Module 7: Closing an Investigation – Family Functioning Assessment–Investigation and Case Transfer

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Time: 18 hours

Module Purpose: The purpose of this module is to review the child maltreatment index, familiarize participants with the utilization of the risk assessment and the investigations case closing process.

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Agenda:

- **Unit 7.1:** Maltreatment Evidentiary Standards
- **Unit 7.2:** Risk Assessment at Closure
- **Unit 7.3:** Investigation Closure: Safe
- **Unit 7.4:** Investigative Closure: Unsafe

Materials:

- Trainer’s Guide (TG)
• Participant’s Guide (PG) (Participants should bring their own.)
• PowerPoint slide deck
• Markers
• Flip chart paper

Activities:
Unit 7.1:
  Activity: Maltreatment Findings – TG: 8
Unit 7.2:
  Activity: Case Scenario 1 – TG: 19
Unit 7.3:
  Activity: Community Based Prevention/Support Services – TG: 65
Unit 7.4:
  Activity: Case Transfer – TG: 69
Unit 7.1:

Display Slide 7.1.1

Time: 6 hours

Unit Overview: The purpose of this unit is to describe the purpose and application of the Child Maltreatment Index.

Display Slide 7.1.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Review the use and application of the Child Maltreatment Matrix.
2. Describe the three findings of maltreatment categories in Florida and the evidentiary standard required for each category.

We are now at the point that we are going to close a case. We are going to start this module by reviewing the Child Maltreatment Index.
Who can tell me what the purpose of the Child Maltreatment Index is?

**Endorse:**

The purpose of the Child Maltreatment Index is to guide the Hotline and you in determining DCF’s response to Hotline calls and the assessments by child protective investigators. The standards include a description of the evidence needed to reach a finding for each of the specific maltreatments.

Having a standardized matrix allows for statewide consistency and accuracy in identifying abuse and neglect. It gives us all a common language and by that I mean, if I say, “the child had internal injuries,” you know what that means.

Remember, the maltreatment index utilizes all of the state laws, administrative rules, operating procedures and recognized best practices related to child abuse, abandonment, or neglect so you do not have to worry whether or not it complies with statutory requirements.

What would be some other reasons why we would want a common language?

**Endorse:**

- Helps to ensure individuals are treated with fairness throughout the reporting and investigative process.
- Reduces confusion.
• Greater confidence when making determination decisions.

The standard descriptions of specific types of injury or harm in the index should be utilized for determining whether or not the reported information meets the criteria for acceptance of a report and to make knowledgeable decisions about in the investigation process.

Who can tell me what we are assessing when we are looking at the maltreatment?

Endorse:
The responses should include 1) the nature and severity of reported harm; 2) whether or not immediate injury or harm exists; and 3) the probability of further harm.

Trainer Note: You can have the participants read the definition directly from the CFOP or you can read it yourself.

We need to know this information so that we can determine if there is sufficient evidence and documentation to support a finding of abuse, abandonment, or neglect.

I want to make sure that you are very clear on three definitions.

• An allegation is a statement by a reporter to the Hotline that a specific harm or threatened harm to a child has occurred or is suspected.

• A maltreatment is a specific type of harm. The term “maltreatment” covers all kinds of maltreatment with no qualification for the degree of harm a child has experienced or might experience as a result of maltreatment. For example, I can be mildly malnourished and dehydrated or severely malnourished and dehydrated but either way, I am dehydrated and malnourished.

• The term finding means that you have made a determination after you have completed the investigation as to whether or not there is credible evidence supporting
the allegation.

Before we review the maltreatments, is there anyone that needs further clarification on these terms?

**Trainer Note:** The maltreatment index was covered in Core. You can go through each maltreatment separately and ask for case examples or use your own examples as points of reference or you can have small group or team presentations rather than reading through each maltreatment.

As you recall from Core, there are 20 separate maltreatments on the index that can be assigned to an abuse report. A report must have at least one of the maltreatments. There is no limit to the number of maltreatments that may be included on a report as long as each maltreatment is justified in the allegation narrative.

Let’s look at the index together. Remember that the index is set up to provide you with:
- Definition for each maltreatment.
- Factors to consider in the assessment of maltreatment.
- References to other maltreatments frequently correlated with the primary maltreatment.
- Lists of excluding factors to rule out maltreatment.
- Specifics related to documentation needed to support a finding of maltreatment.

Are there any questions about the maltreatment index?

PG: 4

In Module 2, we talked about special condition referrals. These are referrals that are called into the Hotline that do not constitute allegations of abuse, abandonment, or neglect, but require a response by DCF to assess the need for services.

Can someone tell me one of the special condition referral types?
Trainer Note: The four categories of special conditions referrals are 1) Caregiver(s) Unavailable; 2) Child on Child Sexual Abuse; 3) Foster Care Referral; and 4) Parent Needs Assistance.

Review each category with participants starting on Page A-41 of the CFOP.

It is really important for you to understand that although special conditions referrals do not constitute allegations of abuse, abandonment or neglect, your assessment may result in additional allegations of maltreatment and/or the need to shelter a child. In these situations, a call must be made to the Hotline. For example, a parent needs assistance referral due to lack of food and electricity may result in a call to the Hotline if there evidence of substance misuse.

Display Slide 7.1.4 (PG: 5)

Upon completion of the investigation, you will determine a finding regarding each of the alleged maltreatments.

How do we reach a determination of a finding?

Endorse:
The correct response should include: through information gathered from interviews, records reviews, and observations during the investigation.
Once you have gathered sufficient information, you must make a finding. What are your three options?

**Endorse:**
Be sure to ask the definition of each finding. The correct response is:

- **VERIFIED.** This finding is used when a preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect. “Preponderance” means the greater weight of the evidence, or more likely than not to have occurred.
- **NOT SUBSTANTIATED.** This finding is used when there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect.
- **NO INDICATORS.** This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

Be sure to note that you must also address additional maltreatments that came to light during the course of an investigation.

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**Activity: Maltreatment Findings**

*Display Slide 7.1.5*

**Materials:**
- **PG: 5-12, Croft Case File**
CFOP 175-28

**Trainer Instructions:**
- Assign the Croft case to the groups.
- Participants will review the Croft case file to determine the maltreatment type and finding. They must identify the supporting documentation within the file.
- Each group will present their outcome to the class.
## FLORIDA SAFETY DECISION MAKING METHODOLOGY

### Child Present Danger Assessment

<table>
<thead>
<tr>
<th>Case Name: Croft, Amy</th>
<th>FSFN Case ID: 100555888</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker Name: Martin, Allison</td>
<td>Assessment Date: 1/6/13</td>
</tr>
<tr>
<td>Intake/Investigation ID: 2014-622805-01</td>
<td>Completed Date: 1/7/13</td>
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</tbody>
</table>

### IDENTIFICATION OF THREATS OF DANGER TO A CHILD

#### I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
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</tbody>
</table>

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

2. Parent/Legal Guardian/Caregiver’s intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injury the child.

3. Parent/Legal Guardian/ Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child.

4. Parent/Legal Guardian/ Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child.

5. Parent/Legal Guardian/ Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harms to the child.

6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian/caregiver is unwilling or unable to manage.

7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury.

8. The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child’s physical health.

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

10. Parent/Legal Guardian/Caregiver is not meeting the child’s essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

11. Other. Explain: NA

Present Danger Assessment

Page 1 of 2
Version 1.0
07/01/2013
II. SAFETY INTERVENTION

☐ No Present Danger Threats are identified.
☑ Danger Threat(s) identified - Present danger threat is identified at initial contacts of investigation – if investigation is still ongoing, proceed to develop and implement a Present Danger Plan, complete information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/ Caregiver’s historical and current capacity to, ability to, and willingness to protect the child.

Mother, Amy Croft, is incarcerated due to methamphetamine manufacturing and distribution. The mother and children have been staying periodically with Donna Hamilton, who is on probation for methamphetamine manufacturing and distribution. The mother has not made appropriate arrangements for the care of Micah and Mackenzie. Micah and Mackenzie, while not present, at the time of the arrest, have been reported to be frequenting the home where Amy was arrested for manufacturing methamphetamine. The father is also incarcerated for a violation of probation. There are no relatives available to care for the children.

Amy Croft has a long history of substance misuse, including losing custody of her older children.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.
### CROFT INTAKE REPORT WITH REPORTER NARRATIVE

<table>
<thead>
<tr>
<th>Intake Name:</th>
<th>Intake Number:</th>
<th>County:</th>
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<tbody>
<tr>
<td>Croft, Amy</td>
<td>2012-11122233</td>
<td>Lake</td>
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<table>
<thead>
<tr>
<th>Date/Time Intake Received</th>
<th>Program Type</th>
<th>Investigative Sub-Type</th>
<th>Provider Name</th>
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<tr>
<td>1/6/xx at 3:30pm</td>
<td>Child Intake-Initial</td>
<td>In-Home</td>
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<table>
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<th>Worker Safety Concerns</th>
<th>Prior Involvement</th>
<th>Law Enforcement Notified</th>
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<tbody>
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<td>Yes □ No ☑</td>
<td>Yes □ No ☑</td>
<td>Yes ☑ No □</td>
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<tr>
<th>Response Time</th>
<th>Name-Worker</th>
<th>Name Supervisor</th>
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<tbody>
<tr>
<td>24 Hours</td>
<td>Mason, April</td>
<td>Clawson, Clayton</td>
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### I. Family Information

<table>
<thead>
<tr>
<th>Address-Street</th>
<th>Unit Designator</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>215 NW South Street</td>
<td></td>
<td>Orlando</td>
<td>FL</td>
<td>32801</td>
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<table>
<thead>
<tr>
<th>Primary Language</th>
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<table>
<thead>
<tr>
<th>Directions to House</th>
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### Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>ID Number</th>
<th>Role</th>
<th>Gender</th>
<th>DOB</th>
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<tbody>
<tr>
<td>Croft, Amy</td>
<td>789822985</td>
<td>AP-PC</td>
<td>Female</td>
<td>3/8/xx</td>
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<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
<td>Disability</td>
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<tr>
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<th>Role</th>
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<th>DOB</th>
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<tbody>
<tr>
<td>Thomas, Blake</td>
<td>394225006</td>
<td>AP-PC</td>
<td>Male</td>
<td>2/9/xx</td>
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<td>Est. Age</td>
<td>Ethnicity</td>
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<tbody>
<tr>
<td>Thomas, Micah</td>
<td>865850767</td>
<td>V</td>
<td>Male</td>
<td>4/30/xx</td>
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<tr>
<td>Est. Age</td>
<td>Ethnicity</td>
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<td>Disability</td>
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<thead>
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<tr>
<td>Thomas, Makenzie</td>
<td>866765477</td>
<td>V</td>
<td>F</td>
<td>7/11/xx</td>
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<td>Est. Age</td>
<td>Ethnicity</td>
<td>Race</td>
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<td>9</td>
<td>Other</td>
<td>White</td>
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AP=Alleged Perpetrator  PC=Parent/Caregiver  CH=Child in Home  RN=Report Name  HM=Household Member  SO=Significant Other  NM=Non-Household Member  V=Victim
March 2015

CPI Pre-Service Curriculum | Module 7-TG

![Image]

### Address and Phone Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Address</th>
<th>Telephone Number</th>
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</thead>
<tbody>
<tr>
<td>Croft, Amy</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Blake</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Micah</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Primary</td>
<td>215 NW South Street Orlando, FL</td>
<td>(407) 555-0101</td>
</tr>
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### Relationships

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<tr>
<th>Subject</th>
<th>Relationship</th>
<th>Subject</th>
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<tr>
<td>Croft, Amy</td>
<td>Mother-Birth</td>
<td>Thomas, Micah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thomas, Makenzie</td>
</tr>
<tr>
<td>Thomas, Blake</td>
<td>Father-Birth</td>
<td>Thomas, Micah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thomas, Makenzie</td>
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### Alleged Maltreatment

<table>
<thead>
<tr>
<th>Alleged Victim</th>
<th>Maltreatment Code</th>
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<tbody>
<tr>
<td>Thomas, Micah</td>
<td>Environmental Hazards</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Substance Misuse</td>
</tr>
<tr>
<td>Thomas, Micah</td>
<td>Family Violence Threatens Child</td>
</tr>
<tr>
<td>Thomas, Makenzie</td>
<td>Inadequate Supervision</td>
</tr>
</tbody>
</table>

### Location of Incident

<table>
<thead>
<tr>
<th>Address-Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>215 NW South Street</td>
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<td>FL</td>
<td>32801</td>
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### Telephone Numbers

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<tr>
<td></td>
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### Allegation Narrative

**Extent of Maltreatment**

1/6/xx the mother of the children, along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs in the home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, her address is 1512 North West Terrace Orlando FL.

Donna Hamilton is on probation for methamphetamine manufacturing and trafficking.

The father of the children, Blake Thomas is currently incarcerated due to family violence between Amy and Blake. No report was received by the department at that time, however it was noted in the police records that Micah and Makenzie were present when Blake assaulted Amy.

There is a long history of DCF involvement with the family. Currently one child is residing with the
maternal grandparents and another child has been adopted through DCF due to Amy's substance misuse.

Surrounding Circumstances
The mother was released from drug treatment approximately one year ago.

Child Functioning
The reporter did not have any information regarding the child functioning due to having no contact with children.

Adult Functioning
The reported did not have any information regarding the adult functioning due to having no contact with the parents.

Review of case history, includes concerns for substance misuse by both parents and domestic violence, with the father as the aggressor.

Parenting Practices – General
The reporter did not have any information regarding the parenting general practices for either parent.

Parenting Practices – Discipline
The reporter did not have any information regarding the parenting discipline practices for either parent.

<table>
<thead>
<tr>
<th>Narrative for Worker Safety Concerns</th>
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</thead>
<tbody>
<tr>
<td>Both parents are incarcerated, so there are no concerns regarding contact with the parents.</td>
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<thead>
<tr>
<th>I. Agency Response</th>
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<tbody>
<tr>
<td>Decision</td>
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<table>
<thead>
<tr>
<th>Worker/Supervisor Decision</th>
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<td>Decision</td>
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<table>
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<tr>
<th>I. CI Unit Documentation</th>
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<tr>
<td>First Call Attempted</td>
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<table>
<thead>
<tr>
<th>Reporter Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name-Worker</td>
</tr>
<tr>
<td>Name-Reporter</td>
</tr>
<tr>
<td>Reporter Type</td>
</tr>
</tbody>
</table>
March 2015

CPI Pre-Service Curriculum | Module 7-TG

Reporter ID: [505] 543-8987

Home Phone  Work Phone  Other

Caller is the probation officer for Donna Hamilton, who was contacted today by police when Ms. Croft was arrested. The probation officer did not have specific information regarding the children in the home. The restrictions for Ms. Hamilton is that she may not have any other criminals or criminal activity residing in her home. She is currently in violation of her probation due to having Ms. Croft residing in the home. Ms. Elmore does not support Ms. Hamilton being a placement option for the children.

Review of FSN by CI, confirmed history with family, to include termination of parental rights for one child and multiple reports regarding domestic violence and substance misuse.

Source Information

Croft Case Note Chronology

Wednesday 1/6/xx

Call to Hotline with allegations made that:
- Makenzie and Micah Thomas are currently residing with Donna Hamilton who is not related to the children. Ms. Hamilton is on probation for the distribution and manufacturing of methamphetamine. The mother of the children, Amy Croft, was arrested today for manufacturing and distribution of methamphetamine. The father of the children is also incarcerated on unrelated charges. Requesting assistance, as children cannot stay at Ms. Hamilton’s home, per the probation officer for Ms. Hamilton.

1/6/xx
- Report assigned to CPI Allison Martin.

1/6/xx
PCT Probation Officer by CPI.
- Confirmed concerns with probation officer for children remaining in the home with Donna Hamilton.
- Probation officer did not have any contact with Ms. Croft, and was not aware that she and her children were staying with Ms. Hamilton, which is a violation of Ms. Hamilton’s probation.
- Children cannot remain in the home, and it may be that Ms. Hamilton will be removed to jail due to a probation violation.

1/6/xx
PCT County Jail
- Confirmed that Ms. Croft and Mr. Thomas are both incarcerated at this time.
Ms. Croft is in processing and not able to have visitors until later this day or tomorrow, however can arrange for a call later in the day by CPI.
Mr. Thomas has been processed, and has been incarcerated for approximately 30 days. He may have professional visitors, as arranged with the jail.

1/6/xx
Supervisory Consult with Supervisor Tank
- Review of past history, to include criminal history for both parents.
- Prior CP history with placement and adoption of one child approximately 8 years prior.
- Neither parent is able to provide care for the children today, as they are both incarcerated.
- The current caregiver is not an approved caregiver.
- Concern that child may have been exposed to toxic chemicals due to the manufacturing of methamphetamine. Will want to consult with CPT regarding how to proceed.
- Coordinate with probation officer for response to the home of Ms. Hamilton.

1/6/XX
Call by CPI Martin to CPT regarding report and examination appointment.
- Schedule appointment for tomorrow morning at 10:00am for possible methamphetamine exposure of children.

1/6/xx
Commencement of Report to Home of Donna Hamilton accompanied by PI Post,
- Present at the home were Donna Hamilton, Micah Thomas, and Makenzie Thomas.
- CPI conducted interviews with Donna Hamilton, Micah Thomas, and Makenzie Thomas. All interviews were separate and private.
- Based upon interviews and observation of the children confirmed present danger no available caregiver of parent/legal guardians/caregiver are not meeting the child’s basic and essential needs for food, clothing, and/or supervision and the child is/has already been seriously harmed or will likely be seriously harmed.

1/6/xx
Supervisory consult.
- Their mother, Amy Croft, left Makenzie age 9 and Micah age 33 months with Ms. Hamilton. Ms. Hamilton is on probation for methamphetamine manufacturing and distribution.
- Ms. Croft was arrested today for manufacturing and distribution of methamphetamine.
- The father of the children, Blake Thomas, is also incarcerated.
- There are no available caregivers for the children at this time.

Activity STOP
Unit 7.2: Risk Assessment at Closure

Display Slide 7.2.1

Time: 6 hours

Unit Overview: The purpose of this unit is to learn how risk is integrated into the work of the CPI, and for the CPI to learn how to conduct a risk assessment.

Display Slide 7.2.2

Review the Learning Objectives with the participants.

Learning Objectives:
1. Identify the purpose of the risk assessment at investigation.
2. Explain the use of the risk assessment, and how the risk level can be used to help engage families to seek voluntary prevention or community support services for those children determined to be “safe.”
3. Conduct a risk assessment to determine risk score and level based on information gathered during the FFA-Investigation.
Explain the use of the risk assessment, and how the risk level can be used to help engage families to seek voluntary prevention or community support services for those children determined to be “safe.”

- Describe the components, applications principles and procedures for utilization of the Risk Assessment.
- The risk assessment is composed of two indices: the neglect assessment index and the abuse assessment index.
- Underscore that the risk score does not determine the level of intervention, that for children that are determined to be unsafe, they must receive ongoing full case management protective interventions.
- A risk assessment is completed at the completion of the investigation and Family Functioning Assessment and after you has reached a conclusion regarding safety and maltreatment findings.
- The risk assessment is used at the completion of the investigation to identify which families are most likely to benefit from a referral to prevention and community support services to reduce the probability of abuse or neglect in the future.
- The risk assessment identifies the level of risk of future maltreatment when this household is compared with other households/families with similar characteristics.
- The risk level should be used to guide the consultative discussion between you and your supervisor and between the Department and ongoing services.
- Review the 2nd Tier Consultation and High Risk Consultation purpose in Rule 65C-29, F.A.C.
- Discuss the importance of utilizing motivational interviewing techniques as a means of assisting parents with recognizing risk and to assess their ability to be proactive in ameliorating their risk conditions.
Activity: Case Scenario 1

Display Slide 7.2.3

Materials:
- PG: 14, Case Scenario 1 worksheet
- PG: 15-16, Risk Assessment
- PG: 17-34, Florida Department of Children and Families Initial Family (Household) Risk Assessment of Child Abuse/Neglect Definitions
- PG: 35-51, Croft Case

Trainer Instructions:
- Participants will complete a risk assessment based on information provided in using the Croft Family Functioning Assessment- Investigation.
Activity: Case Scenario 1

Activity: Case Scenario 1

Directions:
- Complete a risk assessment using the Croft Family Functioning Assessment-Investigation and the Florida Department of Children and Families Initial Family (Household) Risk Assessment of Child Abuse/Neglect Definitions.

Activity Notes:
### Department of Children and Families

#### INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

<table>
<thead>
<tr>
<th>Case Name:</th>
<th>Intake #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Date: __________/<strong><strong><strong><strong>/</strong></strong></strong></strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEGLECT</th>
<th>Score</th>
<th>ADULT</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1. Current complaints for neglect</td>
<td>F</td>
<td>A. No:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>Yes:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>N2. Prior investigations (assign highest score that applies)</td>
<td>F</td>
<td>A. None:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>One:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>One or more, abuse only:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Three or more for neglect:</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>N3. Household has previously received ongoing child protective services</td>
<td>F</td>
<td>A. Yes:</td>
<td>1</td>
</tr>
<tr>
<td>N4. Number of children involved in the child abuse/neglect incident</td>
<td>F</td>
<td>A. Two or three:</td>
<td>1</td>
</tr>
<tr>
<td>O</td>
<td>Four or more:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>N5. Age of youngest child in the home</td>
<td>F</td>
<td>A. One or older:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>Two:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Under 2:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>N6. Primary caregiver provides physical care consistent with child needs</td>
<td>F</td>
<td>A. Yes:</td>
<td>1</td>
</tr>
<tr>
<td>N7. Primary caregiver has a history or current mental health problem</td>
<td>F</td>
<td>A. No:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>Yes:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>N8. Primary caregiver has a history or current alcohol or drug problem</td>
<td>F</td>
<td>A. Not applicable:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>One or more:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>N9. Characteristic of children in household</td>
<td>F</td>
<td>A. One or more present:</td>
<td>1</td>
</tr>
<tr>
<td>O</td>
<td>Medical:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Developmental:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Physical or learning disability:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Homeless:</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>N10. Housing</td>
<td>F</td>
<td>A. Not applicable:</td>
<td>0</td>
</tr>
<tr>
<td>O</td>
<td>One or more:</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NEGLECT RISK SCORE** | **TOTAL ABUSE RISK SCORE**
SCORING RISK LEVEL: Assign the family’s scored risk level based on the highest score on either the neglect or abuse index, using the following chart.

<table>
<thead>
<tr>
<th>Neglect Score</th>
<th>Abuse Score</th>
<th>Scored Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>0-4</td>
<td>Low</td>
</tr>
<tr>
<td>2-4</td>
<td>2-4</td>
<td>Moderate</td>
</tr>
<tr>
<td>3+</td>
<td>5-7</td>
<td>High</td>
</tr>
<tr>
<td>3+</td>
<td>8+</td>
<td>Very High</td>
</tr>
</tbody>
</table>

POLICY OVERIDES: Mark Yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to Very High.

- Yes  O  No  O  1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- Yes  O  No  O  2. Non-accidental injury to a child younger than 2 years old.
- Yes  O  No  O  4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: If a discretionary override is made, mark Yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

- Yes  O  No

If yes, override risk level (mark one):

O  Moderate  O  High  O  Very High

Discretionary override reason:

FINAL RISK LEVEL: (mark final level assigned):

O  Low  O  Moderate  O  High  O  Very High

SUPPLEMENTAL DATA ITEMS

A. Complete the Following:

<table>
<thead>
<tr>
<th>Primary Caregiver</th>
<th>Secondary Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Family has no support system; does not/cannot utilize extended family

Prior criminal warrant, arrest or conviction (as adult or juvenile)

B. Most Serious Injury Codes (check the most serious injury to any child):

1. O  Death of child
2. O  Hospitalization required
3. O  Medical treatment required, but no hospitalization
4. O  Exam only of alleged injuries
5. O  Bruises, cuts, abrasions, or other minor injuries, and no medical exam
6. O  No apparent injury to any child
The Structured Decision Making® System

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF
CHILD ABUSE/NEGLECT DEFINITIONS

NOVEMBER 2014

Florida Department of Children and Families

NCCD | Children's Research Center
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<table>
<thead>
<tr>
<th>Neglect</th>
<th>Score</th>
<th>Abuse</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1. Current complaint is for neglect</td>
<td></td>
<td>A1. Current complaint is for abuse</td>
<td></td>
</tr>
<tr>
<td>o. No.</td>
<td>0</td>
<td>o. No.</td>
<td>0</td>
</tr>
<tr>
<td>b. Yes</td>
<td>1</td>
<td>b. Yes</td>
<td>1</td>
</tr>
<tr>
<td>N2. Prior investigations (assign highest score that applies)</td>
<td></td>
<td>A2. Number of prior abuse investigations</td>
<td></td>
</tr>
<tr>
<td>o. None</td>
<td>0</td>
<td>o. None</td>
<td>0</td>
</tr>
<tr>
<td>b. One or more, abuse only</td>
<td>1</td>
<td>b. One or more, abuse only</td>
<td>1</td>
</tr>
<tr>
<td>c. One or two, neglect</td>
<td>2</td>
<td>c. Two or more, neglect</td>
<td>2</td>
</tr>
<tr>
<td>d. Three or more, neglect</td>
<td>3</td>
<td>d. (actual number: ___)</td>
<td></td>
</tr>
<tr>
<td>N3. Household has previously received ongoing child protective services</td>
<td></td>
<td>A3. Household has previously received ongoing child protective services</td>
<td></td>
</tr>
<tr>
<td>o. No.</td>
<td>0</td>
<td>o. No.</td>
<td>0</td>
</tr>
<tr>
<td>b. Yes</td>
<td>1</td>
<td>b. Yes</td>
<td>1</td>
</tr>
<tr>
<td>N4. Number of children involved in the child abuse/neglect incident</td>
<td></td>
<td>A4. Prior injury to a child resulting from child abuse/neglect</td>
<td></td>
</tr>
<tr>
<td>o. One, two, or three</td>
<td>0</td>
<td>o. No.</td>
<td>0</td>
</tr>
<tr>
<td>b. Four or more</td>
<td>1</td>
<td>b. Yes</td>
<td>1</td>
</tr>
<tr>
<td>N5. Age of youngest child in the home</td>
<td></td>
<td>A5. Primary caregiver’s assessment of incident</td>
<td></td>
</tr>
<tr>
<td>o. Under 2</td>
<td>0</td>
<td>o. Not applicable</td>
<td>0</td>
</tr>
<tr>
<td>b. Under 7</td>
<td>1</td>
<td>o. One or more (mark applicable items and add for score):</td>
<td></td>
</tr>
<tr>
<td>☐ Death or death by suicide</td>
<td></td>
<td>☐ Child has a medical condition that requires medical care</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a mental health disorder</td>
<td></td>
<td>☐ Child has a learning disability</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a history of abuse</td>
<td></td>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>N6. Primary caregiver provides physical care consistent with child needs</td>
<td></td>
<td>A6. Domestic violence in the household in the past year</td>
<td></td>
</tr>
<tr>
<td>o. No</td>
<td>0</td>
<td>o. No.</td>
<td>0</td>
</tr>
<tr>
<td>b. Yes</td>
<td>1</td>
<td>b. Yes</td>
<td>1</td>
</tr>
<tr>
<td>N7. Primary caregiver has a history of mental health disorder</td>
<td></td>
<td>A7. Primary caregiver characteristics</td>
<td></td>
</tr>
<tr>
<td>o. No</td>
<td>0</td>
<td>o. Not applicable</td>
<td>0</td>
</tr>
<tr>
<td>b. Yes</td>
<td>1</td>
<td>o. One or more (mark applicable items and add for score):</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a history of abuse</td>
<td></td>
<td>☐ Not applicable</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a history of neglect</td>
<td></td>
<td>☐ Child has a history of abuse</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a history of neglect (prior to the last 12 months)</td>
<td></td>
<td>☐ Child has a history of neglect (prior to the last 12 months)</td>
<td></td>
</tr>
<tr>
<td>☐ Child has a history of neglect (prior to the last 12 months)</td>
<td></td>
<td>☐ Child has a history of neglect (prior to the last 12 months)</td>
<td></td>
</tr>
<tr>
<td>N8. Primary caregiver has a history of alcohol or drug problems</td>
<td></td>
<td>A8. Primary caregiver has a history of abuse or neglect as a child</td>
<td></td>
</tr>
<tr>
<td>o. Not applicable</td>
<td>0</td>
<td>o. No.</td>
<td>0</td>
</tr>
<tr>
<td>b. Yes</td>
<td>1</td>
<td>b. Yes</td>
<td>1</td>
</tr>
</tbody>
</table>
SCORED RISK LEVEL. Assign the family’s score in each based on the highest score on either the neglect or abuse index using the following chart:

<table>
<thead>
<tr>
<th>Neglect Score</th>
<th>Abuse Score</th>
<th>Scored Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>Low</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>2</td>
<td>1-3</td>
<td>High</td>
</tr>
<tr>
<td>3</td>
<td>4-7</td>
<td>Very High</td>
</tr>
</tbody>
</table>

POLICY OVERRIDE. Mark yes if a condition is shown below is applicable. In this case, if any condition is applicable, override final risk level by very high.

Yes: (No. 1) Sexual abuse cause and the perpetrator is likely to have access to the child.
Yes: (No. 2) Non-acidental injury to an HLD younger than age 2 years.
Yes: (No. 3) Scored non-accidental injury.
Yes: (No. 4) Caregiver’s action or inaction resulted in death of a child due to abuse or neglect previous occurrence.

DISCRETIONARY OVERRIDE. If discretionary override is made yes, mark yes override risk level and indicate reason. Risk level may be overridden one level higher.

Yes: 
No: 

Override one level reason:

FINAL RISK LEVEL. Mark final risk level based on: 

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT DEFINITIONS

In applying the definitions, consider conditions that existed at the beginning of the assessment/investigation. Also mark any risk items that emerged or occurred during the assessment/investigation unless otherwise stated in the definition.

FOR THE PURPOSES OF COMPLETING THE ACTUARIAL RISK ASSESSMENT, APPLY THE FOLLOWING: Statutory definitions are not changed, but a few words will be used slightly differently for the purpose of risk assessment.
**Caregiver:** Parents, legal guardians, legal custodian, or other adults in the household who provide care and supervision for the child. Caregiver does not refer to substitute care providers, such as licensed or non-licensed relative placements, foster parents, babysitters, adult relatives who provide temporary care for the child who do not reside in the household of the alleged maltreatment, and facility staff.

**Primary:** The primary caregiver is the adult living in the household, with a legal relationship to the child, who is obligated and entitled to provide for the safety and well-being of the child. Only one primary caregiver can be identified. When two such adult caregivers are present, the primary is the adult who assumes the most responsibility for child care.

If both adults provide equal care, the primary caregiver is the legally responsible adult who was a perpetrator or alleged perpetrator. For example, when a mother and a father reside in the same household and appear to equally share child care responsibilities and the mother is the perpetrator (or the alleged perpetrator), the mother is selected as primary.

If both adults provide equal care and are identified as perpetrators, the primary caregiver is the parent demonstrating the more severe behavior is selected.

**Secondary:** The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though he/she has minimal responsibility for child care. If a person is temporarily absent from the household (incarcerated, working in a different location, etc.) but plans to participate in child caring or is indicated to be part of the household, include that person in the appropriate assessment. If more than one “secondary” caregiver exists, apply the reasonable standard, if necessary.

**Household:** A spouse, former spouse, cohabitating partners, persons related by blood or marriage, or persons who are presently residing together as a family in a common residence. Household member means any person who resides in a household, including the caregiver and other family members, additional relatives, visitors expected to stay an indefinite length of time, college students expected to return to the household as a primary residence, and all persons who have significant in-home contact with the child, including anyone with an intimate relationship with any person in the home or a household member’s boyfriend or girlfriend who frequents the home.

**WHICH HOUSEHOLD IS ASSESSED?** Risk assessments are completed on households. When a child’s caregivers do not live together, the child may be a member of two households.

Always assess the household of the alleged perpetrator. This may be the child’s primary residence if it is also the residence of the alleged perpetrator or the household...
of a non-custodial caregiver if it is the alleged perpetrator’s residence.

NEGLECT

**N1. Current complaint is for neglect**

The current complaint, a.k.a. investigation, includes any type of neglect allegation.

There are two forms of child neglect.

1. Child neglect occurs when an alleged perpetrator **fails to make a reasonable effort to** stop someone from taking a direct action causing the child to suffer a physical injury.
2. Child neglect occurs when an alleged perpetrator **blatantly disregards his/her responsibility to provide care to the child**. Blatant disregard means that an alleged perpetrator has failed to prevent action that a reasonable person would know is dangerous in that it subjects a child to an imminent, real, and substantial threat of harm.

The following maltreatment types are most closely aligned with acts of “neglect.”

- Abandonment
- Failure to protect
- Environmental hazards
- Inadequate supervision
- Medical neglect
- Substance misuse

Allegations listed below with an * may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.

- Non-organic failure to thrive*
- Malnutrition*
- Dehydration*
- Human trafficking – labor or commercial sexual exploitation of children (CSEC)*
- Family violence threatens child*
- Death* (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances – act or failure to/omission of act)

Include all referred neglect allegations as well as allegations of maltreatment discovered during the course of the investigation.
Prior investigations

- Count prior investigations involving any adult members of the current household who were alleged perpetrators.
- Do not count the following types of prior investigations:
  - Allegations that were perpetrated by an adult who does not currently live in the household;
  - Investigations in which children in the home were identified as perpetrators of abuse/neglect;
  - Referrals that were screened out; and
  - Special conditions referrals, as these do not meet the threshold for abuse or neglect and are not investigations.

When information is received that a family previously resided out of state or county, history from other county or state jurisdictions must be checked.

a. **None.** No investigations prior to the current investigation.

b. **One or more, abuse only.** One or more investigations, verified or not, for any type of abuse prior to the current investigation AND no prior neglect investigations. Abuse includes physical, emotional, or sexual abuse/exploitation.

c. **One or two for neglect.** One or two investigations, verified or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

d. **Three or more for neglect.** Three or more investigations, verified or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

Neglect includes the following:

The following maltreatment types are most closely aligned with acts of “neglect.”

- Abandonment
- Failure to protect
- Environmental hazards
- Inadequate supervision
- Medical neglect
- Substance misuse

Allegations listed below with an * may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.

- Non-organic failure to thrive*
- Malnutrition*
- Dehydration*
- Human trafficking – labor or commercial sexual exploitation of children
Family violence threatens child*

Death* (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances – act or failure to/omission of act)

Include all referred allegations as well as allegations made or discovered during the course of the investigation. As no national standards or consistencies related to allegation “types” among states exist, allegations from other states may not be absolute matches. Apply practical and reasonable standards to determine most appropriate or closest match to the maltreatment system in Florida.

N3. **Household has previously received ongoing child protective services**
The household has previously received or is currently receiving ongoing child protective services as a result of a prior investigation. Service history includes historical voluntary protective service cases or court-ordered family services or family preservation services, but does not include delinquency services.

• Include the following services:
  » Court-ordered services in response to a safety determination of unsafe AND where the court’s jurisdiction is on the basis of abuse or neglect;
  » In-Home Non-Judicial services in response to a safety determination of unsafe; and
  » In-Home Non-Judicial voluntary services in response to a safety determination of safe AND high/very high risk AND the case records were maintained in the Florida Safe Families Network (FSFN) system.
• Exclude those services or referrals provided for reasons other than verified abuse/neglect.

N4. **Number of children involved in the child abuse/neglect incident**
Number of children under 18 years of age alleged to have been abused or neglected in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation.

N5. **Age of youngest child in the home**
Age of the youngest child currently residing in the household where maltreatment allegedly occurred. If a child is removed as a result of the current investigation or is otherwise temporarily placed/residing outside of the household, count the child as residing in the household.
N6. **Primary caregiver provides physical care consistent with child needs**
Physical care of the child includes feeding, clothing, shelter, hygiene, and medical care of the child. Consider the child’s age/developmental status when scoring this item.
Score this item “No” when the following is true:
• The current report of neglect relates to physical care AND is verified during the investigation **(do not include failure to protect, inadequate supervision, or other neglect allegations unrelated to physical care)**; OR
• Regardless of whether there is a current verification for a neglect maltreatment type, the child has been harmed or his/her well-being has been significantly threatened because of serious unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent’s control. Examples might include:
  » Any condition that is equivalent to verified neglect of physical care, but the allegation was not verified in the current investigation.
  » Child has a significant medical/dental/vision condition that requires care, and care is not being provided.
  » Child does not have clothing that is appropriate for weather conditions and this creates a significant threat to child safety.
  » Living environment lacks adequate plumbing or cooling posing a health hazard or life threatening condition, has potentially dangerous conditions (e.g., unlocked poisons, dangerous objects in reach of small child), is unsanitary, or is infested.
  » Child frequently goes hungry, has lost weight, or has failed to gain weight associated with caregiver negligence or abuse.

N7. **Primary caregiver has a historic or current mental health problem**
Credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver has been diagnosed with a mental health condition, other than substance-related disorders, by a mental health clinician. If primary caregiver has never been diagnosed but appears to have (or have had) a mental health problem as evidenced by significant unmanaged mental health concerns that significantly interfere with his/her or the family’s functioning, consider requesting a mental health assessment. Count if the primary caregiver has/had **multiple** good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations, but is unwilling to participate in a current recommended assessment given credible concerns (must document justification in case records).
Do not count based on referrals motivated solely by efforts to undermine the credibility of the primary caregiver or by other ulterior motives or malicious intent.
N8. **Primary caregiver has historic or current alcohol or drug problem**

The primary caregiver has an historic or current alcohol and/or drug abuse problem that interferes with his/her or the family’s functioning. Any of the following may be true of the primary caregiver.

- Has been diagnosed with a substance-related disorder by a mental health or substance abuse clinician.
- If primary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem as evidenced by alcohol or drug use that significantly interferes with his/her or the family’s functioning, consider requesting a substance abuse assessment. Count if the primary caregiver is unwilling to participate in a recommended assessment given credible concerns for child safety (must provide justification in case record) or if for other reasons an assessment cannot be completed, IF the primary caregiver:
  - Uses substances in ways that have significantly negatively affected his/her:
    - Employment;
    - Criminal involvement;
    - Marital or family relationships; or
    - Ability to provide protection, supervision, and care for the child.
  - Has been arrested, regardless of conviction, for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
  - Has been arrested, regardless of conviction, in the past **two years** for driving under the influence or refusing breathalyzer testing.
  - Has had **multiple** positive urine/blood samples.
  - Has/had health/medical problems resulting from substance abuse/use.
  - Has given birth within the last five years to a child diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or a child with a positive toxicology screen at birth for drugs.
  - Legal, non-abused prescription drug use and/or alcohol use should not be scored. This does not include drug addiction, detoxification and maintenance prescribed medications such as Methadone.

N9. **Characteristics of children in household**
a. **Not applicable.** No child in the household exhibits characteristics listed below.

b. **One or more present.**
   - **Medically fragile or failure to thrive.** Any child in the household, regardless of current age, *has a diagnosis* of medically fragile or failure to thrive, as evidenced by caregiver’s statement of such a diagnosis, medical records, and/or physician’s statement.
   - **Developmental, physical, or learning disability.** Any child in the household has a developmental, physical, or learning disability *that has been diagnosed by a professional* (e.g., physician, school social investigator, psychologist, etc.) as evidenced by caregiver’s statement of such a diagnosis, medical/school records, and/or professional’s statement.
   - **Positive toxicology screen at birth.** Any child in the household, regardless of current age, had a positive toxicology report for alcohol or another drug not prescribed for the child at birth and the primary or secondary caregiver is the birthing parent.

### N10. Housing

a. **Not applicable.** The family has housing that is structurally physically safe.

b. **One or more apply.**
   - **Current housing is physically unsafe.** The family has housing, but the housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (for example, exposed wiring with young children, inoperable plumbing creating a health and safety hazard, roach/rat infestations, human waste throughout the home, excessive animal waste on floors throughout the home creating a health hazard for child, or excessive and unsanitary rotting food creating a significant health hazard for child).
   - **Homeless.** The family was homeless or was about to be evicted at the time of the alleged incident. If the family is in a shelter or resides with others in housing that is structurally physically safe, do not score.

### ABUSE

A1. **Current complaint is for abuse**

The current complaint, a.k.a. investigation, includes any type of abuse allegation.
“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse; injury; or harm that impairs or is likely to significantly impact the child’s physical, mental, or emotional health. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

The following maltreatment types are most closely aligned with acts of “abuse.”
- Physical abuse
- Mental injury
- Sexual abuse (includes sexual molestation, sexual battery, sexual exploitation)
- Asphyxiation
- Bizarre punishment
- Bone fractures
- Burns
- Internal injuries
- Physical injury by willful act (human bites, brain or spinal cord damage, bruise, cut, dislocation, intra-cranial hemorrhage, Munchausen’s Syndrome by proxy, oral injury, puncture, gunshot wound, Shaken Baby Syndrome, welt)

This allegation listed below may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.
- Non-organic failure to thrive*
- Malnutrition*
- Dehydration*
- Human trafficking – labor or commercial sexual exploitation of children (CSEC)*
- Family violence threatens child*
- Death* (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances – act or failure to/omission of act)

Include all referred allegations of abuse as well as allegations made or discovered during the course of the investigation.

A2. Number of prior abuse investigations
Count prior investigations involving any adult members of the current household who were alleged perpetrators of abuse (physical, emotional, or
sexual abuse/sexual exploitation). The current complaint, a.k.a. investigation, includes any type of abuse allegation. The following maltreatment types are most closely aligned with acts of “abuse.”

- Physical abuse
- Mental injury
- Sexual abuse (includes sexual molestation, sexual battery, sexual exploitation)
- Asphyxiation
- Bizarre punishment
- Bone fractures
- Burns
- Internal injuries
- Physical injury by willful act (human bites, brain or spinal cord damage, bruise, cut, dislocation, intra-cranial hemorrhage, Munchausen’s Syndrome by proxy, oral injury, puncture, gunshot wound, Shaken Baby Syndrome, welt)

This allegation may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information and. Identify the most appropriate and score on only one index

- Non-organic failure to thrive*
- Malnutrition*
- Dehydration*
- Human trafficking – labor or commercial sexual exploitation of children (CSEC)*
- Family violence threatens child*
- Death* (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances – act or failure to/omission of act)

Include all referred allegations as well as allegations made or discovered during the course of the investigation. As no national standards or consistencies related to allegation “types” among states exist, allegations from other states may not be absolute matches. Apply practical and reasonable standards to determine most appropriate or closest match to the maltreatment system in Florida.

Do not count the following:

- Prior abuse investigations in which allegations were perpetrated by an adult who does not currently live in the household;
• Prior abuse investigations in which children in the home were identified as perpetrators of abuse/neglect;
• Referrals that were screened out; and
• Special conditions referrals, as these do not meet the threshold for abuse or neglect and are not investigations.

When information is received that a family previously resided out of state or county, history from other county or state jurisdictions must be checked.

a. None. No abuse investigations prior to the current investigation/assessment.
b. One. One investigation, verified or not, for any type of abuse prior to the current investigation.
c. Two or more. Two or more investigations, verified or not, for any type of abuse prior to the current investigation.

A3. Household has previously received ongoing child protective services
The household has previously received or is currently receiving ongoing child protective services as a result of a prior investigation.

• Include the following services:
  » Unsafe, Court-ordered services where the court’s jurisdiction is on the basis of abuse or neglect;
  » Unsafe, In-Home Non-Judicial services in response to a determination of high/very high risk and/or unsafe safety determination;
  » Safe, In-Home Non-Judicial voluntary services in response to a determination of high/very high risk AND the case records were maintained in the Florida Safe Families Network (FSFN) system.

• Exclude those services or referrals provided for reasons other than verified abuse/neglect.

A4. Prior injury to a child resulting from child abuse/neglect

• An adult in the household was previously verified for child abuse/neglect that resulted in an injury to a child, whether or not that child is a member of the current household.
• Though not previously reported or verified, there is now credible information that an adult in the household caused a significant injury to a child consistent with abuse or neglect, whether or not that child is a member of the current household.

A5. Primary caregiver’s assessment of incident
a. **Not applicable.** The caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.

b. **One or more apply.**
   - **Blames child for maltreatment.** An incident of abuse or neglect has occurred (whether verified or not), and the primary caregiver blames the child for the abuse or neglect. Blaming refers to the following:
     » Caregiver’s statement/belief that his/her action or inaction was the result of something that the child did or did not do.
     » Caregiver claims that the child seduced him/her; or
     » Caregiver says the child deserved to be hit because he/she misbehaved.
   - **Justifies maltreatment.** An incident of abuse or neglect has occurred (whether verified or not), and the primary caregiver justifies the abuse or neglect. Justifying refers to the caregiver’s statement/belief that his/her action or inaction was appropriate and constitutes good parenting.

**A6. Domestic violence in the household in the past year**

Domestic violence, by definition, involves acts of power, control, and/or coercion between intimate partners and is often a highly volatile and dangerous family condition. Domestic violence is not the same as general violence.

In the previous one-year period, the following has occurred between a caregiver and a present or past intimate partner who is in the household or outside of the household:

- **Two or more** physical assaults resulting in no or minor physical injury;
- **One or more** serious incidents resulting in serious physical harm and/or involving use of a weapon; or
- **Multiple incidents of intimidation, threats, or harassment**
  » Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

**A7. Primary caregiver characteristics**

a. **Not applicable.** The primary caregiver does not exhibit characteristics listed below.

b. **One or more apply.**
   - **Provides insufficient emotional/psychological support.** The primary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of
• Employs excessive/inappropriate discipline. The primary caregiver’s disciplinary practices caused harm or, given the nature and extent of employed discipline, would reasonably be expected to threaten harm to a child because the practices were excessively harsh physically, excessively harsh emotionally, and/or inappropriate to the child’s age or development. Examples may include the following.
  » Locking the child in closet or basement.
  » Holding the child’s hand over fire.
  » Hitting the child with dangerous instruments.
  » Depriving a young child of physical and/or social activity for extended periods.

• Domineering. The primary caregiver over-controls the child and/or expects immediate compliance. This may be characterized by a caregiver seeing his/her own way as the only way.

A8. Primary caregiver has a history of abuse or neglect as a child
Based on credible statements by the primary caregiver or others, or any maltreatment history with verified findings known to the agency, the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse or neglect and should be based on the agency’s allegation and maltreatment standards).

A9. Secondary caregiver has historic or current alcohol or drug problem
The secondary caregiver has an historic or current alcohol and/or drug abuse problem that interferes with his/her or the family’s functioning. Any of the following may be true of the primary caregiver.

• The secondary caregiver has been diagnosed with a substance-related disorder by a mental health or substance abuse clinician.
• If secondary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem as evidenced by alcohol or drug use that significantly interferes with his/her or the family’s functioning, consider requesting a substance abuse assessment. Count if the secondary caregiver is unwilling to participate in a recommended assessment given credible concerns for child safety (must provide justification in case record) or if for other reasons an assessment cannot be completed, **IF** the secondary caregiver:
  » Uses substances in ways that have significantly negatively affected his/her:
March 2015

- Employment;
- Criminal involvement;
- Marital or family relationships; or
- Ability to provide protection, supervision, and care for the child.

» Has been arrested, regardless of conviction, for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.

» Has been arrested, regardless of conviction, in the past two years for driving under the influence or refusing breathalyzer testing.

» Has had multiple positive urine/blood samples.

» Has/had health/medical problems resulting from substance abuse/use.

» Has given birth within the last five years to a child diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or a child with a positive toxicology screen at birth.

» Legal, non-abused prescription drug use and/or alcohol use should not be scored. This does not include drug addiction, detoxification and maintenance prescribed medications such as Methadone.

A10. Characteristics of children in household

a. Not applicable. No child in the household exhibits characteristics listed below.

b. One or more apply.

- Delinquency. Any child in the household has been referred to juvenile court for delinquent or status offense behavior.

- Status offenses not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.

- Developmental or learning disability. Any child in the household has a developmental or learning disability that has been diagnosed by a professional (e.g., physician, school social investigator, psychologist, etc.) as evidenced by caregiver’s statement of such a diagnosis, medical/school records, and/or professional’s statement.

- Mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes attention deficit...
disorders). This could be indicated by the following:
» A mental health condition, other than substance-related disorders, diagnosed by a mental health clinician;
» Receiving mental health treatment;
» Attendance in a special classroom because of behavioral problems; or
» Currently taking psychoactive medication.

Croft Family Functioning Assessment - Investigation

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Information Collection and Family Functioning Assessment

<table>
<thead>
<tr>
<th>Case Name: Croft, Amy</th>
<th>Initial Intake Received Date: 1/6/13</th>
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</thead>
<tbody>
<tr>
<td>Worker Name: Martin, Allison</td>
<td>Date Completed: 1/19/13</td>
</tr>
<tr>
<td>FSFN Case ID: 100555888</td>
<td>Intake/Investigation ID: 2013-622805-01</td>
</tr>
</tbody>
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I. MALTREATMENT AND NATURE OF MALTREATMENT
What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment?

Hotline Intake 2013-622805-01 was received on 1/6/13 alleging that “The mother (Amy Croft) of the children (Micah and Makenzie) along with a friend, were arrested for cooking crystal methamphetamine and trafficking drugs from the friend’s home. The children were not present at the time of the arrest, however both children have been frequenting the home in which the meth was being manufactured. The children were left in the care of Donna Hamilton, a friend with whom the mother had been residing with the children.” Hamilton was also on probation for manufacturing and distribution of methamphetamine. The reporter advised against the children remaining in the home.

Micah, 2 ½ years and Makenzie, 9 years, were placed into emergency foster care on 1/7/13 after their mother, Amy Croft, was arrested for manufacturing and distribution of methamphetamine. Micah had been frequenting the home where Ms. Croft was arrested and where methamphetamine was manufactured, resulting in his exposure to hazardous conditions. It was also determined during the investigation that mother had not been adequately providing for the basic needs of Micah and Makenzie, to include supervision. At the time of Ms. Croft’s arrest, Blake Thomas, father to Micah and Makenzie, was not available to provide for care, as he is currently incarcerated for probation violations as a result of domestic violence towards the mother, Ms. Croft.

Ms. Croft’s explanation for her arrest was inconsistent with her history. Ms. Croft reports that she was unaware of what was going on in the home and that she was
helping a friend out to make some money to care for the children. Ms. Croft’s history with DCF and arrests include prior history of manufacturing and distribution of methamphetamine, as well as methamphetamine abuse. In addition, Ms. Croft’s history includes frequent periods of transient housing and exposing her children to hazardous living conditions, including manufacturing of methamphetamine and substantial drug usage by household members.

Ms. Croft completed substance abuse in-patient treatment for methamphetamine and was discharged 2/15/12. The drug treatment was court-ordered as part of her probation. During the time Ms. Croft was in treatment, Micah and Makenzie stayed with their father. Ms. Croft returned to the home with Micah, Makenzie and Mr. Thomas when she was discharged.

Mr. Thomas and Ms. Croft’s relationship has been continually unstable for the past four years, with Ms. Croft leaving the family home for months at a time and then returning to the home. Ms. Croft reports that this is often the time that she is using, when she leaves. At times she takes Micah and other times she leaves him with Mr. Thomas. She has not ever taken Makenzie with her, until this last time that she left Mr. Thomas.

Approximately four months ago Ms. Croft left the family home. Ms. Croft alleges that she left due to being afraid of Mr. Thomas, so she left to keep her children safe. Mr. Thomas alleges that Ms. Croft left due to her relapsing on methamphetamine and that she had found out that he was aware of her use. Ms. Croft was afraid Mr. Thomas would leave with Micah and Makenzie.

Since leaving the family home, Ms. Croft has been relying on friends to assist her in taking care of Micah and Makenzie and providing her with a place to stay. She has been staying with Donna Hamilton the past couple of months.

Mr. Thomas is currently incarcerated for a probation violation. He is on probation for domestic violence as he assaulted Ms. Croft two years ago. Mr. Thomas has physically assaulted Ms. Croft, to include beating, kicking, and punching. Mr. Thomas violated his probation this fall when he was stopped for a DUI; drinking is a violation of his probation. The father acknowledges that he was aware of the mother’s use of methamphetamine since her release from treatment and that he has been trying to see Micah and Makenzie since she left the residence, but has been unsuccessful. Mr. Thomas was unaware of Ms. Croft’s manufacturing, but reports that this was not surprising to him, as he and Ms. Croft were both involved with manufacturing methamphetamine in the past.

Both Micah and Makenzie were seen for medical exams for possible exposure to methamphetamine manufacturing. Both children were medically cleared. Makenzie did not have any traces of methamphetamine, which is consistent with her report that
she had not been to the home where methamphetamine was being manufactured with her mother. Makenzie believes that Ms. Croft would bring Micah there while she was at school.

Micah was medically cleared, and did not have any traces of methamphetamine. CPT recommended that it was still important that he be monitored over the course of the next several months for continued assessment of any effects that may be related to his exposure to methamphetamine.

Makenzie is aware of her mother’s drug usage. She is able to articulate what methamphetamine is and how it is used. She has seen her mother used drugs in the past, however has not seen her use for the past couple of months. Makenzie thinks that her mother is using again, because of how she acts towards her and Micah.

Ms. Croft has been involved with DCF with prior children, to include losing custody of her oldest child due to substance misuse. The child was placed for adoption by the agency.

Maltreatment: Verified for Substance Misuse and Environmental Hazards.

Analysis: Micah and Makenzie Thomas have been exposed to hazardous living arrangements and parents who have not provided for the basic care and supervision of their children. Mr. Thomas engaged in violence and destructive adult behavior which resulted in his incarceration and subsequent inability to provide for his children. Ms. Croft continues to abuse substances, in particular methamphetamine, and leaves her children with care providers that are not equipped to provide for their needs, nor are indicative of safe persons. Ms. Croft has been demonstrating a pattern of placing her needs above those of her children for the past four years, resulting in Micah and Makenzie being unsafe. Neither Mr. Thomas or Ms. Croft appear to have insight regarding the need for Micah and Makenzie to be safe, and neither parent acknowledges their actions as being contrary to Micah and Makenzie’s safety.

Observations and interviews: Micah, Makenzie, Mr. Thomas, Ms. Croft, collateral contact made with CPT for medical information for children.
Micah is a 33 month old Caucasian male, who has had little to no stability in his life. Micah is part of a sibling group of six - with two full biological siblings and two half-siblings. Micah has no current relationship with his half siblings. He did reside with his younger sibling for a short period of time when she was first born and has had sporadic contact with her since over the course of the past year.

Micah does not have a set routine, and has been dependent upon his care provider for the day, which is usually Makenzie. When Micah was with his father, the routine was dependent upon his father's schedule. Often times, this resulted in Micah going to bed around midnight and waking around 10/11am. Ms. Croft could not provide a schedule for Micah, attributing the lack of schedule as her way of allowing “Micah to be Micah.”

Neither parent was able to provide information regarding the medical care that Micah has received. Both parents note that Micah was born full-term, with no medical concerns noted at the time. He is current on his vaccinations; however, he does not have a set medical provider. Ms. Croft relies on the emergency room as a means for medical care for Micah when needed, which both report is infrequent.
Micah's interactions with others are primarily with adults and his sister, Makenzie. He is open to adults and freely goes to the adults in the room, regardless of his familiarity with them. Both parents describe Micah as a people person. Micah has never attended child care nor has he been in settings where he is exposed on a consistent basis to other children his age. When faced with other children his own age, Micah appears to experience some discomfort and retreats to the adults in the room.

Micah's communication is adequate for a child his age. Micah is able to articulate through verbal communication with others. His vocabulary is consistent with a child that has been exposed to adults using profanity and child now also uses inappropriate language at times.

Ms. Croft describes Micah as "very smart, not a typical two year old." She describes him as loving and very sweet towards everyone. Ms. Croft does not believe that Micah has any developmental concerns. Ms. Croft believes that Micah will do well when he goes to school, but right now, does not see a need for Micah to have interaction with other children his age.

Makenzie describes Micah as a "handful" and that she feels that she has to look out for him. Makenzie feels that Micah does not listen to her when she tells him to not do things. Micah and Makenzie share a "bedroom." Makenzie states that Micah has trouble sleeping at times, so she often will try to read stories to him to get him to go to sleep. Makenzie has been working with Micah on potty training when she is home from school. Makenzie is concerned that Micah is not potty trained, as he is going to be three soon and thinks that he needs to be potty trained. Makenzie is excited that Micah will be able to have some interaction with other children since they have been in the foster home.

Analysis: Micah is a 33 month old Caucasian male that lacks consistency and stability in his life. While pleasant and well-mannered, he has little to no social connections with other children, thus creating a lack in social skills needed for interaction with other children. Micah has no stranger fears and easily adapts to his caregivers further indicating the lack of consistency and routine when he was with his mother. Micah is in need of a consistent, safe caregiver who is able to place his needs for social connections and stability above their own needs.

MAKENZIE THOMAS

Makenzie is a 9 year old who has little stability in her life. She has had to transfer schools five times in the past four years due to the transience of her family. Makenzie is currently attending Walter Symons Elementary School, where she is in the third grade. Educationally Makenzie is not on target for a third grader. The school counselor believes that this is due to the instability of Makenzie's home life and having had attended so many different schools. Makenzie's reading is at Kindergarten level. Makenzie's math skills are also significantly lacking. Currently Makenzie is being evaluated for an IEP to assist her in achieving the appropriate educational level. Makenzie likes her current school and has been able to make some friends that are her
age and share similar interests. Makenzie would like to stay at Walter Symons Elementary School and not change schools again.

Makenzie has not seen a medical provider "in a long time." Makenzie was not aware of anytime that she had seen a dentist, and does not report that she has any problems with her teeth. She has lost a few teeth and was disappointed that the tooth fairy did not come; she thinks the tooth fairy is not real.

Makenzie does not have a good relationship with either her mother or her father. Makenzie reports that she is very angry with both of them because they can't "stay out of trouble." Makenzie has a minimal relationship with her siblings, other than Micah. Her older sister was adopted and she has no recollection of her; she sees her younger sister sporadically. Her half-siblings on her father’s side she does not know, as she has never met them, just know about them from her father.

Ms. Croft describes Makenzie as a "responsible" girl, who is very helpful to her as a parent. Amy views Makenzie as a good support to her and is grateful that Makenzie is so independent. Amy struggled to articulate the strengths of Makenzie, other than she is helpful and responsible. Amy is aware that Makenzie is struggling at school, however does not know how to assist her due to her own educational limitations. Amy knows that Makenzie has friends because she tells her about them but she could not name the friends or has never seen them at the house. Ms. Croft was not able to identify a medical provider for Makenzie; she relies on the Emergency Room if needed to treat the children should they become ill.

Mr. Thomas describes Makenzie as a good child that was helpful to him when he was taking care of both Micah and Makenzie alone. Mr. Thomas would like to see Makenzie involved in activities, such as sports and other activities at the school. Mr. Thomas knows that Makenzie is angry with him and wants Makenzie to be happy, so is willing to support her in any way possible. Mr. Thomas has not had frequent contact with Makenzie in the last several months and is not aware of how she is doing now.

Analysis: Makenzie is a 9 year old Caucasian female who has been residing primarily with her mother and younger sibling. Makenzie is developmentally not on target, primarily in regards to educational development. Makenzie had limited to no support within her mother’s home and has taken on the role of the primary caregiver to her younger brother. Makenzie presents as worried and angry both in regards to her parents and her sense of responsibility for her younger brother. Makenzie has a limited social network that primarily occurs while at school.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother’s friend), L. Fletcher (school counselor), Mrs. Wells (foster parent)
Amy Croft, age 30, was born and raised in Orlando Florida. She has lived in other areas of Florida but has primarily resided within Orlando the past ten years. Ms. Croft was raised in a household where alcohol was prevalent by both her mother and her father. Her parents separated when she was 12, with her mother becoming sober and her father continuing to drink. Amy’s mother left her and her siblings with her father. Amy feels that this was due to her mother seeking treatment for her alcohol abuse.

At the age of 16, Amy left home due to reported abuse by her father. Amy reports that her father was verbally and emotionally abusive to her and her siblings growing up and that it increased in intensity when her parents separated. Amy resided primarily with her mother after leaving her father’s home, however at times would choose to stay with friends. Amy’s father died in 1997 of an alcohol related stroke.

Amy’s mother, Lisa Clement, remarried and Amy does not have a good relationship with her mother and stepfather, Ben Clement. Amy blames her mother for the death of her father, because she has left him and Amy believes that was the reason that her father’s alcohol use increased. While Amy does not have a good relationship with her mother and step-father, Amy often asks them for assistance when she perceives that she does not have any other resources. Lisa and Ben have been caretaking one of the children, and have declined to provide additional assistance to Amy, as they feel that she has taken advantage of their assistance, including losing money, having cars stolen, and drugs being brought into their home.

Amy began experimenting with alcohol and drugs at the age of 14. She started using marijuana and progressed to using acid, ecstasy, cocaine, methamphetamines, and alcohol. Since she began using drugs at the age of 14, she can only recall being sober for a few months at a time, however reports that she does not use alcohol, as she related the alcohol use to the death of her father. Amy did not complete high school, nor has she obtained her GED, primarily due to her substance use.

At the age of 16 Amy was diagnosed with depression after her mother forced her to see a therapist or she would be kicked out of her home, resulting in being homeless.
Amy was placed on antidepressants, Paxil, however only took the medications for one year before she left home permanently at the age of 17.

When Amy left her mother’s home, at 17, she primarily resided with various friends. She found employment, sporadically in the restaurant business, mostly fast food service. She met Jason Riddle while working at a fast food restaurant. Amy and Jason lived together with various friends during the time they were together. Amy had her first child, Calvin, at the age of 18 with Mr. Riddle. Mr. Riddle and Amy were together for two years, from the time Amy was 17 to 19. Amy reports that she left the relationship with Mr. Riddle due to his violence towards her and his alcohol abuse.

Following her separation with Mr. Riddle, Amy began a period of transient living and increased drug use, which eventually resulted in Calvin being removed from her care and later adopted by his paternal grandparents. Amy met Blake Thomas while she was residing with some friends. Blake was older than Amy and at the time provided Amy with support, such as money and food. Ms. Croft became pregnant with her second child, Makenzie, shortly after Mr. Thomas and she met. During the course of her pregnancy she continued to live a transient lifestyle, and upon arrival to the hospital to deliver Makenzie, she had a black eye and flesh wound from being stabbed. These were attributed to a physical fight between Amy and Mr. Thomas’s sister.

Amy became pregnant with Micah during a time that she and Mr. Thomas were “separated.” Ms. Croft believes that Micah is Mr. Thomas’s child and Mr. Thomas has never disputed the paternity of Micah. Amy had been involved in various drug related activity, including distribution of methamphetamine and was on probation when Micah was born. Micah and Amy both tested negative for substances at the time of Micah’s birth.

Madison, Amy’s third child, was born approximately one year later, and due to Amy’s prior criminal convictions and Amy testing positive for methamphetamine at the birth, she was court-ordered to enter rehabilitation upon discharge from the hospital. Madison did not test positive for substances when she was born and was born full-term with no complications. Amy placed Madison with her maternal grandparents due to being arrested and Mr. Thomas cared for the other two children. Madison has remained with her maternal grandparents since that time. Amy has little to no contact with Madison.

Amy successfully completed the inpatient portion of her treatment and upon discharge, resumed her transient lifestyle. She started living with Mr. Thomas again; however she left shortly after that time due to her reported fear of Mr. Thomas. Amy describes her relationship with Mr. Thomas as good, and reports that they have plans to marry in the future, but does not have a date set. Amy identifies periods of time where there has been violence towards her by Mr. Thomas, but that has been close to two years ago. Amy describes attending a domestic violence assessment after her
relationship with Mr. Riddle ended, but does not feel that there is a need for continued domestic violence classes or assessments now, as things are fine with her and Mr. Thomas.

Analysis: Ms. Croft has led a transient lifestyle that has centered around drug usage and utilization of others to meet her basic needs. Ms. Croft has limited employment skills and her educational background is limited. In the past 14 years, there have been relative short periods of time where she was not abusing substances or engaged in an abusive relationship with other. Ms. Croft, despite the criminal consequences, has continued to abuse substances and align herself in relationships that are detrimental to her well-being. Ms. Croft, despite having an appropriate support network, does not reach out for assistance unless it is needed, such as for placing children. Ms. Croft lacks basic problem solving and coping skills, as well as impulse control.

BLAKE THOMAS:

Blake Thomas is a 41 year old Caucasian male, primarily raised in Orlando Florida. Mr. Thomas was primarily raised by his maternal grandparents, due to his parents’ alcoholism. Mr. Thomas reports that his mother lived across the street from them, and he was able to visit her often. Mr. Thomas had a limited relationship with his father and when Mr. Thomas was a teenager found his father deceased in the family home. The death was alcohol related. Mr. Thomas described his parents as uninvolved with him, and neglectful as parents.

Mr. Thomas has a limited educational background, as he did not complete high school. He left high school shortly after finding his father deceased and has not pursued his GED, as he feels that it is not needed because he has always been able to find work. Mr. Thomas has worked a variety of jobs in the past 20 years—from construction to a car wash attendant. His last employment was at a car wash, where he had worked or approximately five months before his most recent incarceration.

Mr. Thomas has an extensive criminal history that includes multiple arrests for substance-related offenses and violence against other. Charges include cocaine possession, cocaine distribution, marijuana possession and distribution, aggravated assault with a deadly weapon, larceny, battery, and robbery. He is currently incarcerated at the county jail for violation of probation conditions, with an unknown release date. Mr. Thomas violated his probation when he was arrested for driving under the influence and driving on a suspended license.

Mr. Thomas has never been married, although would like to marry Ms. Croft. He has fathered five children with three different women in the past 15 years. Mr. Thomas has contact with two of his children, Micah and Makenzie. He would like to have contact with all his children, however is not sure where one of his children is currently,
and he does not know if he would be allowed to visit the older children or Madison.

Mr. Thomas self describes himself as a person with a “bad history” of substance use and criminal activity. Mr. Thomas reports that his criminal activity is behind him now and that upon release from jail he plans to live with his grandmother to start fresh. Mr. Thomas does not identify as having a current substance abuse problem, but rather and anger problem due to his frustration with Ms. Croft relapsing.

Analysis: Mr. Thomas has led a lifestyle that is centered around criminal activity. Since the age of 18, Mr. Thomas has had multiple arrests and incarcerations for various criminal activities, both drug related and violent offenses. Mr. Thomas has little to no periods of stability outside of incarceration, and has relied on criminal activity to support his lifestyle. Mr. Thomas self-reports that he has made changes in his life; however his actions and current incarceration are not indicative of positive change. Mr. Thomas has not demonstrated his ability to place his own needs aside in favor of any of his children, and has not been able to refrain from violence or activities that would allow him to provide for his children.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Ms. Croft, collaterals with L. Clement (MGM), B. Wise (PGGM)

IV. PARENTING

Ms. Croft has four biological children. Ms. Croft's first child, Calvin, she cared for until he was thirteen months old when he was removed from her care due neglect as a result of substance abuse. Ms. Croft's second and third children Makenzie and Micah, have primarily resided with either Ms. Croft or Mr. Thomas. Ms. Croft's fourth child, Madison, Ms. Croft placed with her parents as she was not able to care for all three of the children, Makenzie, Micah, and Madison. Madison has remained in the care of her grandparents, and Ms. Croft would like for that placement to remain permanent.

Ms. Croft describes her parenting as "not good." Ms. Croft describes periods of time that she was neglectful of Calvin and recognizes why he is not in her care anymore. Ms. Croft believes that a strength she has as a parent is that she has never used drugs in front of her children, but does acknowledges that she has cared for her children while under the influence of drugs. Ms. Croft does not believe that her being under the influence impaired her ability to care for her children. Ms. Croft does not
recognize that Makenzie has witnessed her drug usage and is aware of the effects of Ms. Croft's usage on her interactions with Makenzie and Micah.

Ms. Croft was not able to provide any details regarding her parenting beliefs or practices, she views her role as a parent as to “just be there for the children and see how things go.” Ms. Croft desires to be a good parent to Makenzie and Micah, however she does not identify any resources or role models for parenting, and did not appear open to learning new parenting practices to meet Makenzie's or Micah's needs. Ms. Croft did complete a parenting class in the past, however was not able to recall information learned during the class, in particular knowledge regarding what a toddler and youth may need from a parent.

Donna Hamilton, the friend that Ms. Croft, Makenzie, and Micah stayed with for a period of time, describes Ms. Croft's parenting as absent. Ms. Hamilton reported that the majority of the time Ms. Croft, Makenzie, and Micah stayed with her, either Makenzie or herself were the primary caregivers for Micah, as Ms. Croft was frequently not at the home. When Ms. Croft was at the home, Ms. Hamilton observed Ms. Croft to be loving towards Micah, but not responsive to Micah unless Micah sought her out. Ms. Hamilton observed Ms. Croft to be distant from Makenzie and Makenzie to be distant towards Ms. Croft. Ms. Hamilton believes that Makenzie is very angry with Ms. Croft and had witnessed Makenzie yelling at Ms. Croft at times regarding her not doing anything to help her or Micah.

Ms. Croft's parents believe that Ms. Croft loves her children, however they do not believe that Ms. Croft has the ability to parent due to her substance abuse. Mr. Thomas describes Ms. Croft as a "fun parent" when she is sober. Mr. Thomas identifies Ms. Croft as the friend to Makenzie and Micah, rather than a parent. Mr. Thomas believes that Ms. Croft loves all of her children and that Makenzie and Micah are the children that she has really worked to be able to raise, while being sober.

Discipline/Behavior Management: Ms. Croft does not have a set discipline routine or expectation for either of the children. Ms. Croft reports that she believes she has spoiled her children. Micah throws tantrums where he throws himself to the ground, kicking and screaming, that result in Ms. Croft giving into his "demands." Micah, at times, has become violent with others when he has been told no. Ms. Croft does not believe that his tantrums are of concern and that this is normal toddler behavior. There have been times that Ms. Croft has attempted to use time out for Micah, but she acknowledges those were unsuccessful so she ended up spanking him instead. She could not recall what the reason for the time out was or why it resulted in a spanking.

Makenzie was not able to articulate any rules or consequences within her household. Makenzie has not ever been "disciplined." She believes this is because her mother has not really taken a "mother" role in the context of telling her no for things. Makenzie knows right and wrong and knows about consequences. She equates rules and consequences to the rules that have been set at school.

Analysis: Ms. Croft does not possess the parenting skills necessary to parent Micah or Makenzie. Ms. Croft does not identify herself as a parental figure, and does not
provide for consistent care for Makenzie and Micah. Ms. Croft was not able to correlate her negative actions, such as being under the influence of substances, and the child's safety needs. Ms. Croft does not recognize the developmental and emotional needs of a child, and has not responded to meet Makenzie and Micah's basic parenting needs, to include discipline.

BLAKE THOMAS:

Mr. Thomas has limited parenting skills. He has never provided for the care of any of his five children. He often relies on the mothers of his children to provide the care. Mr. Thomas was the sole care provider for Micah and Makenzie for a period of three months, at which time he abdicated his role to his grandmother, as he was not able to handle caring for Micah and Makenzie.

The relationships that Mr. Thomas has with his children are based upon his needs, rather than those of his children. He maintains infrequent contact with his children and their mothers, and provides no support to the children, either financially or emotionally. Mr. Thomas does not provide any details regarding his view on parenting or how he perceives his parenting. Mr. Thomas attributes his children to "they just happened." Mr. Thomas would like to provide for Micah and Makenzie in the future, however would like to do so with the assistance of his grandmother.

Ms. Croft believes that Mr. Thomas and the children are very well bonded and that he is a good dad to them, however when asked for specifics of what being a good dad looked like, Ms. Croft could not provide examples. Ms. Croft reported that Mr. Thomas was worried about Micah and Makenzie when she left with him and she believes that is a good thing as a parent.

Discipline/Behavior Management: Mr. Thomas acknowledges that he does not discipline any of his children. He has had limited time in caring for his children and does not feel that punishing while he is caring for them is in their best interest, as he is afraid then they won't want to see him. Mr. Thomas knows that children need discipline, however relies on others to provide the discipline/behavior management for his children. In particular with Micah and Makenzie, Mr. Thomas would defer to his grandmother to provide the discipline for them. He was not clear on how his grandmother disciplined them. His grandmother is currently in a nursing home with congestive heart failure.

Analysis: Mr. Thomas has limited to no parenting experience. When tasked with a parenting role, he seeks out others to provide the parenting. He does not identify himself as a parent and has been frequently unable to provide for the care of his children due to his incarceration and transient lifestyle. Mr. Thomas cannot identify what the needs of a child are or how he would accomplish meeting those needs.

Observations and Interviews: Micah, Makenzie, Mr. Thomas, Mrs. Croft, collaterals with D. Hamilton (mother’s friend), L. Clement (MGM), B. Wise (PGGM)
### Related Parenting Impending Danger Threats:

Based on case information specific to the Parenting General and Parent Discipline Assessment domains, indicate Yes, Impending Danger exists or No, Impending Danger does not exist.

<table>
<thead>
<tr>
<th>Impending Danger Threat</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian or Caregiver is not meeting child’s basic and essential needs for food, clothing, and/or supervision AND the child has already been seriously harmed or will likely be seriously harmed.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Parent/Legal Guardian or Caregiver is threatening to seriously harm the child and/or parent/legal guardian or care giving is fearful he/she will seriously harm the child.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Parent/Legal Guardian or Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

### V. Parent/Legal Guardian Protective Capacities Analysis

If there are more than five Parent/Legal Guardians to assess, complete Appendix A: Parent/Legal Guardian Protective Capacities Analysis.

<table>
<thead>
<tr>
<th>Adults</th>
<th>Capacity Categories and Types</th>
<th>Behavioral</th>
<th>Cognitive</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control impulse</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Takes Action</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Self-selector needs for child</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Demonstrates adequate skills</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Authorizes a Parent/Legal</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Guardian</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Is knowledgeable</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is intellectually able</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Recognizes threats</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Recognizes child’s needs</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Understands protective role</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Plans and articulates plans for protection</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Meets own emotional needs</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is resilient</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is tolerant</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is stable</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Empathizes with, sensitive to the child</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is positively attached to the child</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is aligned and supports the child</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Parent/Legal Guardian Protective Capacity Determination Summary

Protective capacities are sufficient to manage identified threats of danger in relation to child’s vulnerability?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
### VI. CHILD SAFETY DETERMINATION AND SUMMARY

If there are more than five children to assess, complete Appendix B – Child Safety Determination and Summary.

<table>
<thead>
<tr>
<th>Child</th>
<th>Safety Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mican Thomas</td>
<td>Safe – No impending danger threats that meet the safety threshold.</td>
</tr>
<tr>
<td></td>
<td>Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home</td>
</tr>
<tr>
<td></td>
<td>Unsafe</td>
</tr>
<tr>
<td>Makenzie Thomas</td>
<td>Safe – No impending danger threats that meet the safety threshold.</td>
</tr>
<tr>
<td></td>
<td>Safe – Impending danger threats are being effectively controlled and managed by a parent/legal guardian in the home</td>
</tr>
<tr>
<td></td>
<td>Unsafe</td>
</tr>
</tbody>
</table>

**Child Safety Analysis Summary:**

Mican Thomas, 33 month old, and Makenzie Thomas, 9 year old, have been subjected to chronic neglect by both of their parents for the past several months. Mr. Thomas and Ms. Croft both have uncontrolled substance use, that has resulted in their current incarceration. In addition, Mr. Thomas is responsible for “physically assaulting Ms. Croft” that resulted in physical injury, a conviction and his current period of probation. At the time of this report, Ms. Croft was not living with Mr. Thomas due to her “fear” of him. Neither Ms. Croft or Mr. Thomas possesses the protective capacities necessary to defer their own needs in favor of their children and provide for their basic needs.
## VII. IN-HOME SAFETY ANALYSIS AND PLANNING

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>[ ]</td>
</tr>
<tr>
<td>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.</td>
<td>[ ]</td>
</tr>
<tr>
<td>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.</td>
<td>[ ]</td>
</tr>
<tr>
<td>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.</td>
<td>[ ]</td>
</tr>
<tr>
<td>The Parent/Legal Guardians have a physical location in which to implement an in-home safety plan.</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

If “Yes” to all of SECTION VII. above – Child(ren) will remain in the home with an In-Home Safety Plan

- [ ] In-Home Safety Plan

The child(ren) is/are determined “unsafe,” but through in-home safety analysis above, an in-home impending Danger Safety Plan is executed which allows a child to remain in the home with the use of in-home safety management and services in order to manage the way in which impending danger is manifested in the home while treatment and safety management services can be determined and initiated.

- A safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be opened for safety management and case management services

If “No” to any of SECTION VII. above – Out of Home Safety Plan is the only protective intervention possible for one or more children. Out of Home Safety options should be evaluated from least intrusive (e.g. family-designated arrangements as a task or condition of the Out of Home Safety Plan) to most intrusive (e.g. agency removal and placement).

Given family dynamics and circumstances, also evaluate and determine if in-Home Safety Plan needs judicial oversight to facilitate court accountability. Refer to administrative code and operating manual for guidance.
Out-of-Home Safety Plan

- An impending danger safety plan must be implemented, monitored, and actively managed by the Agency.
- The case will be open for safety management, case management, and reunification services.

If an Out-of-home Safety Plan is necessary, summarize reason for out of home safety actions and conditions for return. Conditions for return should be related to reasons for removal and behaviorally based. These are parent/legal guardian actions and behaviors that must be demonstrated to sufficiently address the impending danger and allow for the child to safely return home within. In Home Safety Plan and continued safety and case plan services and management.

Conditions for return are based upon the parent(s) obtaining housing with an environment that is calm and consistent for in home services to be provided. Calm and consistent conditions include the absence of any physical violence, drug production or use, and predictable routines for scheduling in-home safety providers. In addition, safety services will need to be identified that would control for the safety of Micah and Makenzie for an in-home safety plan to be established. Safety services would address the safety of Micah and Makenzie while his parent(s) are absent from the home or when they are not performing parenting duties, such as responding to both childrens' need for supervision, assisting Micah with potty-training, ensuring that Michah's care is not dependent on Makenzie to take actions, and assisting Makenzie with her homework.
Unit 7.3: Investigation Closure - Safe

Display Slide 7.3.1

Time: 3 hours

Unit Overview: The purpose of this unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are safe.

Display Slide 7.3.2

Review the Learning Objectives with the participants.

Learning Objectives:

1. Describe the process for closing an investigation in which the child(ren) is/are safe.
2. List and describe voluntary community based prevention/support services corresponding to risk assessment determination.
When do you determine when an investigation is ready to close?

**Endorse:**

The correct response should include whether or not the investigative activities provide sufficient information to fully assess the quality and thoroughness of the investigation and to make a safety determination.

Closing an investigation is dependent on you documenting that a complete and comprehensive investigation was conducted. You must have sufficient information to provide the rationale for your findings and your safety determination.

Your supervisor must make the call as to whether or not all of the necessary child and family interviews, collateral contacts, supervisory and/or professional consultations were conducted and are adequately described and documented.

At time of closure, there should not be any gray area. This means that your documentation is both broad enough to provide a Big Picture view of the family and yet detailed enough to help anyone understand how the individuals in the family relate to and interact with one another.

You will document everything that you have done in the investigation including your collaborative efforts such as staffings with your supervisor and CLS, safety planning.
conferences, and the case transfer conference that we will talk about in a few minutes.

**Why is documentation so important?**

*Endorse:*

There should be a clear picture of the extent and scope of planning, teaming and critical thinking that went into and supported the decisions made at each particular point of the investigation.

Your supervisor is going to consider four key information elements or questions to determine that the investigation is complete and appropriate for closure. They are:

- Validation of Information- Is the information Valid?
- Reconciliation of Information- Were inconsistencies in the gathered information reconciled?
- Information Sufficiency- Is there sufficient information to make a safety determination and finding.
- Demonstration of Critical Thinking- Did you conceptualize, apply, analyze, synthesize, and/or evaluate information gathered from interviews, observations, reflection and communication?

**PG: 53**

You and your supervisor will also need to ensure that specific actions were taken prior to closure. There are seven specific types of case closures. Each type has specific considerations that must be reviewed by your supervisor. The seven types of closure are:

- Duplicate cases
- No Jurisdiction
- False Report
- Patently Unfounded
- Closing with No Services
• Closing with Services (i.e., prevention services and community support)
• Open Ongoing Case Management Services

We covered False Reports and Patently Unfounded reports in Module 2.

**Can anyone tell me what constitutes a false report or a patently unfounded report?**

**Duplicate cases:**

Let’s start with duplicate cases. Even though an incident has been previously investigated, it does not necessarily qualify as a “duplicate report” without you and your supervisor exploring whether or not the new report contains:

- New information or evidence related to the incident previously investigated.
- New alleged child victims.
- New alleged perpetrators responsible for the maltreatment.
- Additional subjects needed to be interviewed as collateral contacts.
- New allegations or additional incidents of the previously investigated harm.

If the new report meets any of these criteria, it cannot be closed as a duplicate case. Your supervisor will document your consultation once a determination is made that the case is a duplicate.

**Are there any questions on duplicate cases?**

There are five types of No Jurisdiction closures.
No Jurisdiction closures occur for the following reasons.

- The maltreatment occurred on Federal property.
- The alleged perpetrator does not meet the criteria for the definition of a “caregiver” or “other person responsible for a child’s welfare.”
- The alleged perpetrator is a law enforcement officer, employee of a municipal or county detention facility or employee of the Department of Corrections.
- The alleged child victim is not expected to return to Florida within 30-days from the date it has been determined that the child is out of state.
- The alleged child victim turned 18-years of age prior to the intake being screened in by the Hotline.

Who can tell me why the no jurisdiction due to the incident happening on Federal property is so relevant in Florida.

You cannot assume that the closure type will be “no jurisdiction” just because an incident occurred on Federal property because there may be a Memorandum of Understanding or other written agreement in place granting jurisdiction to DCF to conduct the investigation on the federal property or tribal lands.

So let’s say that the maltreatment occurred in the parking lot of Walmart and the family lives on the local military installation or on tribal land. In this case, since the maltreatment incident occurred off-site (i.e., not on the federal property or tribal lands), DCF retains jurisdiction to investigate even though the family lives on Federal property. You will need to follow protocol for gaining access to the family for interviewing purposes but you do not have to worry about jurisdiction to investigate.
Even though you have jurisdiction for off-site incidents involving Native Americans children, you still have to follow all requirements of the Indian Child Welfare Act (ICWA) if the investigation determines that an emergency shelter placement is necessary to ensure the child’s safety. Just as review, under ICWA, tribes have a sovereign right to determine subsequent placement and dependency actions for the Native American child.

Are there any questions?

Jurisdiction issues related to use “non-caregiver” category should be minimal because the statute specifically defines a caregiver as the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child’s welfare. The essential defining aspect of this definition is that the adult must be expressly in the role of providing care and supervision.

So given the definition of a caregiver, would a baseball coach be considered a caregiver?

*Endorse:*

No.

How about a school bus driver?

*Endorse:*

If the bus driver is employed by a school or daycare, they are considered a caregiver.

You do not have jurisdiction to investigate a case if the alleged perpetrator is a law enforcement officer, employee of a municipal or county detention facility or employee of the Department of Corrections and the incident occurred while the alleged perpetrator was acting in “official capacity.” The only
exception is unless a law enforcement officer is employed in a program operated or contracted by the Department of Juvenile Justice. Also, official capacity closures never apply to In-Home investigations involving law enforcement personnel as the alleged perpetrator or subject of the report. For example, you cannot close a case as “no jurisdiction” where the allegation is that a county sheriff broke his 6 month old son’s femur. He was not acting in an official capacity and the incident was “in-home.”

Are there any questions about no jurisdiction due to official capacity?

So let’s talk about no jurisdiction because the alleged child victim is not expected to return to Florida within 30-days from the date it has been determined that the child is out of state.

Who can give me an example of this type of case?

Endorse:
Correct response might include a child on vacation or a child visiting a parent or relative.

If you have information indicating that the victim is not expected to return to Florida within 30-days from the date of the intake, your supervisor may approve use of “No Jurisdiction” coding, however he/she is going to consider some critical issues before they make this determination.

If you were a supervisor, what information would you like to know before you make this decision?

Endorse:
• The severity of the alleged maltreatment (i.e., sexual abuse with the alleged perpetrator likely to have on-going access to the child vs. a report alleging hazardous conditions and the child is not expected to be in that home environment for at
least the next 30-days, etc.);
- The degree to which the reported timeframe for the child remaining out of state can be corroborated by more than one source; and
- Have you requested involvement from the other state’s child welfare agency to assist in the investigation?

It is important that you understand that the “no jurisdiction” coding is not going to happen automatically if a child is out of state. Because you have 60-days to complete the investigation, you should ensure that full consideration was given to the above issues and you should ensure that you gave due diligence in confirming that the child is not currently located in Florida and is not expected to return within the foreseeable future.

Lastly let’s talk about if the alleged victim is over 18-years of age prior to the intake being screened in by the Hotline. The Victim Over 18 closure should only be used when you determine that the alleged child victim was already 18 prior to the intake being screened in at the Abuse Hotline.

If the victim turns 18 during the investigation, you have jurisdiction to investigate but you can only provide referral information on community support services since dependency proceedings or case management services are no longer an option. You should assess whether any other children or siblings in the household are vulnerable to present or impending danger regardless of whether or not the 18-year-old voluntarily follows through with accessing the referrals that you gave him or her.

**Are there any questions related to “no jurisdiction?”**

Closing with No Services is primarily used when your supervisor is in agreement with your determination that all children in the household are safe with no unmet needs or lack of resources and there are no on-going issues in the family that warrant a referral for prevention services or community support programs.
This category is also used when you have determined that the children are safe but there are risk factors or unmet needs which could be addressed through the family’s participation in community prevention or support services but the family declines voluntary services you offered. You will need to clearly document what service(s) the family was offered and how the family responded to your concerns.

**What would be some reasons that parents/caregivers might decline services?**

*Endorse:*

1) The family did not think they needed them;
2) They were not offered at a time/location that was conducive to them;
3) They did not want anyone else in their “business” etc.

**What could you do to increase the likelihood that voluntary services are accessed by the family?**

*Endorse:*

Responses tied to the practice model—specifically engaging and teaming.

The “Closing with Services” is used when the parent/caregiver agrees to participate in community prevention or community support services to address any unmet needs or concerns or a lack of resources. It is important to remember that many families need supportive services even when there is no evidence of maltreatment and referrals to community programs are very appropriate for ameliorating or reducing risk for children but are not intended to address ongoing safety concerns.

**Are there any questions about closing with and without services?**
When you have determined that children are unsafe, you should close out the investigations with the “Open Ongoing Case Management Services” closure type. We will talk in more detail about this type of closure in a few minutes. What is really important for you to understand is that you still have a responsibility and duty to make referrals for the family and assist them with accessing community resources even if you are transitioning the family to case management services. Families simply cannot and should not wait until the case is transferred to start to get the services that they need.

**Activity: Community Based Prevention/Support Services**

*Display Slide 7.3.4*

**Materials:**
- Access to 211 via internet
- *PG: 55, Case scenario*

**Trainer Instructions:**
- *Have participants identify community based prevention and support services and supports that could be offered in the case scenarios in the trainers PG.*
- *Go to the following link to show participants how to utilize the Internet site for resources.*

  Services and Programs
  http://www.myflfamilies.com/service-programs

- *Also, access your local 211 provider website to walk through.*
Case Scenario:
Margot (age 30) is a single mother of four children, Kathy age 14, Teresa age 11, Danny age 7 and Michael age 3. Margot works at Taco Bell, 30-hours a week and babysits to make extra money. She completed the 9th grade and dropped out of school in the Spring of her 10th grade year because she was pregnant. You were called to the home because Teresa’s teacher called in a report that Teresa has been coming to school with dirty clothes and has told the teacher that there is not any food in the house. The teacher also reported that Teresa believes that her mother is pregnant again. The teacher is also concerned because Teresa’s grades are slipping and she is starting to have behavioral issues in the classroom.

During your initial contact, you found the two-bedroom apartment to be in complete disarray with blankets on the floor, old food left on the kitchen shelf and laundry piled high in each room. There was little food in the refrigerator or kitchen cabinets. All three of the children appeared frightened, dirty and reported that they were hungry. During your interview with the mother, she tells you that she wants to work more hours at Taco Bell but can’t afford the daycare. She sometimes has to sell her food stamps just to make ends meet. She does not have any family in the area and the children’s fathers do not pay child support but there is an order in place. She admits that she is overwhelmed with her situation. There are no previous reports on the family and there are no signs of abuse or neglect. The children are deemed safe.

Activity STOP
Unit 7.4: Investigations Closure - Unsafe

Display Slide 7.4.1

**Time:** 3 hours

**Unit Overview:** The purpose of this Unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are unsafe.

Display Slide 7.4.2

**Review the Learning Objectives with the participants.**

**Learning Objectives:**

1. Explain the process of conducting a case transfer.
2. Describe the process for closing an investigation in which the child(ren) is/are deemed unsafe and the family requires case management services to manage safety and develop sufficient protective capacities through case planning activities.
3. Identify the tasks needed for transfer to case management in cases where children are determined to be unsafe and the family requires ongoing safety management and case management.
Under Florida’s child welfare practice model, a system approach is utilized to ensure that children and families experience a seamless process when moving from investigations to ongoing case management.

This requires that you and case managers will need to work together to assure child safety.

The case transfer process should be thought of as a quality assurance measure to ensure that interventions are appropriate to ensure child safety and sustainable changes in family dynamics.

The case transfer from CPI to ongoing case management for protective interventions or CBC services for voluntary prevention/diversion/family preservation services should be a time when information is re-evaluated for sufficiency.

The case transfer process begins with the evaluation of sufficiency of information and decision making initially by you and your Supervisor.

As the Investigator, you are responsible for scheduling case transfer conferences with case management staff as soon as the investigation is complete and the family functioning assessment reveals a child is unsafe.

The case transfer conference is the mechanism for transferring responsibility for ongoing safety management from you to a case management team.
manager. During the case transfer conference you will summarize the information collected on:

- Identified danger threats
- Diminished caregiver protective capacity.
- Safety actions put in place as a result of safety planning.
- The level of parental cooperation in complying with the safety actions to date.

**What are the benefits of having a structured process for case transfer?**

**What are some considerations when convening a case transfer meeting?**

On *PG: 57-59*, you will find the case transfer sufficiency checklist. The purpose of the case transfer sufficiency checklist is to ensure that all the information thus far is reconciled to the outcomes determined by the CPI.

**Trainer Note:** Review the sufficiency checklist point by point with the participants; provide points of clarification and discussion as needed.

**Are there any questions about the case transfer?**

**Activity: Case Transfer**

*Display Slide 7.4.4*
Materials:
- PG: 35-51, Croft Case File
- PG: 57-59, Case Transfer Sufficiency Checklist
- PG: 60, Case Transfer Activity worksheet

Trainer Instructions:
- Each participant will use the case transfer sufficiency checklist to go through the Croft Case. They will be required to identify the supporting documentation for each item on the list. Participants will identify how they would get the information needed in areas where the information is not provided (i.e. results of criminal of criminal history checks).
- Participants will then compare their checklists with their group members.
- Once the class is finished working through this, you will set up mock case transfer conferences with assigned roles of CPI, supervisor, parents, and CM. The audience will critique and note strengths and needs in the conference in terms of interaction and presentation of the material.

Case Transfer Sufficiency Checklist
Determine the sufficiency of information in the Family Functioning Assessment (safety evaluation), Safety Planning Analysis and Safety Plan, including supporting documentation.

☐ Does the documentation associated with the 6 assessment areas in the FFA sufficiently answer the 6 assessment questions?
  - Are there “gaps” in information?
  - Is there need for further clarification regarding documented information?
  - Are family, caregiver, and child functioning sufficiently understood?

Information Needed:

☐ Do you understand how impending danger is occurring in the family?
  - Does documentation in the FFA support the identification of impending danger?
  - Is it obvious how threats to child safety are operating in the family?
  - Is impending danger justified, clearly and precisely described in the FFA and safety analysis?
  - Is further information needed to understand the safety assessment decision?

Information Needed:

☐ Can the family adequately manage and control for the child’s safety without direct assistance from intervention?
- Does documentation support the decision that the family can sufficiently manage safety on its own?
- Is there an adequate basis for determining that a non-maltreating caregiver has the capacity and willingness to protect?
- Is further clarification indicated?

**Information Needed:**

- Can an in-home safety plan sufficiently manage impending danger?
  - Does the safety planning analysis documentation clearly support the decision to use an in-home safety plan?
  - Do identified safety actions match up with how impending danger is manifested in the family?
  - Does the in-home safety plan provide a sufficient level of effort?
  - Is it clear who is responsible for providing what safety action?
  - Are there gaps in information that require immediate follow-up?
  - Is there a need for further clarification and supervisory consultation?

**Information Needed:**

- Does out-of-home placement appear to continue to be necessary?
  - Does the safety plan analysis documentation confirm the need for children to remain in placement outside of the home?
  - Is there a need for further clarification regarding the decision to place?

**Information Needed:**

- Identification of Caregiver Protective Capacities
  - Does documentation identify specific strengths associated with the caregiver role?
  - Is there need for clarification regarding caregiver protective capacities?
  - Consider what possibilities may exist for discussing and using caregiver protective capacities during the ongoing family functioning assessment process.

**Information Needed:**

- Other Sources of Information for Consideration in Case Transfer
  - Case History and past interventions
  - Are there special circumstances that are impacting the family, such as:
    - Domestic Violence
    - Parents’ own history of childhood abuse
    - Substance Use
    - Mental Illness
    - Criminal behaviors and other factors impacting the parents’ abilities to be protective
- Results of criminal, delinquency and abuse/neglect history checks.
- Are there legal interventions that must be known for children in out of home placement?
- Collaterals known, who would be contributing to the assessment process—including relatives, tribal members, parents not in the household, substitute care providers (for children out of home).

**Information Needed:**

**Activity: Case Transfer**

**Directions:**
- Use the case transfer sufficiency checklist to go through the Craft case. You will need to identify the supporting documentation for each item on the list.
- Identify how you would get the information needed in areas where the information is not provided (i.e. results of criminal history checks).
- Compare your checklists with their group members.

**Activity Notes:**