



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

DATE: January 12, 2022

TO: Regional Managing Directors
Sheriff's Offices Conducting Child Protective Investigations

THROUGH: Taylor Hatch, Deputy Secretary TH

FROM: Jess Tharpe, Assistant Secretary for Child Welfare
Sharron Washington, Assistant Secretary for Operations

SUBJECT: Statewide Out-of-Town Inquiry (OTI) Protocol

PURPOSE: The purpose of this memorandum is to provide notification of the development of a Statewide Out-of-Town Inquiry (OTI) Protocol. This OTI Protocol is a statewide agreement between all child protective investigative units, including the sheriff offices who conduct child protective investigations.

BACKGROUND: A statewide workgroup was convened in 2019-2020, comprised of representation from the regional child protective investigator (CPI) staff, sheriff office CPI staff, and Children's Legal Services (CLS), in an effort to examine and develop a consistent approach to cases involving multiple counties or jurisdictions. The workgroup identified and discussed discrepancies within the previous OTI process and agreed to a statewide OTI protocol. This protocol is aligned with current policies and has been reviewed and approved by the Office of Child Welfare.

NEW INFORMATION: The OTI Protocol outlines standardized procedures for cases involving multiple counties and/or jurisdictions including concurrent investigative assignments, and investigative OTI protocols to include the request for completion of home studies, investigative transfer protocols, and the transfer of shelter and non-judicial investigations.

ACTION REQUIRED: Please share this memorandum with all CPIs and sheriff offices conducting investigations.

CONTACT INFORMATION: If you have any questions regarding this protocol, please contact Letitia McClellan, Operations Review Specialist, at Letitia.McClellan@myflfamilies.com or 850-717-4353.

Attachment: OTI Protocol

cc: Regional Family and Community Services Directors
Grainne O'Sullivan, Director of Children's Legal Services
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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Statewide
Out-of-Town Inquiries, Out-of-County Services, and
Case Transfer Protocol

This agreement (hereinafter, “**Protocol**”) applies to all Statewide Counties/Circuits participating in the Statewide Memorandum of Agreement effective **October 1, 2021**. **This Protocol** supersedes any protocols dated prior to **October 1, 2021**. This Protocol is by and between the following Statewide Circuits/Counties:

- **Child Protective Investigators, as provided by:**

REGIONS	CIRCUITS	COUNTIES	CPI PROVIDED BY
Central	5	Citrus, Hernando, Lake, Marion & Sumter	DCF
Central	9	Orange & Osceola	DCF
Central	10	Polk, Highlands & Hardee	DCF
Central	18	Brevard & Seminole	DCF & Seminole’s Sheriff’s Office
Northeast	3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee & Taylor	DCF
Northeast	4	Clay, Duval & Nassau	DCF
Northeast	7	Flagler, Putnam, Volusia & St. John’s	DCF
Northeast	8	Alachua, Baker, Bradford, Gilchrist, Levy & Union	DCF
Northwest	1	Escambia, Okaloosa, Santa Rosa & Walton	DCF & Walton County Sheriff’s Office
Northwest	2	Franklin, Gadsden, Jefferson, Leon, Liberty & Wakulla	DCF
Northwest	14	Bay, Calhoun, Gulf, Holmes, Jackson & Washington	DCF
Southeast	15	Palm Beach	DCF
Southeast	17	Broward	Broward County Sheriff’s Office
Southeast	19	Indian River, Martin, Okeechobee & St. Lucie	DCF
Southern	11	Miami-Dade	DCF
Southern	16	Monroe	DCF
Suncoast	6	Pasco & Pinellas	Pasco County Sheriff’s Office & Pinellas County Sheriff’s Office
Suncoast	12	Manatee, Sarasota & Desoto	DCF & Manatee Sheriff’s Office
Suncoast	13	Hillsborough	Hillsborough Sheriff’s Office
Suncoast	20	Charlotte, Collier, Glades, Hendry & Lee	DCF

Hereinafter, collectively referred to in this Protocol as “CPI.”

- **Children’s Legal Services, as provided by:**

REGIONS	CIRCUITS	COUNTIES	CLS PROVIDED BY
Central	5	Citrus, Hernando, Lake, Marion & Sumter	DCF
Central	9	Orange & Osceola	DCF
Central	10	Polk, Highlands & Hardee	DCF
Central	18	Brevard & Seminole	DCF
Northeast	3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee & Taylor	DCF
Northeast	4	Clay, Duval & Nassau	DCF
Northeast	7	Flagler, Putnam, Volusia & St. John's	DCF
Northeast	8	Alachua, Baker, Bradford, Gilchrist, Levy & Union	DCF
Northwest	1	Escambia, Okaloosa, Santa Rosa & Walton	DCF
Northwest	2	Franklin, Gadsden, Jefferson, Leon, Liberty & Wakulla	DCF
Northwest	14	Bay, Calhoun, Gulf, Holmes, Jackson & Washington	DCF
Southeast	15	Palm Beach	DCF
Southeast	17	Broward	DCF
Southeast	19	Indian River, Martin, Okeechobee & St. Lucie	DCF
Southern	11	Miami-Dade	DCF
Southern	16	Monroe	DCF
Suncoast	6	Pasco & Pinellas	State Attorney
Suncoast	12	Manatee, Sarasota & Desoto	DCF
Suncoast	13	Hillsborough	DCF
Suncoast	20	Charlotte, Collier, Glades, Hendry & Lee	DCF

Hereinafter, collectively referred to in this Protocol as “CLS.”

- **Lead Community-Base Care Agencies, as provided by:**

REGIONS	CIRCUITS	COUNTIES	CBC PROVIDED BY
Central	5	Citrus, Hernando, Lake, Marion & Sumter	Kid's Central
Central	9	Orange & Osceola	Embrace Families
Central	10	Polk, Highlands & Hardee	Heartland for Children
Central	18	Brevard & Seminole	Brevard Family Partnership & Embrace Families
Northeast	3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwanee & Taylor	Partnership for Strong Families
Northeast	4	Clay, Duval & Nassau	Family Support Services of North Florida & Kids First of Florida
Northeast	7	Flagler, Putnam, Volusia & St. John's	Community Partnership for Children & Family Integrity Program
Northeast	8	Alachua, Baker, Bradford, Gilchrist, Levy & Union	Partnership for Strong Families
Northwest	1	Escambia, Okaloosa, Santa Rosa & Walton	Families First Network
Northwest	2	Franklin, Gadsden, Jefferson, Leon, Liberty & Wakulla	Big Bend
Northwest	14	Bay, Calhoun, Gulf, Holmes, Jackson & Washington	Big Bend
Southeast	15	Palm Beach	ChildNet – Palm Beach
Southeast	17	Broward	ChildNet – Broward
Southeast	19	Indian River, Martin, Okeechobee & St. Lucie	Communities Connected for Kids
Southern	11	Miami-Dade	Citrus Health Network
Southern	16	Monroe	Citrus Health Network
Suncoast	6	Pasco & Pinellas	Family Support Services of SunCoast
Suncoast	12	Manatee, Sarasota & Desoto	Sarasota Safe Children Coalition
Suncoast	13	Hillsborough	Eckerd Community Hillsborough
Suncoast	20	Charlotte, Collier, Glades, Hendry & Lee	Children's Network of Southwest Florida

Hereinafter, collectively referred to in this Protocol as “CBC.”

The intent of this agreement is to provide a standardized statewide protocol/agreement for requests of Out-of-Town Inquiries (OTI) and Out-of-County Services (OCS). This Protocol SHALL NOT be read or construed to absolve any of the participants in this agreement of their obligations under Florida law, federal law, DCF Administrative Code Rules, DCF Operating Procedures, and/or the terms of their contract(s) with the Department of Children and Families, all of which shall supersede this Protocol.

Definitions

Child Protective Investigators (CPI): Child protective investigator staff.

Child Protective Investigative Supervisor (CPIS): First-line supervisors of Child Protective Investigators.

Child Protection Team (CPT): Multi-disciplinary team composed of pediatricians, nurse practitioners, psychologists, social workers, and mental health professionals.

Community-Base Care Lead Agencies (CBC): Community-based care lead agencies performing child welfare services.

Concurrent Intake Assignment: When the Hotline assigns two counties to the child intake because, at the time the intake is screened in and accepted as a report by the Hotline, it is known that the alleged child victim's location is outside the county of the household of focus.

Children's Legal Services (CLS): legal divisions who represent the Department and its contracted agencies performing child protective investigations and protective services.

Children's Legal Services Liaison (CLSL): designated liaison that facilitates the transfer of cases noted in this agreement.

Death Case Jurisdiction: The household of focus.

Emergency Placement Home Study: Each circuit will utilize the Unified Home Study in FSFN and will include the fingerprinting and local criminal checks in the respective Circuit.

Household of Focus (or Focus Household): The home in which children and significant caregivers are assessed in a Family Functioning Assessment (i.e., the household where the alleged maltreating parent or caregiver resides).

In-Home Subtype: The intake will be assigned to the county where the household of focus is located (i.e., the home address of the alleged perpetrator). When the alleged perpetrator is unknown, the county in which the child currently resides will be considered the household of focus.

Institutional Jurisdiction: Institutional investigations will be conducted by the county where the institution is located.

Jurisdiction: The county of the household where the maltreating parent/caregiver resides.

Out-of-County Intake Assignment: The investigator assigned to the intake in the county in which the child victim is located when the Concurrent Intake is screened in and accepted as a report by the Hotline.

Out-of-Town Inquiries (OTI): A request from the primary county/circuit conducting a child abuse investigation to complete specific investigative tasks and emergency home studies within the receiving county/circuit.

Reopened cases: Previously adjudicated cases, where the court retained jurisdiction and requires court involvement.

Special Conditions Report: Report assignment will vary based on the type of Special Condition:

- Caregiver Unavailable intakes will be assigned to the county where the child is located.

- Child-on-Child Sexual Abuse intakes should be assigned to the county where the victim child resides.
- Foster Care Referrals should be assigned to the county where the foster home is located.
- Parent in Need of Assistance should be assigned to the county where the family resides.

Transfers: The process of changing the primary responsibility of a hotline intake from one investigator to another outside the originating county/circuit.

I. Concurrent Intake Assignment (CFOP 170-5, Chapter 1)

- Concurrent Intake Assignment.** Child victims located outside the county in which the focus household is located at the time the report is accepted by the Hotline will have both a primary and “Out-of-County” assignment to the intake.
- Response Time.** The initial Hotline response priority will be “**immediate**” for both primary and Out-of-County assignments.

II. Concurrent Investigative Assignment Procedures (CFOP 170-5, Chapter 1)

Concurrent Assignment Procedures. When possible, prior to commencing their respective parts of the investigation, the primary and Out-of-County investigator shall make telephonic contact to discuss and coordinate the following aspects of the investigation:

- Pre-Commencement Activities.**
 - 1) **Review of Records.** Both the primary and Out-of-County investigator are mutually responsible for a thorough review of all criminal and child welfare histories prior to commencing their respective aspects of the investigation.
 - 2) **Reporter Contact.** Contacting the reporter is generally the responsibility of the primary investigator. Based upon a review and discussion of the specific information contained in the allegation narrative, consensus should be reached regarding which investigator will contact the reporter prior to the Out-of-County investigator interviewing or observing the child victim. All significant information obtained from the reporter should immediately be made available to the other assigned investigator.
 - 3) **Notification of Law Enforcement.** The responsibility for notifying law enforcement of possible criminal conduct and the potential need to

coordinate a concurrent criminal investigation is assigned to the investigator in the county in which law enforcement has jurisdiction to investigate. If the maltreatment did not occur in either investigator's county, then it is the responsibility of the primary investigator to notify law enforcement in the appropriate jurisdiction.

B. Commencement of the Investigation.

- 1) The investigation is commenced by the Out-of-County investigator where the alleged child victim is located at the time of the concurrent assignment. Coordination with law enforcement is necessary when there is a concurrent criminal investigation. Please refer to CFOP 170-5, Chapter 8, Coordination with Law Enforcement.
- 2) Within four hours of assignment, the primary investigator should not initiate contact with members of the primary household of focus until he or she has had the opportunity to discuss the information obtained by the Out-of-County investigator making initial contact. The Out-of-County investigator will also interview other members of the household of focus (i.e., siblings, non-maltreating caregiver, maltreating caregiver, etc.) when these individuals are at the child victim's out-of-county location, as soon possible to prevent case delays.
- 3) The primary and Out-of-County investigator may only initiate concurrent contact with family members when there are multiple alleged victims in both counties and present danger is suspected, or the location of the child victim cannot be determined.

C. Investigation Procedures.

- 1) Exchange of Critical Information. The Out-of-County investigator shall contact the primary investigator to share information or observations about the child victim and statements obtained from other family members, if present, as soon as possible but no later than one hour after the interviews or observations are completed. (*The primary CPI or CPIS should be available by phone immediately to discuss the information collected in case present danger is identified and a safety plan needs to be implemented.*)
- 2) Child Protection Team Consultations. If the child victim is hospitalized or at a hospital emergency room, the Out-of-County investigator will contact CPT to determine the need for an immediate on-site medical evaluation. The primary investigator will have responsibility for scheduling any follow-up CPT medical evaluations or CPT services which are not arranged by the Out-of-County investigator during the initial contact with the child.

- 3) Present Danger Assessment in FSFN. After obtaining significant input from the Out-of-County investigator, the primary investigator will have responsibility for documenting the present danger assessment in FSFN. If the investigators cannot reach consensus about the identification of present danger, both parties shall immediately initiate their respective escalation process for resolution of the issue. An essential element of discussion is that sufficient information was obtained by either or both parties to complete the present danger assessment.
- 4) Present Danger Safety Planning. After obtaining significant input from the Out-of-County investigator, the primary investigator will have responsibility for completing a present danger safety plan in FSFN to control for identified danger threats. However, the Out-of-County investigator will be responsible for discussing the safety plan with the victim child's household members and obtaining signatures. If the investigators cannot reach consensus about the protective actions required to control for the danger threats identified, both parties shall immediately initiate their respective escalation process for resolution of the issue.
- 5) Judicial Intervention. When the Primary and Out-of-County investigators discuss and reach consensus for the need for a shelter hearing, the Primary investigator should consult and staff with their respective legal counsel for judicial intervention. If legal counsel disputes jurisdiction or venue that is best suited to conduct the shelter hearing, then the Managing Attorney or designee should initiate an escalation process to reach consensus on the matter.

III. Investigative OTI Protocols

- A. An OTI is a request for information exchange between CPIs working in counties of different jurisdictions. These specific tasks are often for home studies, interviews, verifications of jurisdiction, etc. Prior to requesting an OTI, the request should be documented in FSFN by the requesting CPI. The request should be detailed and include all requested actions. The only exception to this documentation is the requesting CPI is in the field completing actions on the investigation in which an OTI is needed. Should this occur, the receiving CPI may document the specific request in FSFN.
- B. OTI requests for initial child victim interviews, which includes seeing all victims, must be commenced **within four hours** from the time of the OTI request. *The requesting CPI must be available by phone on all requests made with an immediate response time, until the completion of the request.*

- C. OTI requests for follow-up victim interviews, sibling, adult family members, and all other collateral contact requests must be commenced within **24 hours** of the request, unless the circumstances warrant an immediate response, and fully completed within **five business days** from the time of the OTI request.
- D. For OTI Requests for completion of a home study, the requesting county will create the provider of the relative/non-relative within FSFN, launch the emergency home study, insert the children identified to be placed, and review all prior history to determine if automatic disqualifiers exist before the request is initiated. Once the Emergency OTI Home Study request is submitted, the receiving county will be responsible for completion of the Unified Home Study and will complete all tasks associated with the Unified Home Study, including the local checks and fingerprints, CPIS approving and signing the home study, and entering the approval in FSFN. CPI/CPIS from receiving and requesting counties will communicate telephonically to ensure that home studies are completed, approved, and received by the deadlines provided by the court in each county. Please refer to CFOP 170-1, Chapter 5. **REMEMBER: Do not place children without an approved home study.**
- E. Emergency home study requests must truly be an 'emergency' and be conducted **immediately** (as soon as possible but no later than four hours from the OTI request) with a verbal approval or disapproval by the CPI Supervisor. The written home study documentation must be provided to Legal a minimum of **two hours** before the shelter hearing. The requesting county must inform the receiving county of specific court timeframes. (ex: Seminole County: emergency home study documentation must be provided at the Shelter Hearing.)
- F. For OTI requests for monitoring Safety Plans, the requesting county will update the notes to reflect the need for weekly face-to-face contact. The receiving unit will ensure the weekly visits are completed timely. If needed, the requesting county will make weekly calls to the receiving county as a reminder to complete the weekly visit.
- G. All OTI requests outside of those listed in Subsection B-E of this section shall be initiated within **24 hours** and documented in the appropriate FSFN module or chronological notes within **two business days**.

IV. Investigative Transfer Protocols

- A. The OTI shall be assigned to an Investigative Unit in the receiving county. The CPI Supervisor of the assigned unit shall either accept or deny all transfer requests of child abuse investigations within **five business days** of the request.

1. The CPI Supervisor in the sending county will, prior to the transfer request, complete the following:
 - a. Ensure that case transfer requests are made within 15 days of case receipt from the Hotline. Any requests beyond 15 days require a PA/Command staff level staffing.
 - b. Ensure that the primary responsibility for the investigation lies with the receiving county's jurisdiction as outlined in CFOP 170-2, Chapter 8, Subsection (8-6). Jurisdiction for all special conditions referrals is outlined in CFOP 170-2, Chapter 5, Subsection (5-4)(f)(1-4).
 - c. Ensure the timely compliance of required investigative tasks (i.e., Commencement, documentation, Present Danger Assessment and Present Danger Safety Plan (if applicable), interviews of participants/collaterals residing in sending county). All case activity shall be documented in FSFN and contain sufficient information to support and understand the work completed prior to transfer. All criminal history obtained at the start of the investigation shall be sufficiently summarized to indicate any patterns of criminal behavior. The initial supervisory consult should be documented prior to transfer and completed timely.
 - d. Identify any prior, open, or pending dependency court actions to determine jurisdiction, if necessary, and staff with CLS to advise them of the newly opened case, per CFOP 170-1, Chapter 11.
 - e. Identify investigations that require a mandatory CPT referral or assessment services and refer to the CPT in the county where the child resides and/or is located. The notification should occur immediately if an injury is observed. When law enforcement is actively involved, CPIs (sending and receiving) will collaborate with CPT and LE to determine the location for the best utilization of CPT's services. CPI will notify LE of date and time of scheduled CPT services.
 - f. Ensure that all pertinent records (i.e., safety plans, police reports, medical records, CPT reports, copies of restraining orders and all affidavits requesting such protection) continue to be gathered and scanned into the file cabinet.
 - g. Ensure that the response time on all downgraded investigations is properly changed and documented in a chronological note or supervisory consultation in FSFN.

- h. The investigative transfer protocols include all investigative subtypes (i.e., In-home, Other, and Institutional).
2. The receiving county/circuit will complete the following:
 - a. The receiving county/circuit will treat the requestor as the reporter. Contact must be made with the sending CPI or CPIS prior to initiating contact with the participants to discuss the background of the family, review the household of focus, the expectation of the request, the anticipated household members, and any other additional details pertinent to the request.
 - b. The receiving county/circuit will pull vital stats of the caregivers on all OTI requests to determine if there are any additional children that need to be accounted for and assessed due to residing in or visiting the maltreating home. If the case is being requested as a transfer, full backgrounds will be completed on all household members ages 12 and older. Any additional children or household members discovered in the household of focus will be added to the report.
- B. Death investigation cases including surviving siblings will remain with the household of focus.
- C. The transfer of abuse investigations/cases involving previously adjudicated child(ren) when a shelter, reopen (where the court retained jurisdiction), or service case is involved shall take the following actions:
- 1. Shelter**
 - a. The CPI or CPIS will verify through CLS if any prior dependency action exists and confirm if the court in that county retained jurisdiction.
 - b. If a county retains judicial jurisdiction, the county of the perpetrator/household where the maltreatment occurred will retain investigative responsibility. The county of judicial jurisdiction will be responsible for all appropriate court actions.
 - c. Both jurisdictions will coordinate transportation of the child as deemed necessary and agreed upon by the CPIS.
 - 2. Re-Open for Services (CLS)**
 - a. The sending CPI/CPIS shall notify CLS in the sending county/circuit of the need to reopen supervision in the receiving county. The CLS in the sending county/circuit will contact the CLS in the receiving

county/circuit and discuss the need to reopen supervision. The sending CPI/CPIS shall provide the complete investigative file which must include the complete FFA, safety plan, and witness list to the receiving circuit within 48 hours. If the re-open is an emergency, sending/receiving counties/circuits are to follow shelter procedure.

- b. Once the receiving CLS has the FFA, a staffing shall immediately be scheduled. If a motion to reopen is needed, then the motion should be filed within five business days of receiving the complete CPI file.
- c. The receiving CLS shall notify the CBC of the transferring case. The CBC will conduct a family team conference/staffing and ensure compliance with Florida's Safety Practice Model.
- d. The receiving CBC shall request OCS as needed.

3. Transfer of Non-judicial Investigations

- a. If the investigation has not been staffed over to Case Management prior to acceptance of the investigation, the requesting CPI is responsible for requesting and completing the Case Transfer Staffing.
- b. If the family relocates to a different county after the investigation has been staffed to case management, the assigned DCM is responsible for requesting a courtesy DCM or requesting a case transfer to the receiving county.

CLS will review before full implementation of document.

4. Case transfer between CBC's

- a. The CBC shall follow transfer protocol as set forth in the Florida Collation for Children agreement. (FCC agreement).
- b. All FSFN documentation will be completed by the sending agency prior to transfer.

V. Documentation Requirements for OTI / OCS Request:

A. Requesting Transfer Procedures

1. From the supervisor's desktop, expand the cases heading;
2. Select "actions" for the case that needs transfer;
3. On the select action screen, chose "Case Transfer Request";

4. On the case transfer request screen, add date requested and status as pending under "Details Section"; and
5. Drop down "Investigation":
 - a. Add sending unit supervisor comments.
 - b. The comments shall include how verification of jurisdiction was established, whether a previous dependency action is involved, and whether there is current or previous CBC involvement.
6. Ensure that no open or pending approval exists prior to transfer.
7. Conversation must occur between sending/receiving supervisors once case transfer has been requested in FSFN.

B. Requesting OCS Procedures

1. From the supervisor's desktop expand the cases heading;
2. Select "actions" for the case that needs transfer;
3. On the select action screen, chose "Case Transfer Request";
4. On the case transfer request screen, add date requested and status as pending under "Details Section"; and
5. Drop down "Out-of-Town Inquiry":
 - a. Add sending unit supervisor comments.
 - b. The comments shall include how verification of jurisdiction was established, whether a previous dependency action is involved, and whether there is current or previous CBC involvement.
6. Ensure that no open or pending approval exists prior to transfer.

C. Accepting Transfer Procedures

1. From the supervisor's desktop expand utilities function and select "Case Transfer Request".
2. On the transfer request screen select "Pending" on the status;
3. Select case to receive;

4. On the case information screen select "Accept" under status; and
5. Add Receiving Unit Supervisor Comments (i.e., assigned supervisor, investigator, unit, and date and time of assignment).

VI. Circuit Protocols and Contacts for Transfers and OCS

Refer to local procedures in your area.

VII. Non-Negotiable Items

- A. Contact lists, including identified liaisons/point of contacts for transfer cases, updated as necessary, and distributed to agencies noted in the agreement.
- B. All parties shall receive and maintain a copy of the agreement.
- C. Training on the OTI and Case Transfer Protocol is mandatory for all CPI staff by their respective managers/supervisors.
- D. Conference calls will occur upon request to address specific case related issues/delays as it pertains to this agreement.

VIII. Conflict Resolution Protocols

Supervisor-to-supervisor contact **MUST** be made first to address any unresolved issues. Issues that cannot be resolved between supervisors are to be escalated to their respective chain of command.