FSFN through the following actions:
  - a. All domains learned about from reporters are initially documented by the Hotline counselor in the Hotline intake. They do not prefill an FFA.
  - b. The "extent of maltreatment" and the "circumstances surrounding maltreatment" domains, once initially completed by the investigator in an FFA-Investigation and approved by a supervisor, will remain permanent and uneditable. The information will pre-fill each update to the FFA completed by the case manager and FSFN will not allow any edits to the original information documented.
  - c. Case managers should add "other" information learned about "extent of maltreatment" and the "circumstances surrounding maltreatment," domains when:
    - New information is learned about the original maltreatment or surrounding circumstances (e.g. it is subsequently learned by the case manager that the father has a serious bipolar disorder and was not taking his medications at the time of the incident, leading to his volatile behaviors)
    - A new report is received and investigated during on-going services. The investigator will complete a new FFA-Investigation. The information from a new investigation will not pre-fill the FFA-Ongoing. The case manager should add a brief summary of, and reference to, the new report received and the investigator's related analysis.
  - d. The "child functioning, adult functioning, parenting and discipline" domains are assessed and documented by the investigator in the FFA-Investigation. Information from the last completed and approved FFA will pre-fill the domains when the case manager develops the first FFA-Ongoing or any Progress Updates. It is the case manager's responsibility to edit and modify the information that pre-fills the domains so that they provide:

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- An accurate, current description of the domain, reflecting new information learned about the family
  - Documentation of any changes that have occurred since the date of the last FFA
  - Information that supports the specific caregiver protective capacity and child strengths and needs ratings
  - Information as to how a child is adjusting to or coping with a new caregiver
2. Case consultation activity between the child welfare professional and supervisor which guided the development of the information domains should be documented in FSFN by either the supervisor or worker.
  3. Once an FFA is approved by a supervisor, the domains become a permanent record in that specific FFA. The domains will also become a part of the family member's person record in FSFN

## Assess Caregiver Protective Capacities

**Purpose:** Determining the safety of children depends on:

1. The accurate identification of the persons in the household who provide significant care and protection of children, regardless of their legal role as a caregiver
2. The accurate evaluation of those individuals' caregiver protective capacities.

When the caregivers responsible are able to effectively manage danger threats in the home for the long term, the child is safe. When the caregivers responsible do not have a legal role, it is important to determine that the family configuration has been long-standing and dependable.

Providing interventions to remediate the problems associated with children not being protected requires further precision. Defining specific caregiver protective capacities ensures that there is a consistent and uniform language and method used by all child protection professionals to assess and intervene in families. Investigators will determine whether each of the protective capacities is adequate or inadequate when completing a FFA-Investigation. Case managers will gather additional information in the information domains in order to more precisely assess caregiver protective capacities using a four point scale when completing the FFA-Ongoing or Progress Evaluation. Caregiver protective capacities that are not adequate will become the primary focus of case plan outcomes and measuring parent progress with achieving change.

**Definitions:** Refer to Desk Reference Guide, Caregiver Protective Capacities

### Guidelines:

1. Caregiver protective capacities are to be assessed only for the parent(s)/legal guardians and other persons in the household with significant responsibility for the care and protection of child(ren). For each caregiver with significant responsibility, the child welfare professional will complete:
  - a. Separate information domains for adult functioning, parenting and discipline.
  - b. Assessment of caregiver protective capacities.
2. When the dynamics of domestic violence are present, the protective capacity assessment will be completed by the child welfare professional as follows:
  - a. The survivor and the alleged perpetrator, when the alleged perpetrator is a significant caregiver, will both be assessed when they are members of the household which is the focus of the investigation.
  - b. When the alleged perpetrator is a parent in a different household than the child, only that household will be assessed for protective capacities unless it is learned during the course of the investigation that the parent is also responsible for acts of maltreatment in the home where the child resides.
  - c. In all cases, information from the parent who is the survivor (not the perpetrator) will be gathered and will inform all of the information domains as well as the final safety summary and analysis.
3. The investigator will determine whether each of the caregiver protective capacities exists.

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4. The case manager will assess and rate each caregiver protective capacity based on the ratings provided in the Desk Reference Guide, Caregiver Protective Capacities.
5. The information gathered in the six domains by the investigator or case manager must be sufficient in order to adequately identify the existence of each caregiver protective capacity.
6. Information in the information domains of the FFA-Investigation will clearly describe the adequate or inadequate functioning associated with each protective capacity.
7. Information in the FFA-Ongoing or Progress Update completed by the case manager will clearly provide the descriptive detail associated with the caregiver protective capacity ratings.
8. When a case manager identifies a “C” or “D” rating, it means that the protective capacity is diminished and needs to be addressed in the case plan if that protective capacity contributes to the impending danger.

### **Supervisor:**

1. The supervisor will provide case consultation as necessary to ensure that the INVESTIGATOR or case manager has demonstrated due diligence in:
  - a. Gathering information from the parent, extended family and other collaterals including professionals when necessary.
  - b. Using engagement skills to elicit needed information.
  - c. Using teamwork skills to fully assess and accurately identify or rate protective capacities.
2. In cases involving the dynamics of domestic violence, the supervisor should provide case consultation when necessary to assist the child welfare professional in assessing the perpetrator’s pattern of behaviors, the actions specifically taken by the perpetrator to harm the child, the impact on the child, the survivor’s strengths and protective capacities, and other contributing factors such as socio-economic status, culture, mental health, and substance abuse. The six domains related to domestic violence should sufficiently describe:
  - a. Extent of maltreatment
    - Describe perpetrator’s behavior(s), coercive control and actions taken to harm the child.
    - Identify the immediate physical and emotional impact of the perpetrator’s behavior on the child.
    - Identify the impact of perpetrator’s behaviors on the survivor and how the survivor behaved during, or after, the incident.
  - b. Surrounding circumstances
    - Identify the perpetrator’s overall pattern of coercive control in the current relationship as well as past relationships.

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- Identify the perpetrator's intent, behaviors leading up to the abuse, actions and statements of responsibility for the abuse.
  - Identify factors that impact the perpetrator's overall dangerousness including military or other training to use violence, violence during pregnancy, history of sexual assault, use of weapons, prior threats to kill or harm, and/or; threats or history of taking or otherwise withholding the children from the survivor.
- c. Child functioning
- Child's current academic, behavioral, emotional issues that may reflect the impact of the perpetrator's pattern of control and actions to harm the child
  - Other child needs that may have been impacted such as housing/school stability, relationships with other family members
- d. Adult functioning
- Identify indicators of pattern of coercive control and the impact on adult functioning of the parent who is the survivor (for example, extreme jealousy, isolation of family members from family and friends, opposition to a partner working outside the home, control of all sources of income, etc.)
  - When there is a prior history of domestic violence but no domestic violence in the current investigation, how does the perpetrator and the family identify the perpetrator's "recover"/change in behavior? Have behaviors stopped? What has the perpetrator done to take responsibility and promote safety in the home?
  - Identify the perpetrator's overall functioning and how it affects his/her dangerousness (for example, is the perpetrator more dangerous when drinking? When does the drinking occur?)
  - Identify and describe the role any prior or current domestic violence may be having on an adult survivor's daily functioning (for example, not permitted to control household budget, use the car, comfort the child, etc.)
  - Identify and describe the adult survivor's strengths, adaptations and decision making strategies in response to the perpetrator's pattern and behaviors
- e. General Parenting
- Identify how the perpetrator supports the overall safety and well-being of the child including basic needs, and emotional needs
  - Identify any ways that the perpetrator's behavior has negatively impacted their relationship with the child
  - Identify how the perpetrator's behavior supports or undermines the other caregiver's parenting abilities, including the other parent's relationship with the child
  - Identify the full spectrum of the adult survivor's efforts to promote the safety and well-being of the child
- f. Discipline/behavior management
- Identify how the perpetrator's pattern of coercive control and actions taken to harm the child has impacted each caregiver's disciplinary approach (e.g., only corporal punishment is allowed to be used in the home, etc.)
  - Identify what kind of role model is the domestic violence perpetrator for the child
  - Identify whether the perpetrator's parenting includes manipulations that split children from one another (for example, favoring one child over another, and/or

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alienating a child from the other caregiver. It is not uncommon for a domestic violence perpetrator to use both fear and rewards to control family members.)

### **FSFN Documentation:**

Caregiver Protective Capacities are documented and assessed by the investigator as part of the FFA-Investigation and subsequently by the case manager in the FFA-Ongoing and Progress Update.

## Assess Impending Danger

**Purpose:** Impending danger threats are typically more subtle in nature than present danger and can best be described as a pervasive “state of danger.” Impending danger threats result from persistent and on-going out-of-control negative family conditions in the home. Impending danger places a child in a continual, imminent, but not present position of being seriously or severely maltreated. Impending danger can only be identified after gathering sufficient information in the six information domains. A child is protected from impending danger threats on an on-going basis by an agency-managed safety plan while a case plan is implemented to remediate the underlying conditions contributing to or causing the threats to be manifested or unmanaged in the home.

**Definitions of Danger Threats:** Refer to Desk Reference Guide, Danger Threats and Impending Danger Examples

### Guidelines:

1. The investigator will provide sufficient information in each information domain in order to adequately identify and establish the existence of impending danger.
2. The investigator will establish that there is impending danger based upon the identification of all **threshold criteria**:
  - a. **Observable.** The documentation is explicit in justifying how negative conditions are dangerous. It is clear how negative conditions endanger a child.
  - b. **Out of Control.** The documentation clearly and specifically describes negative family conditions (situations, caregiver behaviors, emotions, etc.) that are unrestrained, unmanaged, without limits or monitoring, not subject to influence, manipulation or internal power and/or are out of the family’s control.
  - c. **Vulnerable.** The documentation describes children who are dependent on others for protection; they are unable to self-protect.
  - d. **Severe.** The documentation regarding what is out of control coupled with the description of the vulnerable child supports a reasonable conclusion that the effects of the danger to the child could result in severe pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, terror, impairment, death.
  - e. **Imminent.** The documentation supports a conclusion that threats to child safety are likely to become active without delay; there is a certainty about occurrence within the immediate to near future
3. The case manager will understand how impending danger was manifested in the family in order to:
  - a. Monitor, manage and assess the sufficiency of the impending danger safety plan.
  - b. Assess the relationship between the danger threats and the diminished caregiver protective capacities that will become the focus of change in the case plan.
  - c. Work with the family to establish a danger threat statement that adequately captures the impending danger threats.

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## **Supervisors:**

1. Through case consultation, the supervisor is responsible for ensuring that the child welfare professional is able to describe how family conditions are consistent with the safety threshold criteria. Supervisors should seek to understand the following:
  - a. How long has the family condition been concerning or problematic?
  - b. How often is the negative condition actively a problem or affecting caregiver performance?
  - c. What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?
  - d. What stimulates or causes the threat to child safety to become active?
  - e. How is the child vulnerable to the threat?
2. The documentation in the FFA is sufficient:
  - a. Information domain areas are sufficiently described in order to identify family conditions and danger threats.
  - b. Safety analysis summary presents why the child is determined to be safe, or unsafe.
3. The child welfare professional is able to describe the impending danger threats and specify how the safety plan manages those threats.

## **FSFN Documentation:**

1. The FFA-Investigation will be used to document danger threats associated with impending danger.
2. The FFA-Ongoing will be used to document the danger statement.

## Identification and Selection of Least Intrusive Safety Actions

**Purpose:** In the development and implementation of a safety plan the child welfare professional must balance the need to ensure child safety with the parent's right for self determination. In the context of ensuring child safety the child welfare professional will determine if there are any "non-negotiable" conditions of the plan. To the degree possible, "non-negotiables" should only reflect essential safety elements because overruling a parent's choice or solution to a problem is incongruent with a message of empowerment. Encouraging the parent to take more responsibility for the child's safety one moment and then presenting the parent with an extended list of non-negotiable items the next sends a mixed message at best, and totally disengages the parent from the safety planning process at worst. Determination of the "least intrusive" safety action should be guided by consideration of several issues:

1. Parent's right for self-determination
2. Child's need to be protected by persons with whom the child is most familiar and comfortable
3. Child's need for routines and surroundings which are "normal" to the extent possible

### Guidelines:

1. When an element of the safety plan is determined to be non-negotiable, it is essential for the child welfare professional responsible for the investigation and case management to explain the basis of the non-negotiable stance in terms of how the parent's action, choice, or arrangement compromises the child's safety.
2. When a child welfare professional, in the interest of child safety, has to hold firm to a non-negotiable condition of the plan the professional should try to maintain the parent's engagement by continuing to seek the parent's input.
3. The child welfare professional will choose safety actions depending upon how the danger threat is being manifested in the home, the response of the parent or legal guardian to the identification of the threat, and alignment with the proposed actions. The child welfare professional has the following possible safety actions to consider:
  - a. Four safety actions involve the use of an "In-Home" Safety Plan:
    - Responsible adult moves into the home 24/7
    - Responsible adult is in the home periodically
    - Responsible adult routinely monitors the home
    - Alleged perpetrator temporarily leaves the home or the non-maltreating parent temporarily leaves the home with the child
  - b. Four safety actions involve the use of an "Out-of-Home" Safety plan:
    - Child temporarily lives with someone in the family network, known as a "family-made arrangement" which might include release to another parent
    - Child is placed with a relative/non-relative after background checks are completed and the home study initiated

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- Child is placed in a licensed emergency shelter/foster care placement due to no appropriate relative/non-relative placement being known or available
4. When the current family resources are compromised or insufficient to perform the activities or tasks required to ensure the child's safety, the child welfare professional must pursue court supervision of the safety plan and case plan. Judicial actions would encompass one or more of the following actions:
    - a. A formal safety service provider is used to monitor the home within 24 hours and formal safety services are implemented as needed.
    - b. An injunction (pursuant to s. 39.504, F.S.) limits the parent from contacting the child unless limited or supervised visitation arrangements are approved.
    - c. An injunction orders the perpetrator to vacate the home in which the child resides.
    - d. The child is placed with a relative/non-relative after background checks are completed and the home study initiated.
    - e. The child is placed in a licensed emergency shelter/foster care setting due to no appropriate relative/non-relative placement being known or available.
    - f. Available resources and supports needed are initiated to control the danger threat
    - g. The in-home or out-of-home safety plan is monitored.
  5. Child welfare professionals need to understand that while the judiciary is an essential partner in authorizing the more restrictive and intrusive safety actions (i.e., emergency shelter placements, issuance of an injunction, requiring supervised visitation, etc.) the initiation of judicial action in a case involving domestic violence may actually increase the need for heightened vigilance.
  6. Depending on the safety plan established, the child welfare professional will comply with the following practice guidelines for All Staff:
    1. Safety Planning
    2. Safety Plan Involving Other Parent Home Assessment
    3. Safety Plan Involving Family Arrangement
    4. Safety Plan Involving Informal Safety Service Providers
    5. Safety Planning - Criminal History Record Information Resource Guide
    6. Establish, Monitor and Modify Conditions for Return (Reunification)

### **Supervisor:**

The supervisor is responsible for ensuring the child welfare professional is providing the least intrusive actions including reasonable efforts and documenting them in the Safety Analysis Summary in the FFA.

### **FSFN Documentation:**

The child welfare professional will document the reasonable efforts to achieve the least intrusive actions in the Safety Analysis Summary in the FFA.

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## Safety Planning

**Purpose:** A safety plan is established in order for the agency to assume responsibility for protecting a child when a parent is unavailable, unable or unwilling to protect their child. A safety plan will be established in response to present or impending danger. A safety plan will be based upon a specific parent/legal guardian's behavior, emotion, or condition that results in a child being unsafe using the least intrusive means appropriate. A safety plan will be in effect as long as a case remains open with a case plan goal of "strengthen and maintain" or "reunification", and parents do not have the protective capacity necessary to protect the child from identified danger threats.

### Guidelines:

1. Child welfare professionals will be able to identify and differentiate between present danger and impending danger as follows:
  - a. Present danger is an immediate, significant and clearly observable family behavior or condition that is actively occurring in the present and is already endangering or threatening to endanger a child.
    - The child welfare professional is in the midst of the danger the child is subject to. The threatening family condition is happening now and requires an immediate response.
    - The threatening family condition may be readily apparent, or it may be an allegation of significant harm that if true requires protective actions. Examples may include:
      - *Serious injuries to an infant with no plausible explanation and/or the perpetrator is unknown*
      - *Allegations of child sexual abuse*
    - The family condition is dramatic, graphic or notable in its damaging and harmful effect on the child.
  - b. Impending danger is a "state of danger" in which family behaviors, attitudes, motives, emotions 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.
    - The assessment identifies threats to a child's safety that while not occurring in the present tense, are likely to become active within the immediate or near future
    - Harm to a child that has resulted in or is likely to result in severe pain, serious injury, acute or grievous suffering, significant impairment, terror or death
    - The threat is evidenced in explicit, unambiguous ways. It can be clearly described and articulated
2. Requirements pertaining to any safety plan, whether created in response to present or impending danger, will meet the following requirements.
  - a. The child welfare professional creating, monitoring or modifying the safety plan will ensure that:

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- The safety plan controls the behavior, emotion or condition that results in the child being unsafe
  - The effect of a safety plan is immediate, and/or continues to protect the child every day
  - b. To the fullest extent possible, the parent(s) will be engaged in developing the safety plan and identifying members of their resource network who might be willing and able to participate as safety service providers. The child welfare professional will assess such individuals to determine if they are:
    - Willing, able to care for the child, and responsible; and
    - Understand and believe the danger threats, and
    - Are aligned with the plan
  - c. A safety plan may be exclusively an in-home plan, an out-of-home plan, or a combination of both.
  - d. A safety plan will not include promissory commitments by the parent who is currently not able to protect the child. Examples of inappropriate safety plan actions may include:
    - *Mom will not spank*
    - *Parents will remain sober*
    - *Mom will file an injunction and will not let the batterer back in the home*
    - *Dad will not use drugs*
  - e. Separate safety plans will be developed with the perpetrator of domestic violence and the parent who is a survivor of domestic violence.
  - f. Child welfare professionals will partner with the survivor of domestic violence in order to determine:
    - What actions might be necessary to include in the perpetrator's plan
    - What information in the child safety plan developed with the survivor may and may not be included in the safety plan with the perpetrator. Considerations should include:
      - Identification of safety plan actions and/or providers
      - Visitation arrangements
      - Child and survivor locations
    - The safety plan developed with the parent who is a survivor of domestic violence may not be shared with the perpetrator and other precautions will be taken to ensure confidentiality of the plan
  - g. The safety plan developed with the perpetrator will identify actions that the department and/or other safety plan providers will take to protect the children from the perpetrator's violence.
3. Safety plans in response to present danger are short-term (no more than 14 days) until more information about the family dynamics, caregiver protective capacities and child vulnerability are known. Given the many unknowns at the time present danger is established, a present danger plan is generally more restrictive than an impending danger plan.

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- a. When present danger is identified, the child welfare professional must take protective actions prior to leaving the home in order to keep the child from being harmed. Examples of present danger include, but are not limited to:
    - *Unexplained injuries to the face and/or head*
    - *Premeditated maltreatments*
    - *Life-threatening living environment*
    - *Bizarre cruelty toward a child*
    - *Children requiring immediate adult supervision*
    - *Child needing immediate medical care*
    - *Parent or legal guardian unable to provide basic care*
    - *Caregiver out of control or under the influence of substances posing an immediate threat to the child*
  - b. If the perpetrator of domestic violence is not the parent, guardian, or legal custodian of the child, the investigator shall seek issuance of an injunction authorized by s. 39.504, F.S. to implement a safety plan for the perpetrator and impose any other conditions to protect the child.
4. When a safety plan is established in response to impending danger, the child welfare professional will determine feasibility of an in-home safety plan given household conditions and dynamics using the following standardized Safety Analysis criteria:
    - a. The parent/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
    - b. The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
    - c. Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.
    - d. An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.
    - e. The parent/legal guardians have a physical location in which to implement an in-home safety plan.
  5. In response to impending danger, the investigator will conduct a safety planning conference with the parent, members of the parent's resource network, and other safety service providers to establish a safety plan. Use of a family team meeting model is one method for conducting a safety planning conference. When the dynamics of domestic violence are present:
    - a. The perpetrator responsible for the domestic violence should not attend the conference if the other parent has decided to leave an abusive situation and/or determines that it is not safe for the perpetrator to attend.
    - b. The person responsible for facilitating the safety plan conference should be trained in domestic violence, particularly issues of power and control in abusive relationships.

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- c. Consideration and logistical planning should be given to the safety of participants and facilitators.
- d. An advocate employed by a certified domestic violence center should be present if available at the family team meeting if the adult victim of domestic violence agrees that the advocate's presence would be beneficial.
- e. If based on the results of the standardized Safety Analysis criteria it is determined that the child's safety can only be managed by having the child reside in a different setting, the least intrusive options will be considered.
- f. Before a child is released to or sheltered with a non-maltreating parent, an Other Parent Home Assessment will be completed.
- g. When a safety plan involves the need for the child to reside in another setting, regardless of who has legal custody, the safety plan will include as appropriate, the visitation plan with the child's parent/legal guardian and siblings.
- h. The child welfare professional that has the lead responsibility for managing the safety plan will, during the first 30 days of any safety plan at least weekly:
  - Observe and interview each child
  - Contact each safety service provider to discuss how the plan is working
- i. Conditions for Return per practice guideline requirements in "Establishing, Managing and Modifying Conditions for Return" will be modified as soon as possible when the case manager determines that a modification is necessary and documented in the FFA.

### **Supervisor:**

1. The Safety Analysis clearly describes how the each of the specific conditions for an in-home safety plan are met or not met.
2. Through case consultation, the supervisor is able to affirm that the safety plan is reasonable and adequate:
  - a. The investigator or case manager is clearly able to describe how impending danger is manifested in the home.
  - b. The plan is the least intrusive and most appropriate.
  - c. The parent(s) were involved in the analysis and planning.
  - d. In domestic violence cases, caution should be utilized when sharing information with the perpetrator of domestic violence and/or soliciting input from the domestic violence perpetrator regarding return of the child to the home.
  - e. It is clear how the safety plan will control and manage impending danger.
  - f. The safety plan is logical and justifiably effective at assuring that a child is protected while case management and services are implemented.
3. If the plan involves relocation or placement of the child out of the home, the Conditions for Return will be established and are appropriate.

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### **FSFN Documentation:**

1. The child welfare professional and their supervisor are responsible for ensuring that the safety plan in FSFN is the current, active version of the safety plan in place.
2. When a survivor safety plan is developed in cases where a perpetrator is responsible for domestic violence, the survivor plan will be uploaded to the file cabinet and identified as "Survivor Safety Plan."
3. When an impending danger plan is developed, the present danger plan, if any, should be terminated.

### **Release and/or Placement of a Child with Non-Maltreating Parent (“Other Parent Home Assessment”)**

**Purpose:** When children are released or placed with a non-maltreating parent, the department is not relieved of the responsibility to determine whether such person is a responsible adult who will be able to safely care for the child. When children are not able to be provided with an in-home safety plan that keeps them in the home with the parent who was the focus of the investigation, consideration must be given to release of the child to the other parent.

#### **Guidelines:**

1. A check of prior child abuse history will be completed to determine if there is any past incident or pattern of maltreatment. If the child welfare professional determines that there is a history which creates a “Presumption of Detriment” per s.39.0139(s) (a), F.S., other arrangements for the child must be made. Such arrangements will remain in place unless the non-maltreating parent is successful in obtaining a court finding as a result of an evidentiary hearing that contact, including care of the child, is appropriate.
2. After a review of any child abuse history background information, the child welfare professional will interview the other parent in order to assess their ability to care for and protect the child. The interview is to determine the following:
  - a. Parent has adequate knowledge, skills and resources to fulfill caregiving responsibilities and tasks. This may involve considering the ability to meet any exceptional needs that the child might have.
  - b. Parent is physically and mentally able to provide or arrange for the child’s care (e.g. does not have significant individual needs which might affect the safety of the child, such as severe depression, lack of impulse control, medical needs, other current caregiving demands, etc.).
  - c. Parent and child have a strong bond, and parent is clear that the number one priority is the well-being of the child.
  - d. The parent has demonstrated the ability to care for and protect the child in the past while under similar circumstances and family conditions.
  - e. Parent will not return the child to the other parent and agrees to follow any visitation schedule set by the department or court.
  - f. Parent is able to specifically articulate a plan to protect the child, such as calling the police or leaving any site (school, daycare, etc.) where the other parent shows up unexpectedly and/or without authorization.
  - g. Parent will be able to carry out a plan and/or to intervene to protect the child if necessary (caregiver not incapacitated by fear of maltreating person).
  - h. Parent believes the child’s report of maltreatment and is supportive of the child. Parent describes the child as believable and trustworthy.
  - i. Parent displays concern for the child and the child’s experience and is intent on emotionally protecting the child.
  - j. Parent understands and supports all aspects of the safety plan, including expectation

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- for visitation with other parent and siblings
- k. Agrees to child abuse and criminal background checks for all household members age 12 and older, and provides information as to what records checks will reveal.
  - l. Agrees to open access to agency staff responsible for monitoring.
3. After the above interview with the other parent and prior to allowing the child to be released or placed, the child welfare professional will conduct criminal history checks in accordance with the "Criminal History Record Information Resource Guide."
  4. A walk through of the home will be completed by the CPI to ensure that the physical environment provides for safe and reasonable accommodations for the child.
  5. A child relocated with another parent will be **continually** assessed for safety and child needs.

### **Supervisors:**

Supervisor Case Consultation will be provided to review and approve an "Other Parent Home Assessment."

### **FSFN Documentation:**

1. The assessment process to safely relocate or place a child with another parent will be documented in an "Other Parent Home Assessment."
2. A copy of the Other Parent Home Assessment with all required signatures will be attached to a case note and scanned into FSFN.
3. The continued assessment of the child and non-maltreating parent will be documented in FSFN in case notes and the FFA-Ongoing, and progress update at every critical juncture or at a minimum of every 90 days.

## Safety Plan Involving a Family-Made Arrangement

**Purpose:** A family-made arrangement is a safety action initiated by the parent/legal guardian to voluntarily and temporarily relocate the child from the family's home to a responsible adult chosen by the parent/legal guardian as part of an **agency managed safety plan** in response to present danger or impending danger. The child welfare professional remains responsible for approving the family arrangement. A family-made arrangement will not be used when a parent/legal guardian(s) is unable, unwilling or in denial of the need for the child's temporary relocation. In such cases, the investigator will shelter the child.

### Guidelines:

1. Family-arrangements may be developed by the parent/legal guardian, or continued, in response to present or impending danger only when the child is expected to be cared for by a responsible adult outside the parent or legal guardian's household on a temporary basis. "Temporary" means:
  - a. In the case of present danger, until more information is gathered about the protective capacities of the parent/legal guardian.
  - b. In the case of impending danger, until the conditions for return can be met.
2. When the parent/legal guardian creates or wishes to continue an existing family arrangement, the child welfare professional will conduct an assessment of the temporary caregivers to determine if they meet all of the following criteria:
  - a. Understand and believe the danger threats.
  - b. Are aligned with the child.
  - c. Understand and support the safety plan.
  - d. Are able and willing to care for and protect the child.
  - e. Are able to supervise the child and parent if contact with parents is agreed upon and described in the safety plan.
  - f. Agree to child abuse and criminal background checks for all household members age 12 and older, and provide information as to what records checks will reveal.
  - g. Agree to open access to agency staff responsible for monitoring.
  - h. Allow the child welfare professional access to the home in which the child will be residing and to conduct a walk through, assessing the safety of the home environment.
3. After the above interview with family-arranged caregiver and prior to allowing the child to be relocated or remain in the caregiver's home, the child welfare professional will initiate a family-made arrangement background check and Unified Home Study:
  - a. Check for past child abuse history in FSFN and whether the family arranged caregiver discussed the history, if any, and presented information as to why that history should not preclude their current ability to care for the child.
  - b. The child welfare professional will conduct background screening of the family arranged caregiver and household members to include **national, state and local criminal history**. The child welfare professional will follow up with fingerprint

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- submission no later than 15 calendar days after relocation of child to ensure compliance with FBI standards.
- c. The investigator or case manager will determine whether the results of the background checks provide information that has relevance to the family-arranged caregiver's ability to care for and/or protect the child, including considerations of major life circumstances that have changed. Current automatic statutory disqualifiers for placement still apply.
  - d. The "Emergency Placement" section of the Unified Home Study will be completed.
4. A child in a family-made arrangement will be ***continually*** assessed for safety, child strengths and needs, including the child's need for permanency. The assessment will include:
    - a. Caregivers in the family made arrangement continue to support the child's need for protection and are aligned with the child.
    - b. The family arrangement is adequately attending to the child's needs, including visitation with family.
    - c. The parents/legal guardians are demonstrating their willingness to achieve changes in their protective capacity as well as progress towards meetings Conditions for Return
  5. Documentation specific to the assessment of the family-made arrangement is provided in the ongoing family functioning assessment and progress update at every critical juncture or at a minimum of every 90 days. Should it be determined conditions of return are not likely to be met in a reasonable time frame, a staffing should be held to assess the appropriateness of more intrusive safety actions.
  6. While the parent may choose to end a family-made arrangement at any time, it is necessary for the primary worker to assess the appropriateness (safety analysis) of an in-home safety plan in the parent's/legal guardian's home.
  7. An investigation or on-going services case involving a safety plan with a family arrangement cannot be closed until the safety concerns are resolved. Resolution includes that the child is able to safely reside in his/her own home or permanency is achieved through legal means or is otherwise long-standing and dependable.

### **Supervisors:**

1. Supervisor Case Consultation should be provided to affirm that all aspects of a safety plan are reasonable and adequate:
  - a. The investigator or case manager is able to clearly describe in documentation how impending danger is manifested in the home.
  - b. The safety plan is the least intrusive and most appropriate.
  - c. The parents/legal guardians were involved in analysis and planning.
  - d. It is clear how the safety plan will control and manage the danger threat(s).
  - e. Providers in the safety plan have been adequately assessed.

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- f. The safety plan is clear and comprehensive in assuring that a child is protected when case management and services are implemented.
2. Investigations supervisors are required to request a 2<sup>nd</sup> Tier Consultation for all Present Danger and Impending Danger Safety plans in which the child either remains in the home or a Family Arrangement is used.
3. Case management supervisors are required to request a consultation with a program manager or their designee when a child is returning to the home (reunification) or when a safety plan is modified to include use of a Family-Made Arrangement .

### **FSFN Documentation:**

1. The assessment process to approve a family-made arrangement will be documented as a FSFN case note and reflected as a safety action in the safety plan.
2. The responsible adults will be made case participants with complete contact and address information.
3. The child will be documented as being in a non-removal living arrangement in one of the following categories:
  - Living with Married Couple - Non-Relative
  - Living with Married Couple - Relative
  - Living with Single Female - Non-Relative
  - Living with Single Female - Relative
  - Living with Single Male - Non-Relative
  - Living with Single Male - Relative
4. When a family arrangement is created or continued after the determination of impending danger, a home study will be completed or updated using the Unified Home Study.
5. The continued assessment of a family arrangement will be documented in FSFN case notes and the ongoing family functioning assessment and progress update at every critical juncture or at a minimum of every 90 days.

**Examples:** The following are examples which should support the determination that a caregiver can and will protect the child against danger threats.

- Caregiver has demonstrated the ability to protect the child in the past while under similar circumstances and family conditions.*
- Caregiver has made appropriate arrangements which have been confirmed to assure that the child is not left alone with the maltreating person. This may include having another adult present within the home that is aware of the protective concerns and is able to protect the child.*

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- Caregiver can specifically articulate a plan to protect the child, such as the caregiver leaving with the child when a situation escalates, calling the police in the event a restraining order is violated, etc.*
- Caregiver believes the child's report of maltreatment and is supportive of the child.*
- Caregiver is physically able to intervene to protect the child.*
- Caregiver does not have significant individual needs which might affect the safety of the child such as severe depression, lack of impulse control, medical needs, etc.*
- Caregiver has asked, demanded, or expects the maltreating adult to leave the household and can assure the separation is maintained effectively.*
- Caregiver has adequate resources necessary to meet the child's basic needs.*
- Caregiver is capable of understanding the specific threat to the child and the need to protect.*
- Caregiver has adequate knowledge and skill to fulfill caregiving responsibilities and tasks. This may involve considering the caregiver's ability to meet any exceptional needs that the child might have.*
- Caregiver is cooperating with the caseworker's efforts to provide services and assess the specific needs of the family.*
- Caregiver is emotionally able to carry out a plan and/or to intervene to protect the child (caregiver not incapacitated by fear of maltreating person).*
- Caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.*
- Caregiver and child have a strong bond, and the caregiver is clear that the number one priority is the safety and well-being of the child.*
- The caregiver consistently expresses belief that the maltreating person is in need of help, and he or she supports the maltreating person getting help. This is the caregiver's point of view without being prompted by the INVESTIGATOR/case manager.*
- While the caregiver may be having a difficult time believing the other person would maltreat the child, the caregiver describes the child as believable and trustworthy.*
- Caregiver does not place responsibility on the child for the problems of the family.*

## Approval of Informal Providers in Safety Plans

**Purpose:** “Informal provider” means a responsible adult identified by a parent or legal guardian who agrees to provide safety management services as specified in a safety plan. The child welfare professional responsible for the safety plan is expected to determine that any safety plan provider is capable and dependable to implement their role in the safety plan, including a review of child abuse and criminal history checks.

### Guidelines:

1. When a safety plan is necessary in response to present or impending danger, the parent/legal guardian will be asked, when available, if there are family members, friends or neighbors in their resource network who might be willing and able to provide any of the safety services needed.
2. The parent/legal guardian must be willing for the following to occur:
  - a. Full disclosure to informal safety plan provider of family dynamics and conditions resulting in danger threat to the child.
  - b. Agency interview with informal safety plan provider and a background check.
3. The child welfare professional will conduct an interview with the safety plan provider to determine if they meet all of the following criteria:
  - a. Understand and believe the danger threats.
  - b. Are aligned with the child.
  - c. Understand the protective actions they are being asked to provide.
  - d. Are willing, able and have the time to provide the protective actions requested.
  - e. Agree to child abuse and local/state criminal background checks and provide information as to what a records check will reveal.
  - f. Agree to open access to agency staff responsible for monitoring.
  - g. Agree to work as a team member with other safety plan providers involved.
4. After the child welfare professional has conducted an interview to determine if the informal safety plan provider is appropriate, they will conduct background screening to include child abuse history and local and state criminal history. The investigator will request a child investigation recheck as the method to obtain state criminal history. The case manager will follow CBC locally approved protocol to obtain the state criminal history. The investigator or case manager will determine whether the results of any of the background checks provide information that indicates the caregiver is not currently dependable or suitable to care for and/or protect the child. Current automatic statutory disqualifiers still apply.
5. Informal safety plan providers will be involved in the development of the safety plan and be provided with a copy of the safety plan.

**Supervisors:** Supervisor Case Consultation should be provided to ensure that all aspects of a

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safety plan are reasonable and adequate:

1. The investigator or case manager is able to clearly describe in documentation how impending danger is manifested in the home.
2. The safety plan is the least intrusive and most appropriate.
3. The parents/legal guardians were involved in analysis and planning.
4. It is clear how the safety plan will control and manage the danger threat(s).
5. Providers in the safety plan have been adequately assessed.
6. The safety plan is logical and justifiably effective at assuring that a child is protected when case management and services are implemented.

### **FSFN Documentation:**

1. The assessment process outlined above, the interview conducted with the family arranged caregiver(s), results of the background screening and the final decision will be documented in FSFN case notes.
2. Once established as a responsible adult, the informal safety plan provider will be documented as a "Family Support Network" member, including their phone contact information on the "Professional / Family Support Network contacts" tab on the "Maintain Case" page and will be inserted in the participants tab under "Family Support Network" on the FFA-ongoing and Progress Update.

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### Criminal History Record Information Resource Guide

**Purpose:** This guide is for the purpose of explaining the criminal history information that may be gathered by an investigator or a case manager for specific purposes as authorized by both the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigations (FBI). This guide includes information as to the purpose codes to be used and whether any of the information received may be shared.

Hotline	Child Investigation (Initial & Recheck)	Emergency Child Placement	Family Made Arrangement	Planned Child Placement	Informal Safety Plan Provider
<b>Florida Criminal Information Check (FCIC)</b> Purpose Q does not contain sealed/expunged info.	Y	Y	Y	Y	Y
<b>FCIC Purpose C</b> may contain sealed/expunged	Y				Y
<b>Nation Criminal Information Check (NCIC)</b> (Purpose C)	Y				Y
<b>NCIC(Purpose X)</b>		Y	Y		
<b>Department of Juvenile Justice(JJIS)</b>	Y	Y	Y	Y	Y
<b>Department of Corrections</b>	Y	Y	Y	Y	Y
<b>DHSMV (DAVID)</b>	Y				Y
<b>Jail Booking System (APPRISS)</b>	Y				Y
<b>INVESTIGATOR /CBC</b>	Child Investigation (Initial & Recheck)	Emergency Child Placement	Family Made Arrangement	Planned Child Placement	
<b>FSFN</b>	Y	Y	Y	Y	Y
<b>Locals</b>	Y	Y	Y	Y	Y
<b>Fingerprint (3z)</b>				Y	
<b>Fingerprint (4z)</b>		Y	Y		
Florida Court (CCIS)	Optional	Optional		Optional	

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## **Definitions:**

Purpose Code “C” is a code used for criminal justice purposes to obtain criminal history records from FCIC and NCIC on individuals involved in an investigation of abuse, abandonment, neglect, threatened harm, or exploitation. FCIC Purpose Code “C” records may contain expunged or sealed information and NCIC contains national information. The criminal history rap sheet may include Person and/or Status Files: (Injunctions, Warrants, Missing Person, Sex Pred/Sex Offender, Probation/Parole etc.). Criminal history records generated using Purpose Code “C” are for **investigative purposes only** and may not be shared with other individuals in or outside of the Department.

Purpose Code “Q” is a code used to obtain criminal history records from FCIC on individuals in potential contact with children or vulnerable adults in need of placement and is also provided for investigations so the INVESTIGATOR has a Florida Rap Sheet that can be discussed with contracted providers providing protective and placement services. These records do not contain any expunged or sealed information. Criminal history records generated using Purpose Code “Q” may be shared with other individuals in the Department and its contracted providers charged with the responsibility to provide protective and placement services.

Purpose Code “X” is a code used to obtain national criminal history records from NCIC on individuals in potential contact with children in need of emergency placement (including children relocated or placed in a family arrangement) in exigent circumstances with delayed fingerprint submission. These records do not contain expunged or sealed information. Criminal history records generated using Purpose Code “X” may not be shared with any non-governmental entity including contracted child providers.

**Some states do not currently recognize Purpose Code X and will not return results but may include a standard statement that a record exists. Further information must be obtained from the fingerprint submission results. It has been DCF’s experience that the following states do not always respond to Purpose Code X queries with specific records, however, it is not official from FDLE: Alabama, California, Illinois, Indiana, Kentucky, Massachusetts, Mississippi, Nebraska, North Dakota, Pennsylvania, \*New York, \*North Carolina, South Dakota, Washington.**

Driver and Vehicle Information Database (DAVID) is a database where authorized individuals are able to search and obtain information on driver licenses, identification cards, vehicle and boat registrations, driver history and tags. DCF investigators are authorized to obtain digitized driver license photos and signature information. pursuant to s. 322.142(4), F.S.

JJIS refers to the Juvenile Justice Information System operated by the Department of Juvenile Justice that contains juvenile delinquency history and services.

Jail Booking System (APPRIS) – Jail booking information throughout Florida and 42 other states which includes booking images.

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Florida Clerk of Courts (CCIS) – Florida court case information. DCF investigations has level 6 CCIS authorization for access to the following court records: felony, misdemeanor, traffic but not warrants/capias/summons, Civil (Circuit, traffic, county, domestic relations, child support, domestic violence, family, law), Juvenile (dependency not delinquency), and Probate/Guardianship, but not mental health.

Fingerprint Submissions - ORI numbers used to submit fingerprints that end in 3Z indicate non-emergency planned placement and ones that ends in 4Z indicate an emergency placement. Any Purpose Code X query of the NCIC system should have a matching 4Z fingerprint submission unless the placement was not made.

## **Authority (National Criminal History Records)**

### Investigations

Public Law 109-248, The Adam Walsh Child protection and Safety Act Of 2006; s. 39.301, F.S.; Rule 65C-29.009, F.A.C., CFOP 175-94; and Child Welfare Practice Manual Chapter 3.

### Emergency Placements

Title 28 Code of Federal Regulations (CFR), the National Crime Prevention and Privacy Compact Council, and the Department's agreement with FDLE recognizes that there are situations in which a child must be placed but there is insufficient time to complete fingerprinting of the proposed caregiver and notification to the court prior to the placement. This is considered an emergency placement in exigent circumstances with delayed fingerprint submission only if the placement must be made within 72 hours of the child's relocation from the home. For an emergency relative/non-relative placement, the Department is authorized to direct access the NCIC/III system to obtain criminal history records to be followed by a delayed fingerprint submission.

Title 28 CFR, Subparts 20 (28CFR20), 50 (28CFR50), and 901 (28CFR901), s. 39.0138, F.S., Rule 65C-28.011, F.A.C., CFOP 175-94.

### CJIS Policies and Agreements

Florida Department of Law Enforcement (FDLE) Criminal Justice Agency User Agreement with the Department of Children and Families (DCF), January 2011 (A copy is on file and available from the Terminal Agency Coordinator).

U.S. Department of Justice, Federal Bureau of Investigations (FBI) Criminal Justice Information Services (CJIS) Security Policy 5.0, February 2011 (A copy is on file and available from the Terminal Agency Coordinator).

## Seeking Court Supervision and Demonstrating Reasonable Efforts

**Purpose:** During the course of the investigation or ongoing services there may be an identified need to initiate court action. In order to take legal action there are several steps and processes that must be followed.

**Guidelines:**

1. In situations involving impending danger a legal staffing between the investigator and/or case manager if the case is currently ongoing and the Children's Legal Services (CLS) attorney will take place prior to the removal of a child. In circumstances involving immediate danger to the child the investigator may take the child into custody prior to consulting with the attorney.
2. In all cases, reasonable efforts must be made to prevent the child's removal unless there are no such reasonable efforts that could mitigate the substantial and immediate danger to the child. During the legal staffing the child welfare professional must be prepared to discuss all relevant facts and information in order for the attorney to provide guidance as to whether there is available and admissible evidence to establish probable cause to remove the child. The attorney will be responsible for drafting and preparing the legal documents and presenting the case in court. The child welfare professional must be prepared for and available to testify at the shelter hearing.
3. To ensure reasonable efforts are made to prevent removal of the child from their household, the child welfare professional must show reasonable diligence in offering, arranging, and providing all needed services. This requires documentation of all safety plan services offered, arranged, or provided for the child and family in order to prevent the child's removal, or ensure reunification occurs as soon as possible after a removal.
4. When the child welfare professional determines an in-home safety plan cannot adequately control or manage an impending danger threat(s) regardless of the availability and timely introduction of safety plan services into the home, an out-of-home safety plan will be implemented. Before removal, the child welfare professional must:
  - a. Consult with a supervisor.
  - b. Have a staffing with CLS. The removal should occur after a discussion is completed with the investigator's supervisor and legal when feasible. There must be probable cause to remove the child from the home. There also must be reasonable efforts made and documented prior to the removal (except under exigent circumstances - i.e., present danger) when the investigator has to immediately take the child into custody.
5. When the child is removed, the investigator must have the case heard before the court within twenty-four (24) hours of the removal. The twenty-four (24) hour timeframe starts

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from the time of the actual removal, and includes when the INVESTIGATOR puts a “hold” on the discharge of a child from a hospital, including a newborn.

### **Supervisor:**

The Supervisor will document their conversation with the child welfare professional around the need for court action.

### **FSFN Documentation:**

Once the investigator has staffed the case with CLS, the following actions must be completed in FSFN:

1. Investigator will document the CLS staffing in a FSFN note.
2. The note should capture when the staffing took place and reference the legal staffing decision form when the decision is made to either not take the action requested and/or that more information is needed.
3. So as not to violate the attorney-client privilege, FSFN notes will not capture the content of the confidential legal discussion.

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## Establish, Monitor and Modify Conditions for Return (Reunification)

**Purpose:** The “Conditions for Return” are a written statement or statements of the specific behaviors, conditions, or circumstances that must exist within a child’s home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work toward reaching case plan outcomes. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances or conditions of each family.

### Guidelines:

1. The “Conditions for Return” will be established in the FFA-Investigations whenever children have been released, relocated or removed in response to present or impending danger.
2. The “Child Safety Analysis Summary” will provide a clear summary as to why the family’s circumstances did or did not meet criteria for an in-home safety plan. The Conditions for Return should reflect the unique application of the criteria to the family. The following table reflects the relationship between the two:

<b>Child Safety Analysis Summary</b>	<b>Conditions for Return</b>
Whether or not the parent/legal guardians were willing for an in-home safety plan to be developed and implemented and demonstrated that they would cooperate with all identified safety service providers.	If parents were not willing, what would need to happen in order for them to become willing?  If parents could not demonstrate that they would cooperate with providers, what would they need to do to demonstrate that commitment?
Whether or not the home environment was calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.	If the home environment was not calm and consistent enough, what exactly would need to be different in order for safety service providers to be in the home safely?
Whether safety services (formal or from the family resource network) were available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home.	What specific safety services need to become available? If there are services to be provided by the family resource network, what needs to happen in order for the family resource to be able to participate in the safety plan?
Whether an in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.	If a professional evaluation is needed, what needs to be learned from the evaluation in order to develop an in-home safety plan? How will the evaluation inform conditions for return?
Whether the parent/legal guardians have a physical location in which to implement an in-home safety plan.	If the parents do not have a physical location in which to implement a plan, what needs to happen in order for the parent to have a location?

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3. If a child has been sheltered, the Conditions for Return should become part of the court order, making it the official record and expectation that gives guidance to intervention, decisions, and subsequent court involvement concerning return of the child.
4. Once responsible for a case, the case manager should review and understand the conditions that must exist prior to the return of the child to the parents. The case manager must be familiar with, and able to communicate with the parent as to what, if anything continues to stand in the way of the identified safety threat being managed while the child is in the home.
5. The case manager will clearly communicate and discuss the Conditions for Return to everyone involved in the case including the child's parents, the court, attorneys, guardian ad litem, Tribe(s), etc., through regular court reports, case plan reviews, discussions, and other forms of communication.
6. The case manager is responsible for a constant and intense level of effort to achieve reunification including:
  - a. Assisting the family with meeting conditions of return.
  - b. Reviewing at every critical juncture (examples include case transfer, progress evaluation, prior to changing placement, when adjustments to safety plan are needed).
  - c. Knowing when the conditions for return have been met .
  - d. Taking actions to achieve reunification with development of an appropriate in-home safety plan.
7. Reunification should occur:
  - a. At the earliest time a child's legal parent can meet the safety needs of the child, regardless of whether that parent was the parent from whose home the child was removed, OR
  - b. At the earliest time that danger threats can be sufficiently managed with an in-home safety plan because of the progress that has been made related to the Conditions for Return
8. Planning associated with reunification will occur at a safety planning conference with the parent(s) and any safety plan providers. The following issues will be addressed:
  - a. Development of the in-home safety plan.
  - b. Determination as to whether the child in care has any behaviors that pose a threat to self or others that need to be addressed.
  - c. Determination as to what actions and supports are necessary to transition the child to their parent's care.
  - d. Identification of supports and/or services necessary to assure a timely, smooth and successful adjustment for the child and family after the transition occurs.

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9. If a case is court supervised, the case manager will conduct a staffing with CLS to prepare an appropriate pleading to the court for reunification. The case manager must implement the child's transition and reunification as ordered by the court. Action should begin to transition and reunify based upon the order of the court (verbal or written).
10. Post placement supervision will be provided for no less than six (6) months and until an in-home safety plan is no longer required.

### **Supervisor:**

1. Through case consultation, the supervisor is able to affirm that the completed FFA-Investigations demonstrates that:
  - a. The INVESTIGATOR has gathered sufficient information and is clearly able to describe how each of the five in-home criteria are met or not met.
  - b. The Conditions for Return are specifically articulated given the unique circumstances in the family.
  - c. The parent(s) were involved in the analysis and planning.
  - d. It is clear how a future safety plan can reasonably be expected to control and manage impending danger.
2. Through case consultation, the case management supervisor is able to affirm that the case manager:
  - a. Understands and is clearly able to describe how each of the five in-home standardized Safety Analysis criteria are met or not met.
  - b. Continues to work with the parent(s) and their family team as appropriate in the ongoing analysis and planning related to Conditions for Return.
  - c. Acts promptly to implement an in-home safety plan when Conditions for Return are met.
  - d. Develops an in-home safety plan that:
    - Addresses the appropriate danger threat(s)
    - Is tailored to the child and family's specific routines and the times that the danger threat is known to manifest
    - Utilizes family resource network members, if any, who have been appropriately interviewed and screened
    - Utilizes safety service providers that are appropriate and available
    - Includes appropriate transition planning and support for the child, parent and other caregivers.

### **FSFN Documentation:**

1. The INVESTIGATOR will use the FFA-Investigation to document the Safety Summary Analysis Summary and Conditions for Return.
2. The case manager will use the FFA-Ongoing and the Progress Update to document the on-going assessment of Conditions for Return as well as efforts by the family to achieve the conditions.

### **Initiating Reports of Abuse, Neglect, Abandonment or Exploitation**

**Purpose:** This practice guideline establishes the procedures that must be followed when a child welfare professional suspects that a child has been abused, neglected, abandoned or exploited. It is intended to protect child welfare professionals from allegations of misconduct.

**Guidelines:**

1. Section 39.201(1)(a), Florida Statutes, requires “any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined in this chapter, or that a child is need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion.”
2. All child welfare professionals shall make reports to the Hotline using any of the reporting means available (via telephone, facsimile, Florida Relay Services or on-line reporting).
3. The child welfare professional must provide their name when they are a social worker as defined in s. 39.01(71), F.S., “any person who has a bachelor’s, master’s or doctoral degree in social work.”
4. When the professional making a report provides their name as required or by choice, it will afford the investigator assigned to conduct the investigation an opportunity to conduct a more thorough follow-up interview.
5. The name of any person reporting child abuse, abandonment, or neglect may not be released to any person other than employees of the department responsible for child protective services, the central abuse hotline, law enforcement, the child protection team, or the appropriate state attorney, without the written consent of the person reporting.
6. A child welfare professional making a report on a family they are investigating or responsible for in on-going case management shall act immediately to create or modify any existing safety plan as needed to protect the child.

### **Newborns/Children in Families with Active Investigation or On-going Services Case**

**Purpose:** This practice guideline establishes the measures which will be taken to assess the safety of a child born into a family or a new child moving into the household that involves an open investigation or ongoing services case. This includes new children in a family-designated arrangement or a child released to other parent when the child is the focus of a safety plan.

**Guidelines:**

1. The child welfare professional will notify the supervisor as soon as information about a pending birth and/or new child in the home are known and will gather, assess and analyze the information domains to determine:
  - a. How the family dynamics and conditions are likely to change as a result of the new infant or child
  - b. Whether the new infant or new child in household contributes to new danger threats
  - c. Whether the new child is vulnerable to new or existing danger threats
  - d. Whether the current caregiver protective capacities are sufficient to manage the physical and emotional demands associated with the care and protection of a newborn infant or additional child
2. The child welfare professional will add any new children to the case file, including a newborn (whether in the home or still in the hospital) and will update any assessment which is currently under development including the:
  - a. FFA-Investigation
  - b. FFA-Ongoing
  - c. Progress Evaluation
3. The child welfare professional will engage in a supervisor case consultation to discuss their updated assessment and the interventions necessary.
4. The child welfare professional will create or modify any existing safety plan.
5. The case manager will modify the existing case plan.
6. If a child is born into a family where a petition of dependency is pending or active, the CLS attorney will immediately be given written notice of the birth by the child welfare professional, including the child's full name, date of birth and names of both parents if different from those already named.
  - a. The CLS will amend any pending petition or file another petition to bring the new child to the court's attention.
  - b. A staffing with CLS will be held to discuss the updated assessment of family conditions and dynamics, whether the new child needs to be sheltered, any needed changes to the current case plan, and whether any other legal actions should be taken.

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### **Supervisors:**

1. Provide supervisor consultation as necessary to ensure the child welfare professional's due diligence in:
  - a. Gathering sufficient additional information to fully assess the impact of the new child on family conditions and dynamics.
  - b. Seeking the expertise and/or input from other professionals, family members and the family team as to the assessment, safety plan and/or case plan.
2. Participate in family team meetings or staffings to determine modifications to current safety plan or case plan.
3. Review documentation of FFA-Investigation, FFA-Ongoing or Progress Evaluation for information sufficiency and analysis.

### **FSFN Documentation:**

1. Investigator or case manager will complete updates to FFA-Investigation, FFA-Ongoing or Progress Evaluations to document assessment of changed family conditions and dynamics, given the new child.
2. Supervisor will document associated supervisor consultations.
3. Supervisor will approve safety plan and case plan modifications.

## Investigations Involving an Ongoing Services Case

**Purpose:** A new investigation when there is an ongoing services case should be thoughtfully coordinated with the case manager assigned to work with the family, and CLS when there is an open court case.

**Guidelines:**

1. The investigator must complete a new FFA-Investigation if the initial investigation which resulted in ongoing services has been closed.
2. While the investigator will be fully responsible for information gathering, analysis and safety determinations, it is important to ensure there is team approach with the case manager to conducting the new FFA. There must be concerted efforts by the investigator and case manager to ensure that information already known and new information learned is understood and incorporated into the new FFA being completed.
3. To the extent practical, when an investigator receives an intake involving a family who is receiving case management services, the investigator will contact the assigned case manager and attempt to schedule a joint home visit to conduct face-to-face interviews with the parents and children.
4. When the investigator determines that the children are in present danger, the investigator will enact a Present Danger Plan with the family, coordinating with the case manager to the fullest extent possible.
5. The investigator and case manager will communicate to discuss any action(s) required due to the new investigation.
6. The case manager is responsible for coordinating with the investigator to schedule a safety planning conference no later than 2 business days for the family's safety management team to review the sufficiency of the current impending danger safety plan and make any changes needed.
7. During the conference the team will review the agreed upon responsibilities and current safety actions in place and make recommendations for changes in the ongoing monitoring, modification and management of the plan. Consideration should be given to requiring additional accountability of the parents through dependency proceedings (i.e. from non-judicial to judicial safety and case planning) and/or the need for an out-of-home safety plan to replace an in-home safety plan.

**Supervisor:** Will provide case consultations as needed.

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### **FSFN Documentation:**

1. In the event that a Present Danger Plan is required, the INVESTIGATOR must terminate the existing impending danger plan.
2. The investigator has the lead to develop a new Impending Danger Plan.

## **Assess and Respond to Risk (Risk Assessment-Investigations)**

**Purpose:** Risk is the likelihood of a future event. In child protection, risk refers to the likelihood of future maltreatment of any type. Risk assessment identifies families with low, moderate, high, or very high likelihood of future abuse or neglect. By completing the risk assessment, the investigator obtains an objective appraisal of the likelihood that a family will maltreat their child in the long term (approximately over the next two years). The difference between risk levels is important. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents.

The Safety Methodology utilizes an actuarial risk assessment based on research as to which family characteristics have a demonstrated correlation with future abuse and neglect. The risk assessment is used at the completion of the investigation to identify the risk of subsequent harm. Children determined to be living in “high” or “very high” risk households would benefit from intervention. The investigator should make every effort to connect the family with community based family support services that are specifically planned to reduce risk of abuse or neglect. Risk levels can be very effective in helping the family understand why the investigator remains concerned about the family even though case management services are not being pursued.

### **Guidelines:**

1. The risk assessment will be completed by the investigator on all families that have been assessed using the FFA-Investigations.
2. When a child spends time residing in two households (i.e., parents divorced or separated) the investigator assesses the household of the alleged perpetrator. If there are allegations on each household, complete a risk assessment on each household.
3. The investigator will know the risk assessment items and complete definitions, and throughout the investigation will make sure that details needed to complete the risk assessment are collected and appropriately documented.
4. The risk assessment is completed based on conditions that exist at the time the incident is reported and investigated as well as the prior history of the family.
5. The investigator should complete the risk assessment tool after sufficient information has been collected for the safety determination and maltreatment findings have been determined. The investigator answers all items on the neglect and abuse indices regardless of the type of maltreatment alleged. When answering each item it is essential to use the risk tool definitions. Abbreviated definitions are in FSFN for each item, displayed by hovering over the item. If more detail of the definition is available, the hover definition refers the investigator to the online help system which contains more detailed information.

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6. After answering all items in the tool, FSFN calculates the neglect score and classification of the risk of future neglect. FSFN also calculates the abuse score and classifies the risk of future abuse. The level assigned to each score is based on research. With each increase in risk level, the likelihood of future abuse or neglect increases substantially. Whichever is the highest classification (abuse or neglect) is considered the scored risk level.
7. There are four specific maltreatment conditions which result in a policy override equating to “Very High” risk if the scored risk level is low, moderate or high. These policy override conditions are:
  - a. Sexual abuse investigation and the perpetrator is likely to have access to the child.
  - b. Non-accidental injury to a child younger than two years old.
  - c. Severe non-accidental injury.
  - d. Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).
8. If policy override reasons are not present, the investigator may choose to apply a discretionary override to increase the risk level by one. The investigator would do this if in his/her professional judgment a unique family condition leads to a higher likelihood of abuse or neglect than the scored risk level indicates. Use of an override requires supervisor approval.
9. After considering overrides, the resulting risk level becomes the family’s final risk level. This risk level will inform risk-based decisions related to the investigation.
10. Based on the final risk level, the investigator may refer families for “Community Service Referrals” or “Family Support Services.” All families with a safety determination that the child is safe, however the risk level is high or very high, will be referred for Family Support Services as long as the family agrees.
11. The investigator will explain the risk assessment process and results to any parent assessed, including the following:
  - a. Explain how the risk level is based on research on other families who have been referred to the department for abuse and/or neglect and the likelihood of subsequent harm without intervention. An actuarial risk assessment does not predict which children will be maltreated per se, but simply the likelihood of maltreatment for all households classified as having the same or very similar characteristics as the home just scored. The risk level is not about blame for conditions in the household but represents an opportunity for change without formal intervention. Help the family understand that by working together to make some changes now, there is a good chance they can reduce their risk and avoid subsequent harm. High and very high risk families can reduce the likelihood of future harm by participating in interventions.

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- b. If the child is safe from impending danger, but risk is high or very high, explain the voluntary nature of family support services, or prevention and community support programs to reinforce the message that the parent wants what is best for his or her family and empower the parent to make an informed decision based on providing the parent with information on what community programs have to offer.
- c. Explain to the parents how family support services are designed to increase specific protective factors to help the family prevent future maltreatment. It is important to be able to give the parent concrete examples of how engaging in an identified program can specifically help their children and family and reduce risk (i.e., enable families to use other resources and opportunities available in the community, etc.).

### **Supervisors:**

1. Supervisor consultation will be provided when there is a Safe Child with High/Very High Risk Level in order to:
  - a. Determine if information contained in the FFA is sufficient to identify impending danger or validate the original safety determination.
  - b. Consider the most effective family engagement strategy to discuss the risk of subsequent harm with the family.
  - c. Conduct a 2<sup>nd</sup> Tier Consultation.

### **FSFN Documentation:**

Investigators will use the functionality in FSFN to complete the risk assessment and establish final risk level.

## Family Support Services for High and Very High Risk Families

**Purpose:** Family Support Services are designed for families with high and very high risk levels as determined by a Risk Assessment completed at the conclusion of an investigation for alleged child maltreatment. Family Support Services will be recommended when the INVESTIGATOR has determined that children in the family are safe from impending danger however the family has a high or very high likelihood for maltreatment given their risk level. When children have been determined to be safe, Family Support Services for high and very high risk families are voluntary. These services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by::

- Strengthening protective factors that will increase the ability of families to nurture their children successfully.
- Enhancing the social and emotional well-being of each child and the family.
- Enabling families to use other resources and opportunities available in the community.
- Assisting families with creating or strengthening family resource networks to enhance and support childrearing.

Referrals to agencies in the community that typically involve a one-time only interaction with a family are not considered Family Support Services (e.g. food pantry, clothing closet, etc.)

### Guidelines:

1. The CBC will develop and/or approve local policy for Family Support Services for high and very high risk families that defines:
  - a. The referral process
  - b. Service descriptions
  - c. Duration of service
  - d. Staff qualifications
  - e. Expectations or conditions for family participation in Family Support Services
  - f. Methods for quality assurance and monitoring to ensure that policies are followed and services are of sufficient quality and effectiveness.
2. The Family Support Services provider will conduct follow-up outreach and engagement efforts with the family to collaboratively:
  - a. Review and discuss the family situation and the current risk level.
  - b. Identify barriers to sustained safety and intervention choices and options that would be effective ways to lower current risk.
  - c. Develop a plan to mitigate the identified barriers to the child(ren)'s future safety.
  - d. Establish a timeframe for completion of the plan.
  - e. Commit to follow and complete the plan.

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### **FSFN Documentation:**

1. Family Support functionality in FSFN will be used to document “Family Support Services” to high and very high risk families. The following information will be documented in FSFN:
  - a. Date case is opened and date case is closed.
  - b. An assessment date and any updated assessment dates will be documented in FSFN case notes.
  - c. A brief summary of the reason for the family referral and the recommendations from the assessment will be described in the “Status Begin Comments” narrative field. The summary will include services to be provided and expected outcomes
  - d. A summary of the reason for case closure including family refusal to begin or continue receiving services offered.
  - e. If a case remains open after 12 months, rationale for continuing Family Support Services.
  
2. Contact notes will provide the essence of what happened during each contact as it relates specifically to the Family Support Services being provided

The FSFN Family Support module allows the option of creating a “Risk Factor” page which can be updated based on subsequent assessments. The CBC will determine the policy for its case workers or contracted agents as to whether the risk factor page is to be completed. NOTE: “Risk factor” as used on this page in FSFN does not refer to the items that were marked on the actuarial risk assessment. Rather, the family support worker should conduct an assessment of barriers to sustainable safety, and collaboratively with the family, identify areas of family life that will be addressed to lower risk.

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## Documenting Case Notes

**Purpose:** Each child record in FSFN must contain a specific record of all case activities provided by the INVESTIGATOR, case manager or other child welfare professionals working on the case who have FSFN access. FSFN functionality provides for the notes to be maintained in chronological order and for notes reports to be produced in specified date ranges. The Case Book page in FSFN is designed to display the most recent case note entries and will display the first few lines of each contact note entry.

### Guidelines:

1. Contact notes may be handwritten in the field and scanned into the case note page in FSFN as long as the worker's supervisor considers them to be legible. The child welfare professional is required to create a note in FSFN to capture the note type, date, time, persons contacted with a statement to see the associated scanned note.
2. All contacts and attempted contacts with a child, the child's parent or caregiver and collaterals must be documented.
3. Notes will provide the most pertinent facts gathered and observations about the child or family that will be used in developing the information domains or updating other case record documentation.
4. Notes contain cohesive information that provides a summary of what was learned.
5. Notes do not have to provide a flowing narrative. Notes may only reflect phrases, quotes, sentence fragments, lists. Examples may include:
  - o *Discussed school attendance, grades, child's friends and activities*
  - o *Spoke with mother as to her worries about child; concerns about husband's abusive and controlling behaviors (won't allow her to work outside home; inadequate weekly allowance; not allowed to have cell phone)*
6. Conclusions, opinions or analyses that are gathered from persons contacted must be labeled as such and attributed to the person making them.

**Supervisor:** Supervisors of child welfare professionals will work with staff to ensure that case notes are:

- a. Legible
- b. Succinct
- c. Relevant

### FSFN Documentation:

Case notes will be entered no later than two business days of the actual contact event.

## Case Transfer from Investigations to Case Management

**Purpose:** To ensure that the transfer of responsibility for a case involving an unsafe child is based on sufficient information and understanding as to the impending danger threats that must be managed with a safety plan and remediated with a case plan.

**Guidelines:**

1. Investigators are responsible for scheduling case transfer conferences with case management staff as soon as the family functioning assessment is complete and a child is determined to be unsafe.
2. Parents or legal guardians and the family's support network will be included in the case transfer meeting whenever possible and appropriate.
3. When safe and appropriate, the use of a family team meeting/conference model is the preferred method for engaging families at case transfer.
4. During the case transfer conference the investigator will summarize the information collected on:
  - identified danger threats
  - caregiver protective capacity
  - safety actions put in place as a result of safety planning
  - conditions for return if child has been relocated or removed
  - the level of parental cooperation in complying with the safety actions to date
  - the risk level established by investigator
  - all other critical information needed regarding the child and family
5. Participants at the meeting will review and discuss the current safety plan and develop modifications as needed.
6. If there is any additional information needed, an agreement will be reached as to when such information will be completed by the investigator.
7. Once the case transfer conference has been completed, full responsibility for the case by the case management provider will begin.

**Supervisors:**

Supervisors can help ensure that sufficient information is available for the case transfer conference by considering the following questions (and asking for additional input if gaps in informational are evident):

1. Does the FFA-Investigation documentation provide sufficient information on the maltreatment, circumstances accompanying the maltreatment, child functioning, adult functioning, general parenting, and disciplinary and behavior management?

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2. What additional information, if any, may be needed on the family in order for the case manager to begin the FFA-Ongoing?
3. Is it clear how impending danger is manifested in the family?
4. Are the current safety actions adequately controlling and managing the danger threats in the household?
5. Does the safety planning analysis provide sufficient rationale for the type of safety plan selected (i.e., in-home vs. out-of-home)?
6. Are the current participants to the plan demonstrating a sufficient level of effort to ensure child safety? How is this being measured?
7. What is the risk of subsequent maltreatment?
8. Are there any indications that the safety plan may need to be adjusted? Is there a need to schedule a safety planning conference immediately to update the plan prior to holding the case transfer conference?

### **FSFN Documentation:**

1. The INVESTIGATOR will ensure that the FFA-Investigation has been completed.
2. The Case Manager will record the case transfer staffing using "Meetings" functionality in FSFN, selecting Case Transfer Meeting (ESI). The case manager will document the date and time that the case has been accepted.