

## Chapter 7

## SCREENING DECISIONS AND RESPONSE TIME FOR CHILD INTAKES

7-1. Purpose. This chapter describes the protocol for screening decisions and response time assignment at the Florida Abuse Hotline for reports of abuse, neglect, or abandonment of children.

7-2. Authority.

- a. Section [39.01](#), F.S.
- b. Section [39.201](#), F.S.
- c. Rule [65C-29.002](#), F.A.C.

7-3. Screening Criteria. In order for the Hotline to accept a report for investigation, the following criteria must be met:

a. The victim must be a child, as defined in statute: born alive, under the age of 18, and not emancipated or married.

b. The Hotline counselor must have reasonable cause to suspect that the alleged victim is a victim of abuse, neglect, or abandonment; or at risk of harm, as defined in s. [39.01](#), F.S.

(1) Reasonable Person. A person with an ordinary degree of reason, prudence, care, foresight, or intelligence whose conduct, conclusion, or expectation concerning a particular circumstance or fact is used as an objective standard by which to measure or determine something. The amount of care and caution that an ordinary person would use in a given situation.

(2) Reasonable Cause to Suspect. Facts or circumstances that would lead a reasonable person to believe that a child has, is, or will be a victim of abuse, neglect, or abandonment; or at risk of harm, as defined in s. [39.01](#), F.S. A reasonable cause is more than a hunch and a person must be able to point to specific facts or circumstances. It must be the suspicion of a reasonable person, warranted by facts from which inference can be drawn.

c. There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator's relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.

d. There must be an alleged maltreatment as defined in CFOP [170-4](#).

e. There must be an acceptable means to locate the child.

7-4. Sufficient Information for Screening Decisions. Hotline counselors must make accurate screening decisions based on statutory guidelines and sufficient information gathered in the six domains during intake assessment.

a. The counselor will assess the reporter's knowledge of the family, including known history, and the situation in order to determine in which domains the counselor will be able to gather sufficient information.

b. The screening decision must be made prior to the counselor closing the call.

c. When a maltreatment meeting statutory criteria is identified during the intake assessment, a report will be accepted even if there are no suspected danger threats (see CFOP 170-1, [Chapter 2](#),

paragraph 2-2e). If the counselor suspects that the reported maltreatment has previously been investigated by the Department, the counselor will staff their screening decision with a supervisor or designee. The staffing should be attempted prior to closing the call.

d. When a family has documented history in FSFN, including prior intakes and investigations, the document(s) should inform the counselor's screening decision. The counselor is not required to review closed intakes or investigative documentation when there are allegations that clearly meet criteria for report acceptance and present danger.

(1) If there is an open intake on the family, the counselor should review it and determine if the new information should be added as an additional or supplemental intake.

(2) If the family has prior intakes that are now closed, the counselor should review the prior intakes and determine if the history is applicable to the new information being reported.

(3) For open and closed prior intakes, the counselor may also review the investigator's documentation in order to inform the screening decision.

7-5. Response Time Criteria. When a report is accepted for investigation, the Hotline will assign either an Immediate or 24-Hour response time to the intake. The response time is based on suspected Present or Impending Danger and other statutory requirements:

a. An Immediate response time must be assigned to an intake when there are indicators of present danger or when the circumstances otherwise so warrant. Present Danger means an immediate, significant, and clearly observable threat (see CFOP 170-1, [Chapter 2](#), paragraph 2-23) to a child occurring in the present.

(1) Immediate. The dangerous family condition, child condition, individual behavior or act, or family circumstance is in the process of occurring. It might have just happened, is happening, or happens frequently.

(2) Significant. The condition, behavior, or circumstances are exaggerated, out of control, or extreme. There is anticipated harm that could result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment, or death.

(3) Clearly Observable. The condition, behavior, or circumstance can be specifically and explicitly described and directly harms the child or is highly likely to result in immediate harm to the child.

(4) In addition to reports in which there are indicators of present danger, the following circumstances will be given an immediate response priority:

(a) The family may flee or the child will be unavailable within 24 hours.

(b) Institutional abuse or neglect in which the immediate safety or well-being of a child is endangered.

(c) A special conditions referral in which there is an immediate need for services or placement of a child.

(d) A victim child in an In-Home intake is located outside of the county of the household of focus, necessitating procedures for multiple-county assignment as provided in Chapter 8 of this operating procedure.

b. Impending Danger refers to a state of danger caused by caregiver behaviors, attitudes, motives, emotions, or situations posing a specific threat (see CFOP 170-1, [Chapter 2](#), paragraph 2-7c) of severe harm to a child. Impending danger threat(s) may not be currently active but can be anticipated to become active within days or weeks and to have severe effects on a child. A 24-hour response time should be assigned to an intake when there is suspected impending danger.

7-6. Sufficient Information for Response Time Decisions. The counselor must make an appropriate response time decision based on statutory guidelines (see s. [39.201\(5\)](#), F.S.) and sufficient information gathered in the six domains to determine if present or impending danger is suspected.

a. The counselor must attempt to gather sufficient information based on the reporter's knowledge in order to determine the appropriate investigative response.

b. The determination of suspected present or impending danger must be made prior to the counselor closing the call.

c. The counselor will apply Present and Impending Danger threshold criteria appropriately to any danger threats that may be relevant to the situation being reported.

d. The family's prior history should be assessed and considered in the determination of suspected present or impending danger. When available, the family's documented history in FSFN should inform the response time decision, unless the newly reported information clearly meets criteria for report acceptance and present danger.

