



**State of Florida**  
**Department of Children and Families**

**Rick Scott**  
*Governor*

**Mike Carroll**  
*Secretary*

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**DATE:** February 8, 2017

**TO:** Child Protective Investigators  
Regional and Sheriff's Office Family Safety Staff  
Regional Managing Directors  
Family and Community Services Directors  
Community-Based Care Lead Agencies

**FROM:** Secretary Mike Carroll

**SUBJECT:** Efficiencies to Support Child Protective Investigations and Case Management Staff

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Over the past few months, I have met with frontline child welfare staff throughout the state in a series of "huddles" to hear directly their concerns and the challenges they are facing. My visits to each region for these huddles have reinforced my belief in the commitment our child protections staff have to this work and their fundamental desire to protect the light that shines in each child who touches this system.

The huddles also have made clear the personal toll and professional strain our investigators, case managers and their supervisors face daily due to the high volume of cases and the inconsistent execution of the child welfare practice model from region to region, circuit to circuit.

Our child welfare practice model is sound. In each case, we should – we must – be doing good child safety assessments, not simply incident-based investigations. Implementation science tells us that fidelity to such a practice and culture change can be expected years after we begin implementing, not after simply months or weeks. While challenges faced during an implementation can make it difficult to stay the course, the significance of the work we do and the lasting impact it has on children and families demand that we remain committed to the new child welfare practice model.

I recognize some efficiencies are needed in order to prioritize workload and begin to realize the full benefits of the new practice, particularly improved outcomes for families. In response to the concerns expressed by our child protective investigators, I charged leaders from the Office of Child Welfare and Operations with assembling a statewide workgroup to develop some pragmatic solutions to improve the child protective investigations workload. The solutions developed by the workgroup are in the attached report. Your regional leadership has begun implementing many of the identified "Immediate Solutions" with a goal of statewide implementation by March 1, 2017.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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There will be written resources and information distributed from regional Family Safety leadership and the Office of Child Welfare to continue to clarify the practice and to enhance training to frontline staff, supervisors and managers. In the meantime, I want to underscore a critical point: **Investigators do not need to wait until completion of a Family Functioning Assessment to connect a family to necessary services.**

Please ensure this message reaches all child protection staff. Your regional Family and Community Services Directors can address any questions you have about the statewide pilot and the report from the Efficiencies Workgroup.

I appreciate the work of the group leads: JoShonda Guerrier, Assistant Secretary for Child Welfare; Lisa Mayrose, Suncoast Region Managing Director; and Patricia Medlock, Northeast Region Managing Director.

I also thank the following team members: Natalie Clayton (Northeast Region), Tasha Cousins (Hillsborough County Sheriff's Office), Allison Montgomery (Central Region), Heather Smith (Southeast Region), Janice Thomas (Office of Child Welfare Consultant), Angela Viramontes (Northwest Region) and Christopher Williamson (Florida Abuse Hotline).

I especially thank the child welfare professionals who are committed to this work, including those who have met with me and candidly expressed supports needed to help them better complete their work. Thank you for your commitment.



**ATTACHMENT**

CPI Efficiencies Summary Report

cc: Deputy Secretary David L. Fairbanks  
General Counsel Rebecca Kapusta  
Assistant Secretary for Operations Vicki Abrams  
Assistant Secretary for Child Welfare JoShonda Guerrier  
Children's Legal Services Director Grainne O'Sullivan  
Office of Child Welfare Directors

**Workgroup to Streamline**

**Child Protective Investigations**

**October 14, 2016 - January 29, 2017**



**MYFLFAMILIES.COM**

## **Executive Summary**

On October 14, 2016, Secretary Mike Carroll commissioned three leads to assemble a statewide workgroup to streamline child protective investigations in Florida. Secretary Carroll supports the tremendous work that has been done to implement the Safety Methodology/ new Child Welfare Practice in Florida, but advised as a system we must intensify training for frontline staff, supervisors, and managers. Developing an approach that utilizes data analytics to determine intervention levels will allow the child protection staff to focus on the most complex of situations, resulting in increased quality and outcomes for those we serve. The stated output of this group was to develop a preliminary plan that included:

1. Short term remediation, and
2. Prioritized levels of risk.

### Group Leads:

JoShonda Guerrier, Assistant Secretary for Child Welfare  
Lisa Mayrose, Suncoast Region Managing Director  
Patricia Medlock, Northeast Region Managing Director

### Team Members:

Natalie Clayton, Northeast Region Managing Children's Legal Services Attorney  
Tasha Cousins, Child Protective Investigator Supervisor, Hillsborough County Sheriff's Office  
Allison Montgomery, Child Protective Investigator Supervisor, Central Region  
Heather Smith, Critical Child Safety Practice Expert, Southeast Region  
Janice Thomas, Office of Child Welfare Consultant  
Angela Viramontes, Child Protective Investigator, Northwest Region  
Christopher Williamson, Chief of Program Development, Florida Abuse Hotline

## Approach

A multi-tiered approach was used to gather information from investigative staff around the state. Forums for gathering information included local Secretary Huddles with frontline staff, region-facilitated focus groups conducted primarily the week of October 31, 2016, and a statewide survey administered anonymously to investigations staff November 1 -14, 2016. ([Appendix I](#)) exhibits a summary of the results received via the statewide survey. Other sources of information included a previously conducted supervisory proficiency process survey, and workshop evaluations collected during three regional supervisor summits conducted in June and July of 2016. Survey specifics are available upon request. Content learned will be used to inform training and policy going forward.

## Recommendations

Collectively, group members arrived at several recommendations following two full days of reviewing the survey and focus group results, discussing policy challenges and opportunities to change, and itemizing possible practice enhancements.

Recommendations consist of both immediate and long-term strategies for change. Of major priority and focus is the need to safely reduce child protective investigations (CPI) caseloads for units statewide in order to focus work on the most complex cases and improve qualitative outcomes for children most at risk of maltreatment.

### Immediate Solutions

1. Review, evaluate, and modify as necessary locally-imposed timeframes (i.e. immediate response within 2 hours, 24 hour response within 4 hours, launching FFA; etc.)
2. Identify cases meeting specific criteria for abbreviated FFA documentation requirements in the FSFN system and develop implementation plan by March 1, 2017 ([Attachments I & II](#))

*Streamlined FFA: The following criteria has been established to assist in the identification of cases that will require a full FFA in the FSFN system. For cases that do not meet these criteria, the CPI and CPIS will have the option of using the "Other" investigative path, which streamlines the documentation required to reach safe closures. During the first 6 months of implementation, data will be collected to analyze the efficiencies around expediting documentation requirements to allow an enhanced focus on the most complex families needing intervention.*

- *All cases involving victims/children in the home ages 0-5; OR a child with a verifiable significant developmental, medical, or behavioral disability resulting in high vulnerability to maltreatment  
(Factors to consider when identifying a 'verifiable' vulnerability: the CPI's observations, CPT consultation, medical assessments, trusted collateral contacts, etc.)*
  - *All children determined to be in Present Danger or Impending Danger*
  - *Any aged child where there have been three priors within the last 12 months, regardless of findings; (including abuse reports and special conditions on any/all minor children of the family unit)*
  - *Any household member/caregiver/frequent visitor who has any verified abuse history as a caregiver responsible*
3. Expand the Patently Unfounded protocol and criteria to allow for the closure of specific cases exhibiting certain requirements by January 2017 ([Attachment III](#))
  4. Develop and deliver a series of practice related refresher trainings (Office of Child Welfare in collaboration with regional Family and Community Services Directors)
    - a. Family Functioning Assessments (FFA)
      - i. Quality components of an FFA
      - ii. Relevant and sufficient information; when enough is enough
    - b. Focus of Household
    - c. Conditions for Return
  5. Enable Regions to enforce the False Reporting Policy through written communication focused on deterring false reporters from inappropriate use of the Florida Abuse Hotline ([Attachment IV](#))
  6. Refine and streamline policy and practice related to the following procedures by March 2017:
    - a. Family Made Arrangement ([Attachment V](#))
    - b. One Parent Removal (in progress)
  7. Regions/Sheriff's Office to explore the creation of alternative CPI unit structures to allow for specialization and flexibility where possible such as:
    - a. Night or weekend units/ Flex schedules
    - b. Specialty Units (Sexual Abuse; Critical Injury; 0-1)
    - c. Judicial units
  8. Review, evaluate, and modify as necessary the existing Decision Support Teams (DST) protocols to allow for flexibility, while ensuring supportive decision making is occurring and is available for field staff (in progress)

9. Collapse the number of required consultations currently included in DCF Operating Procedures and local protocols (in progress)
10. Review, evaluate, and modify as necessary the Safe but High Risk Protocols to identify efficiencies (collaboration of OCW and Regions in process)
11. Investigations classified as “other” will not require completion of the Risk Assessment tool ([Attachment I](#))
12. Investigations in which children are deemed “unsafe” will not require completion of the Risk Assessment Tool as these children will be served through case management services ([Attachment I](#))

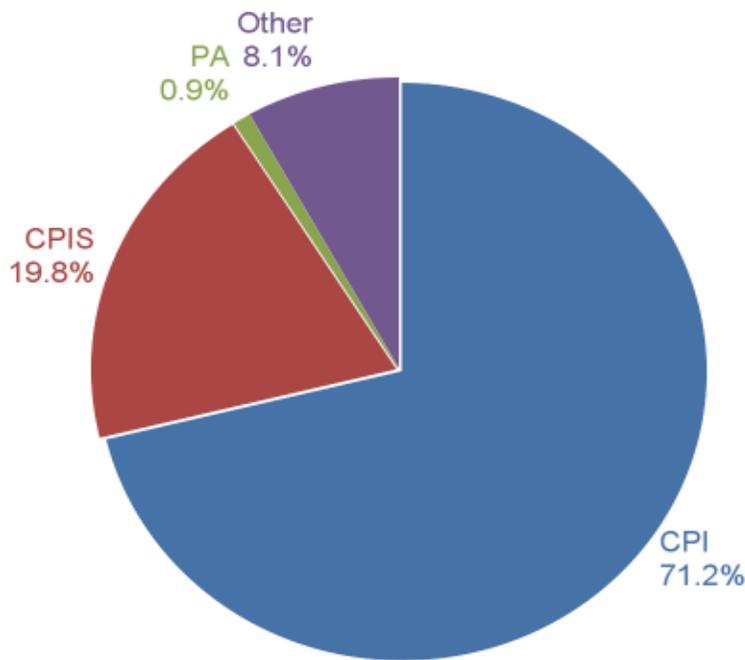
### Long-Term Solutions

1. Leverage the results from the Statistical Analysis System (SAS), predictive data analytics study, to assist with identification of a tiered investigative response
2. In collaboration with Casey Family Programs, complete the benchmark study of the Florida Hotline acceptance criteria and assessment process to determine intervention response as compared to other states
3. Implement technology solutions for investigative staff such as:
  - a. Phone applications to document work-related travel; “travel trackers”
  - b. Dictation Software for documenting
  - c. Mobile solutions for scanning, documenting victims seen, and commencement times in the field, into Florida Safe Families Network
4. Assess the number of statutorily required staffings in Chapter 39 for efficiencies and alignment with practice (requires legislative change)
5. Assess and redefine the use of Family Intervention Specialist positions
6. Assess Hotline screening criteria and statutory requirements regarding below other type investigations for legislative recommendations:
  - a. Child-on-child special conditions investigations
  - b. Entities conducting their own licensure and/or monitoring (e.g., DJJ, Public School personnel, facility licensed by AHCA)
7. Enhance FSFN to streamline the TANF submission process
8. Assess impact of adding paraprofessional component to support investigation work, to include cost benefit analysis
9. Review, evaluate, and make recommendations as necessary to the FSFN system for efficiencies in documentation and functionality (carry work forward in FFA; adding to closed FFAs; summarize prior history, etc.)

## APPENDIX I

### Statewide Survey Administered to Investigations Staff November 2016

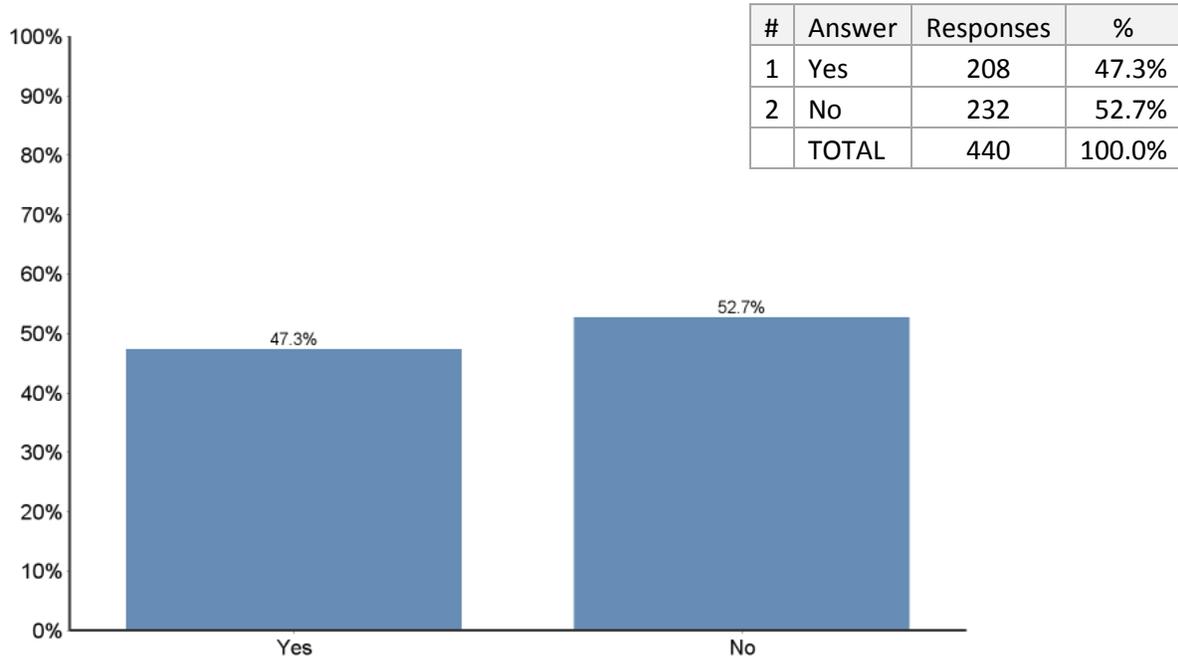
Position Type



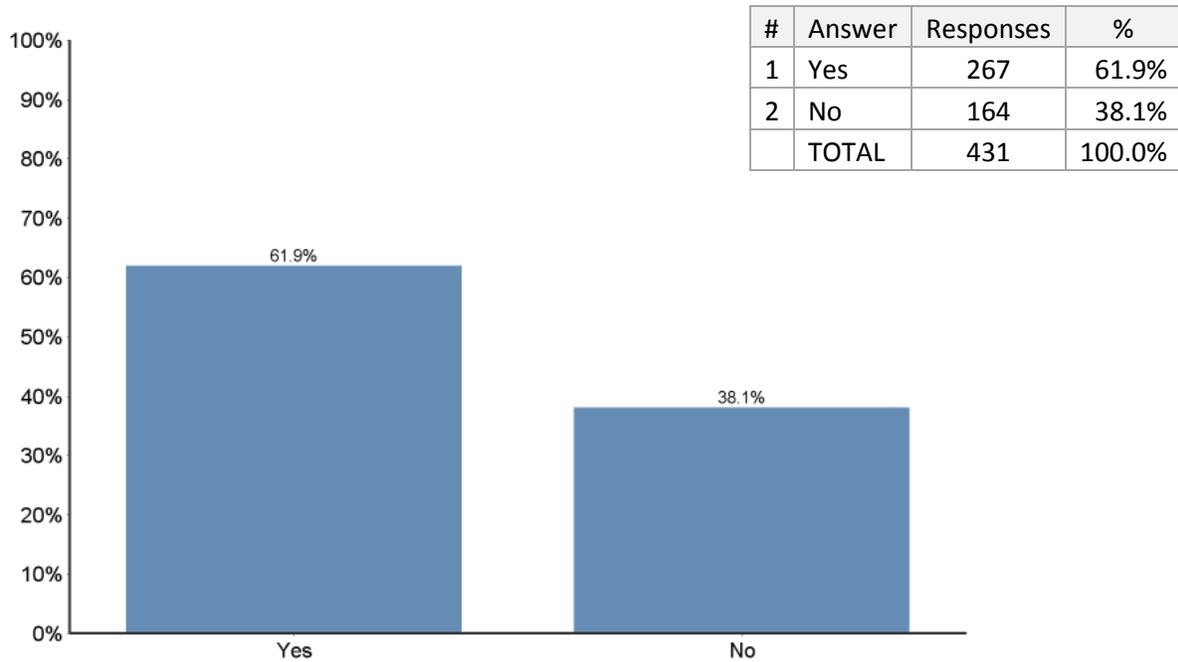
#	Answer	Responses	%
1	CPI	316	71.2%
2	CPIS	88	19.8%
3	PA	4	0.9%
4	Other	36	8.1%
	TOTAL	444	100.0%

Survey respondents included child protective investigators, senior child protective investigators, child protective investigator supervisors, program administrators, managers, sergeants, field support consultants, critical child safety practice experts, field trainers, and more

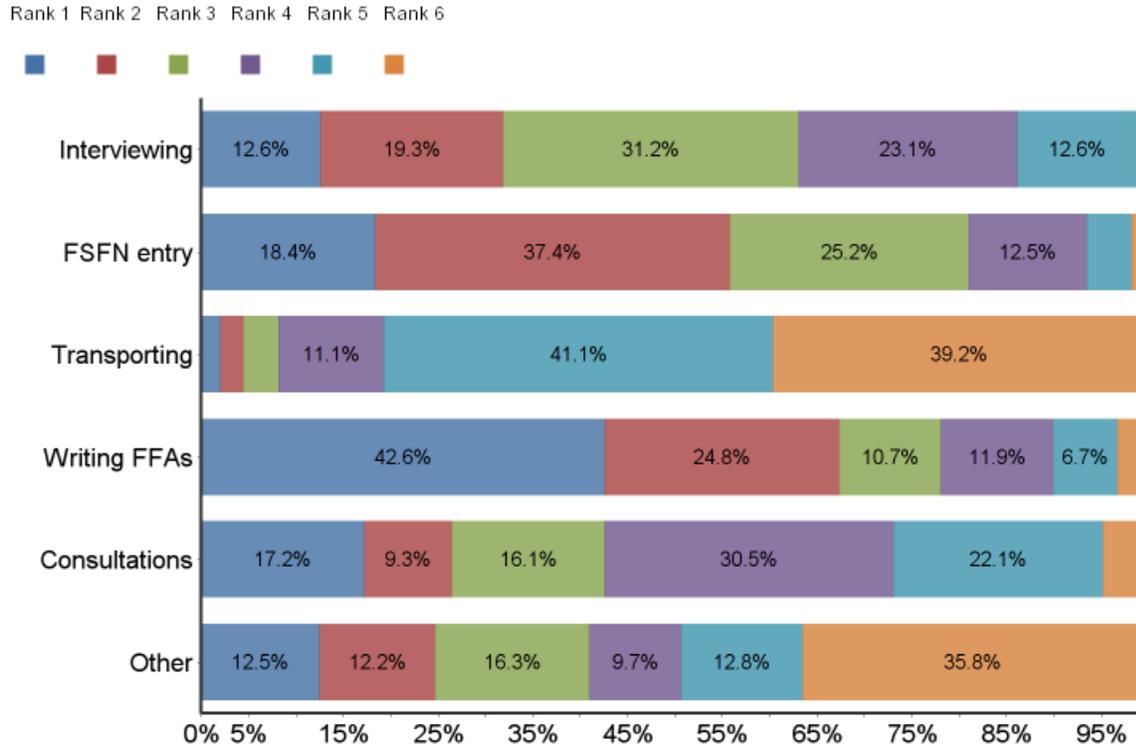
Do you believe that our current practice model is the right way to assess families?



Are there things you are required to do as part of your job that don't impact child safety that you believe you should stop doing?

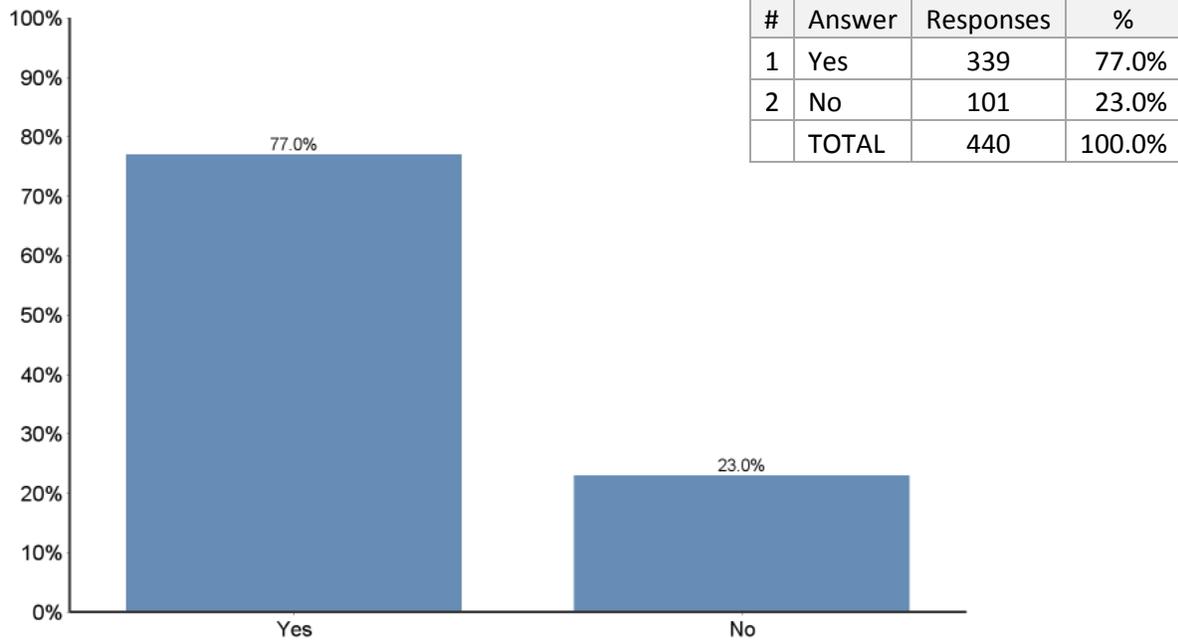


What do you spend most of your time doing? Please rank-order the following activities. One (1) being the activity where you spend most of your time and six (6) being the activity where you spend the least of your time. Do not duplicate the ranking numbers.

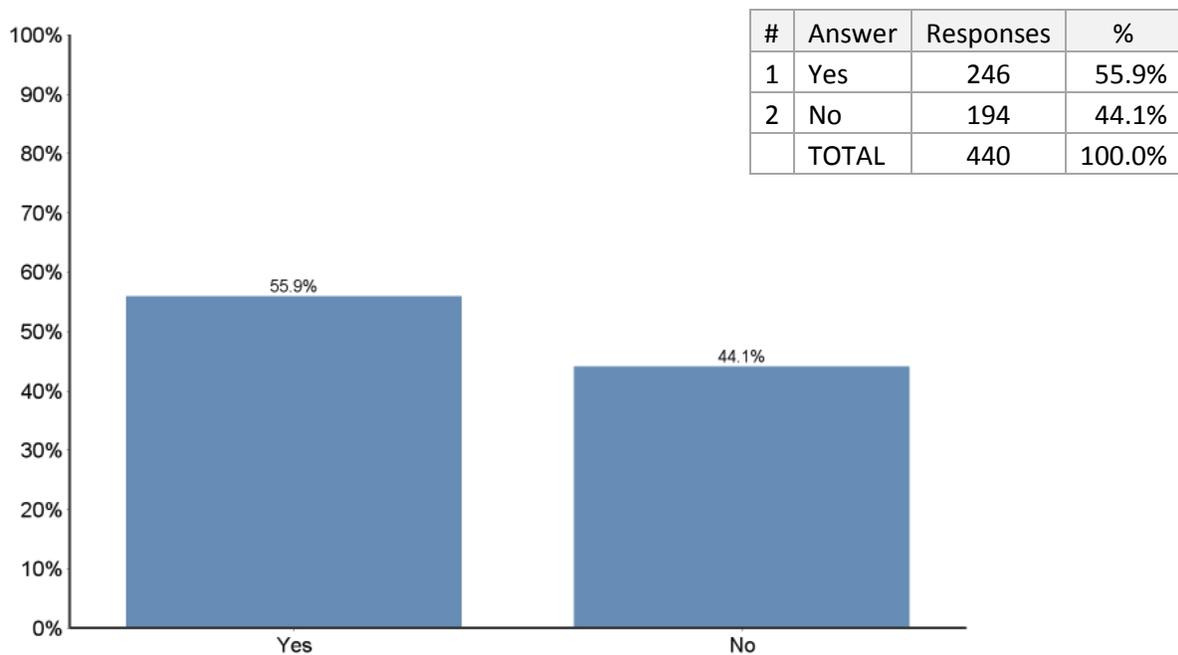


Answer	Rank1	Rank2	Rank3	Rank4	Rank5	Rank6	Responses
Interviewing	83	81	131	97	53	2	420
FSFN Entry	78	159	107	53	20	5	425
Transporting	8	10	15	45	167	159	406
Writing FFAs	179	104	45	50	28	10	420
Consultations	74	40	69	131	95	16	429
Other	36	35	47	28	37	103	288
TOTAL	458	429	414	404	400	295	

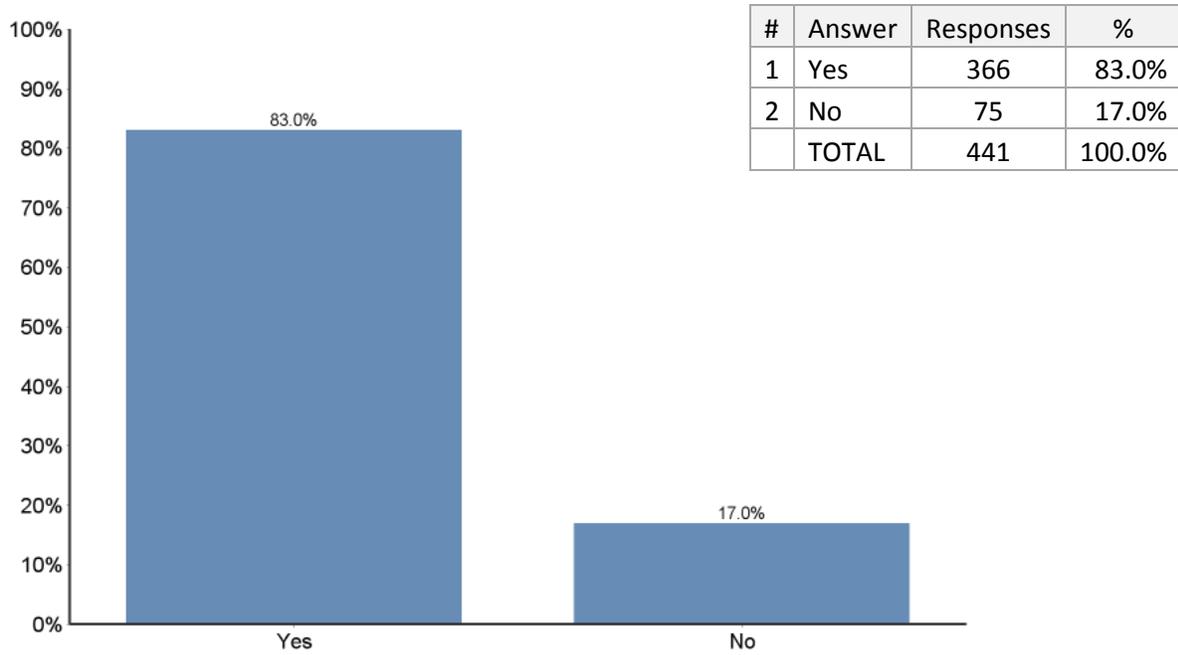
Are there timeframes that you currently must meet, that influence your ability to do your job efficiently, or that you do to “get off a list”? Examples: victims seen, FFA launched, Present Danger Assessment completed, closed in 60 days, others.



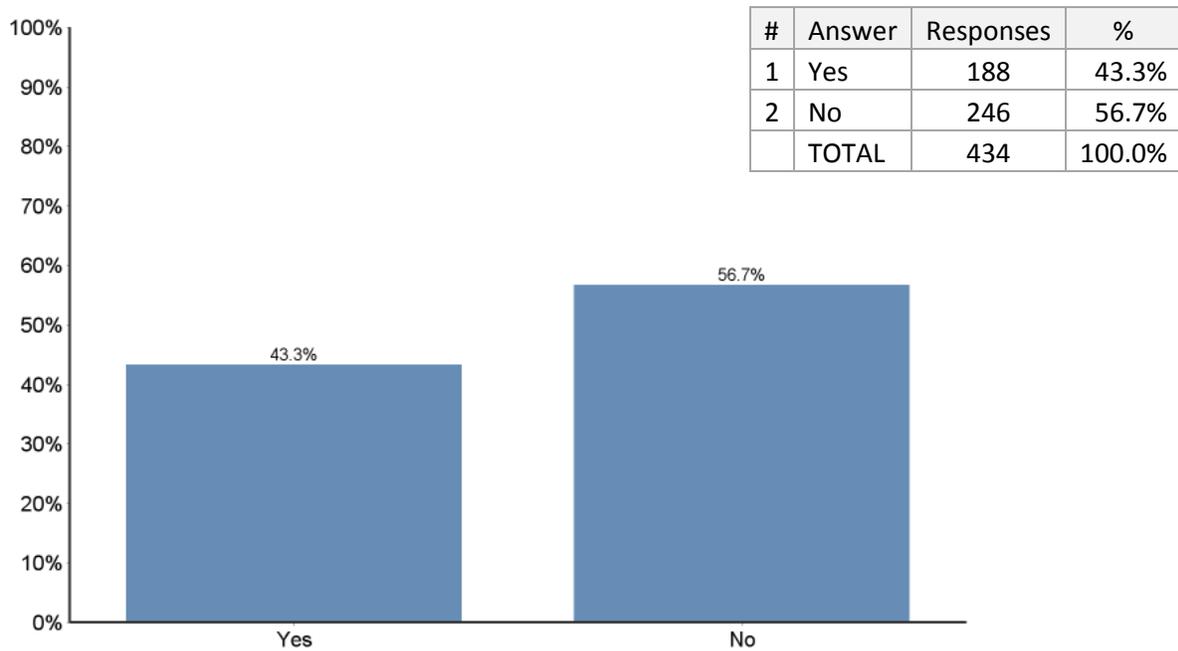
Does your region/circuit have any local policies in addition to requirements of the Child Welfare Operating Procedures?



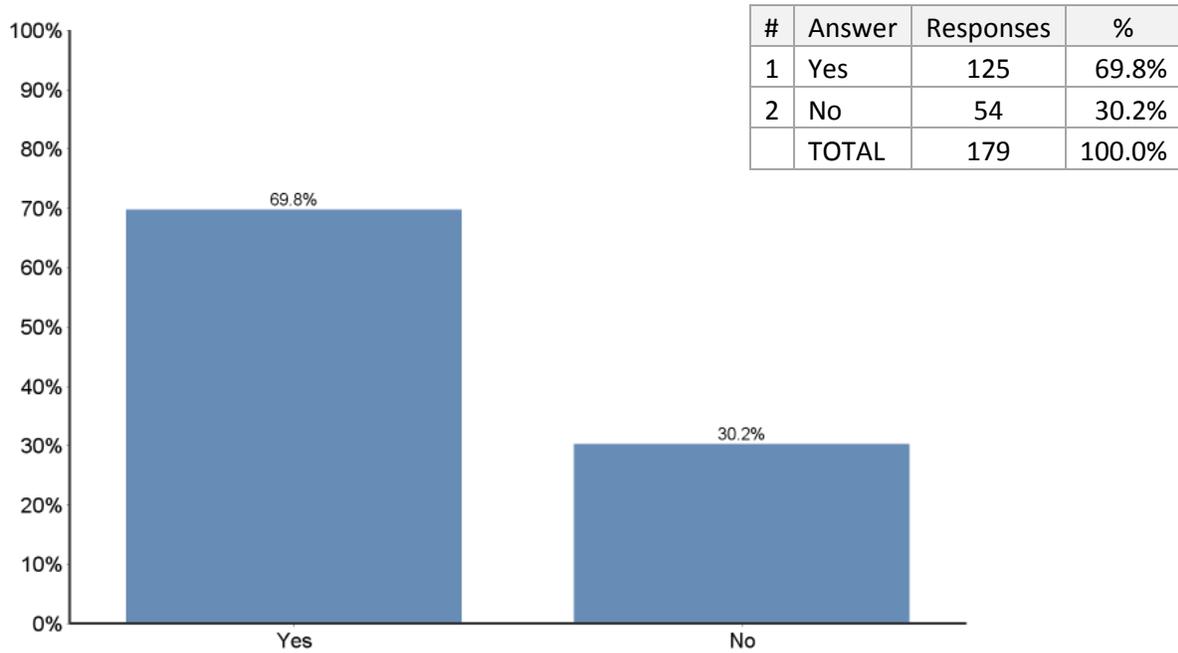
Do you feel that your supervisor is knowledgeable in the practice model and operating procedures and is able to provide the right level of guidance and support on cases?



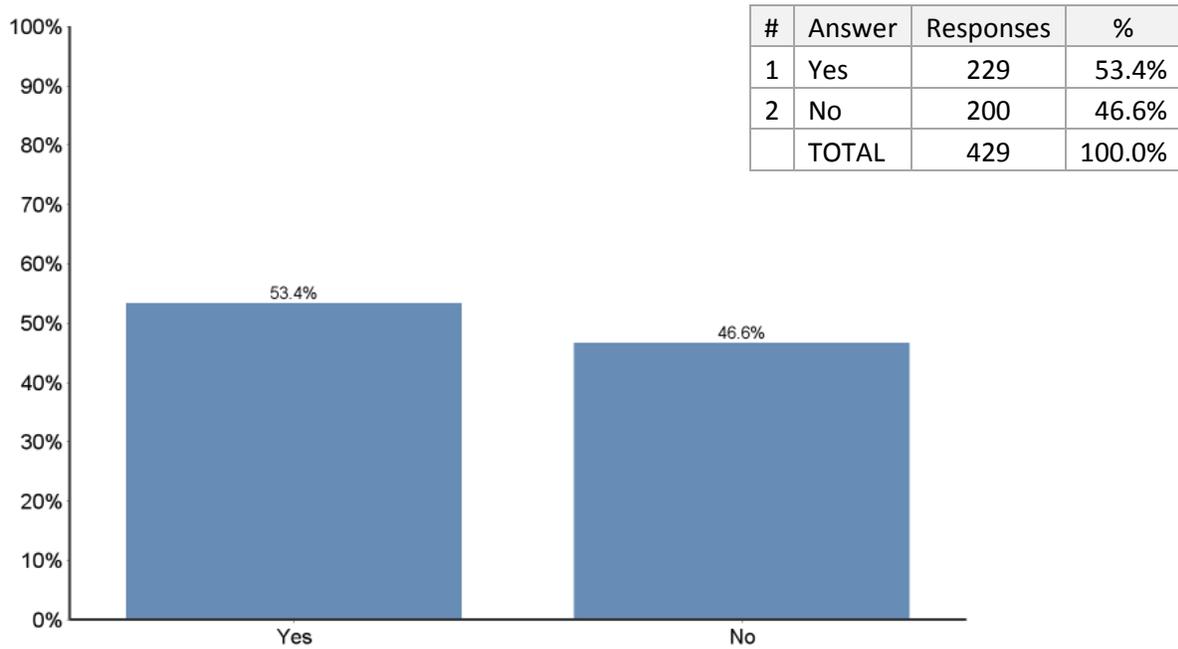
Does your area have a decision support team?



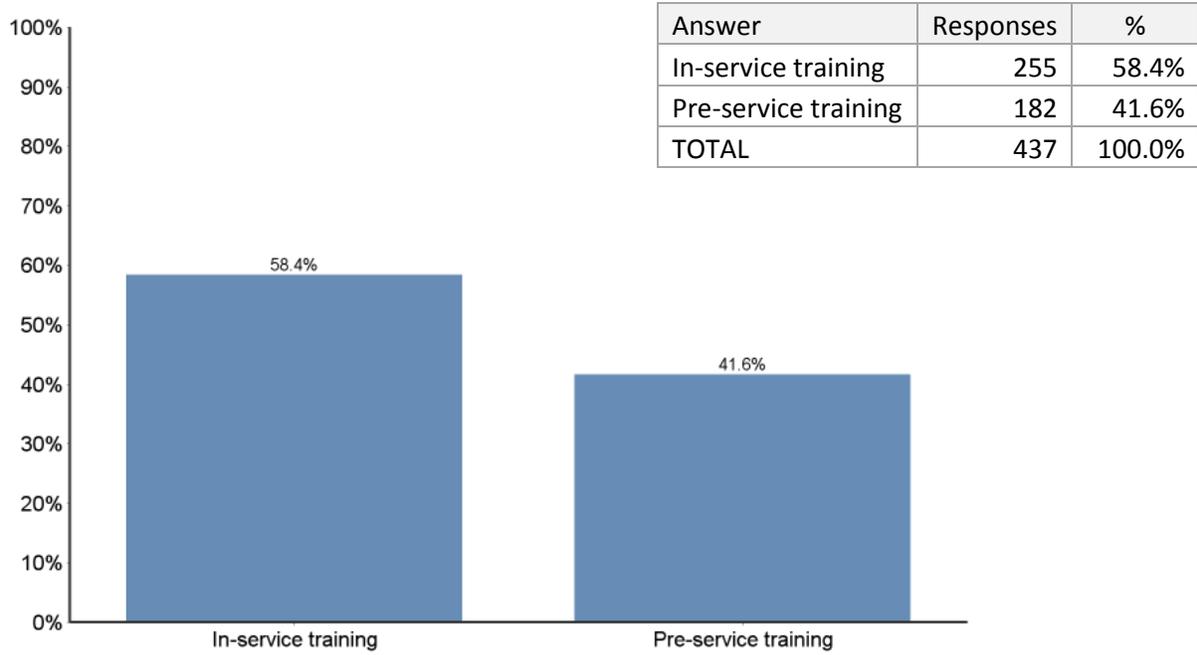
Is your decision support team helpful?



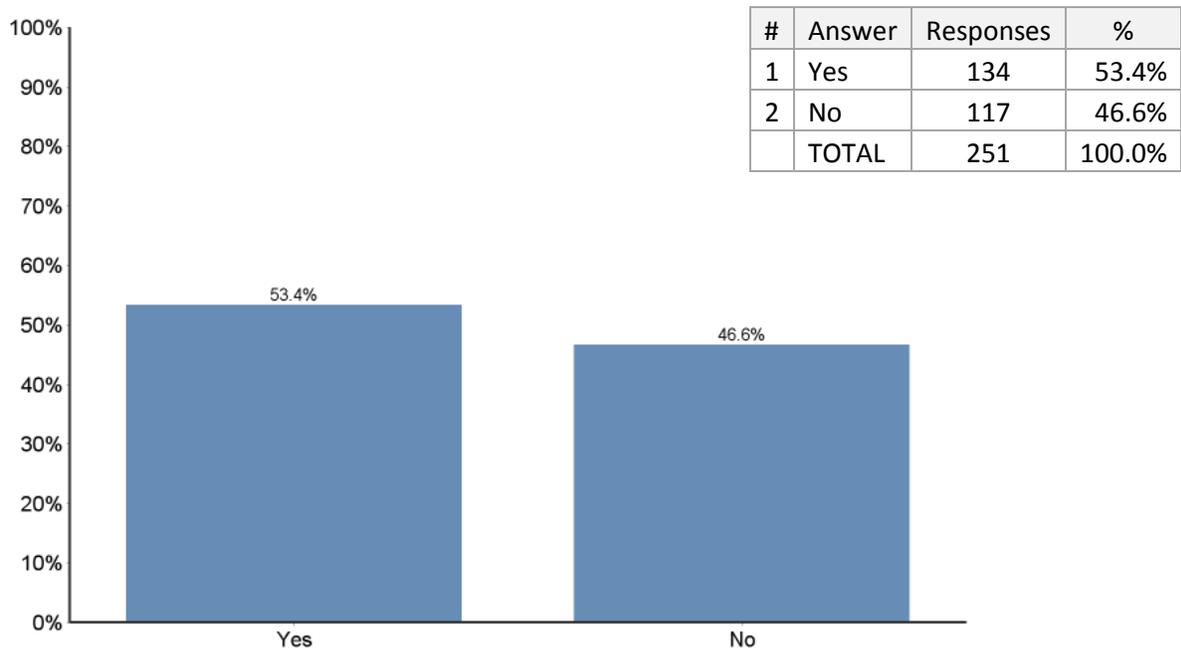
Does the Rapid Safety Feedback process support your work?



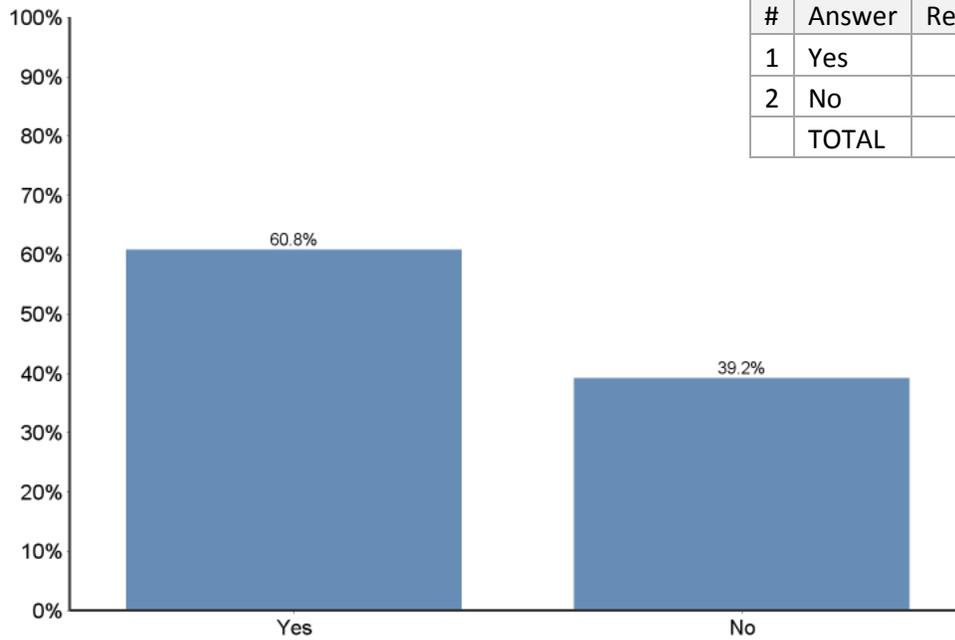
How did you receive your Practice Model Training; via in-service training or pre-service training?



Did the in-service training prepare you to practice?

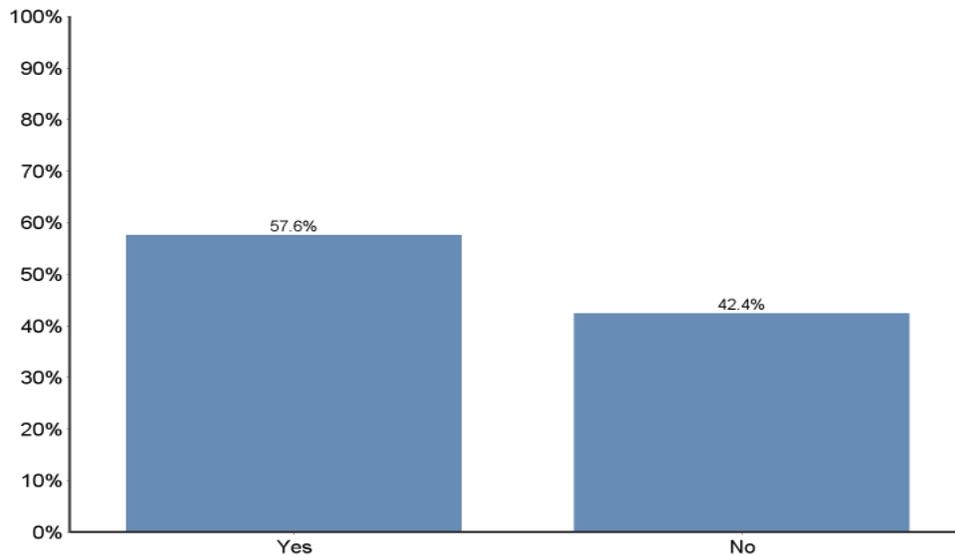


Did pre-service training prepare you to practice?



#	Answer	Responses	%
1	Yes	110	60.8%
2	No	71	39.2%
	TOTAL	181	100.0%

Are there Operating Procedures of System tools in FSFN that are ineffective, create unnecessary work or prevent you from doing your best work with families?



#	Answer	Responses	%
1	Yes	249	57.6%
2	No	183	42.4%
	TOTAL	432	100.0%

## ATTACHMENT I

### Family Functioning Assessment (FFA): Streamlining Documentation Requirements

The following criteria has been established to assist in the identification of cases that will require a full FFA in the FSFN system. For cases that do not meet these criteria, the CPI and CPIS will have the option of using the “Other” investigative path, which streamlines the documentation required to reach safe closures. During the first six months of implementation, data will be collected to analyze the efficiencies around expediting documentation requirements to allow an enhanced focus on the most complex families needing intervention.

#### Criteria requiring a full FFA in FSFN:

- All cases involving victims/children in the home ages 0-5; OR a child with a verifiable significant developmental, medical, or behavioral disability resulting in high vulnerability to maltreatment
  - Factors to consider when identifying a ‘verifiable’ vulnerability: the CPI’s observations, CPT consultation, medical assessments, trusted collateral contacts, etc.
- All children determined to be in Present Danger or Impending Danger
- Any aged child where there have been three priors within the last 12 months, regardless of findings; (including abuse reports and special conditions on any/all minor children of the family unit).
- Any household member/caregiver/frequent visitor who has any verified abuse history as a caregiver responsible

The CPI will conduct the investigation according to practice and guidelines and complete information collection requirements. CPIs are required to assess for present and impending danger on all investigations as outlined in statute (F.S. 39.301).

During consultations with the CPI Supervisor throughout the life of the investigation, discussions will occur to determine if the investigation is eligible for the “other” track. If there is sufficient information, the investigation can continue in that module in FSFN where the CPI will document all the known information regarding the family and final determinations. It is recommended that the FFA is not launched until the time this decision is made, if for some reason the FFA is launched prior to this decision, the CPI can document all information collected in the Maltreatment and Circumstances Surrounding the Maltreatment sections and N/A the FFA sections.

If an investigation is received on a family that is currently **open to case management** where an ongoing FFA is being utilized, then the CPI in consultation with their supervisor may utilize the “Other” FFA documentation track.

#### Risk Assessment Tool

The Risk Assessment Tool is **NOT** required on “Other” type investigations and cannot be launched from this track in the FSFN system. Therefore in home investigations meeting the “Other” track will not have a risk assessment completed by the CPI. Additionally, the Risk Assessment Tool is **NOT** required for investigations in which a child is deemed “unsafe” as those cases shall be referred for case management services.

At any time, on any safe case meeting “Other” track, the CPI, CPIS, or other professional involved can initiate a referral for services for the family upon family request and/or identification of needs. There is nothing prohibiting referrals for prevention/community services at any time during the investigative process.

The Supervisor will be responsible for ensuring quality work on all investigations, including the appropriate identification of cases meeting the above criteria. It is imperative that staff understand a full investigation is still required on every investigation that our agency receives; these modifications are only for the FSFN functionality and assessing which families need an enhanced Family Functioning Assessment to be completed. A supervisor or other second level approver can request a comprehensive FFA on an “other” case at their discretion.

## ATTACHMENT II

### **Implementation Plan for Streamlined FFA/Other Track Determination**

The Regions will begin implementation FFA documentation changes beginning no later than March 1, 2017. In order to ensure a consistent implementation approach the following timeline has been developed:

**February 1<sup>st</sup> – February 15<sup>th</sup>** – The Regions will meet with community partners and stakeholders to include, but not limited to: Child Protective Investigators, Sheriff's Offices CPI Divisions, Community Based Care Agencies, and Children's Legal Services. During these meetings, the Regions will share the "Streamlining Documentation Requirements" with all parties and request feedback related to operationalizing the requirements. During this same timeframe, the Office of Child Welfare will develop a consistent approach and "workaround" to address any Risk Tools that must be completed due to the investigator inadvertently creating an FFA on an investigation that would meet the requirements for the "other" track.

**February 15<sup>th</sup>** - The Regions will meet face to face in collaboration with the Office of Child Welfare to share feedback received from the field and discuss any areas that need further clarification prior to implementation.

**February 16<sup>th</sup> – 28<sup>th</sup>** – The Regions will develop a "Supervisory Guide" which will include the "workaround" for the Risk Assessment tool as well as any other items requiring clarification. The Regions will also develop a list of "Frequently Asked Questions" based on feedback from the field to be posted on the department's Intranet site as well as the Center for Child Welfare website.

### **March 1<sup>st</sup> Statewide Implementation**

In order to ensure consistent application of these documentation requirements during initial implementation (the first 60 days), any investigation identified as being appropriate for an "other" will be required to have a second level approval. This approval should be sought by the Supervisor and may be conducted by the Program Administrator, Operations Program Administrator, Operations Manager, Family Services Specialist, Operations Review Specialist, Critical Child Safety Practice Expert, or Family and Community Services Director, or designee. The purpose of this second level approval is to ensure that the use of the "other" track is appropriate. Second level approvers, during this initial phase, will be required to track information related to the case as well as whether they concurred with the Supervisor.

### **May 1<sup>st</sup> – Review of Data (Second Level Review and Concurrence)**

Post implementation, the Regions will reconvene to discuss and analyze the concurrence data collected during the first 60 days and determine if continued second level approval processes are necessary.

The Office of Child Welfare will work with the Family and Community Services Directors with developing a survey for staff to provide feedback regarding the streamlined documentation requirements and its impact on workload, retention, and morale.

### **September 1<sup>st</sup> – Qualitative Review**

The Regional Family and Services Directors shall develop a statewide tool and lead a qualitative review of investigations classified as “other” to determine the following:

- Whether the “other” investigations are identified correctly and investigative practice followed accordingly
- A review of caseload data to determine the impact on CPI workload
- A review of performance indicators related to qualitative investigative outcomes
- A review of chronological documentation to ensure that “other” investigations are supported and are validated through Supervisory Consults
- A review of the updated survey data which shall be compared to the baseline responses collected during the initial phase of the CPI workgroup

In order to ensure the Regions have the capability to review cases meeting this criteria, Operations shall work in collaboration with the Office of Child Welfare to develop a reporting and tracking mechanism through FSFN to collect data for investigations meeting the “other” criteria.

## ATTACHMENT III

Chapter 23 of CFOP 170-5  
(Effective January 30, 2017)

### “PATENTLY UNFOUNDED” REPORTS

23-1. Purpose. Patently Unfounded reports are incidents reported in good faith to the Hotline that are subsequently determined to have no basis in fact as demonstrated by compelling evidence which directly refutes the allegation. Patently unfounded closures are distinct and separate from False Reports made for harassment purposes as defined in s. [39.01\(29\)](#), F.S., because with patently unfounded reports the investigator is able to determine or at least understand why the allegation was made in good faith, however, erroneously.

23-2. Criteria for Compelling Evidence. Patently unfounded reports require a higher standard of evidence (i.e., “compelling”) than reports closed with “No Indicator” findings (i.e., “no credible evidence”).

The investigator must be able to document that the evidence obtained is “compelling” as demonstrated by all three of the following conditions being met:

a. The evidence is **readily observable** (e.g., a report alleges a child has a fractured arm but the investigator views or obtains a copy of an X-ray from a physician indicating the arm is not broken and the investigator observes the child using the arm in play with no observable restriction of movement, swelling or discomfort, etc.). This means the allegation must describe conditions or circumstances that are observable by the investigator at the time of the report. Allegations of physical injury in the recent past which are no longer visually observable (i.e., have healed) are not appropriate for patently unfounded closures.

b. The evidence must be **mutually and collectively corroborated**. All statements or information obtained must be in agreement (e.g., child victim, sibling, parents and family members all report child has never broken a bone or suffered any type of arm injury and the child’s pediatrician provides a similar medical history, etc.).

c. The evidence must support that the allegation can be fully refuted through direct observation and **findings of fact** (such as through medical or other records, law enforcement reports, CPT findings, relevant professional consultations etc.). The following are some scenario examples to assist with decision making:

(1) Substance Misuse. Report alleges parent was seen injecting a child with drugs (type unknown). Child was seen acting “loopy and out of it . . . drugged.” The investigator subsequently determined the child’s mother was actually seen administering insulin to her 12 year-old son who had lost his medication while on an all-day school field trip and had missed two injections. His “loopy” behavior was caused by a very high blood sugar level and the administration of his insulin by his mother was critical in preventing more harmful medical complications to her son. Upon reviewing the child’s medical condition and the mother’s actions with CPT medical personnel the investigator appropriately closed the investigation as patently unfounded.

NOTE: A negative drug screen or history of negative drug screens should never be the sole determinant in assessing allegations of substance misuse.

(2) Environmental Hazards – Inadequate Food. Report alleges two underweight children were seen “begging food from neighbors.” The investigator observed two children in the home with average age-weight status which was subsequently confirmed by CPT (or the children’s pediatrician). The home was also observed with ample food supplies in both the refrigerator and a fully stocked pantry. Upon confirming with the children’s school that students had recently participated in a food drive canvassing their neighborhoods asking neighbors for donations the investigator appropriately closed the investigation as patently unfounded.

(3) Burns. Report alleges that a five-year old child appears to have cigarette burns on the backs of both hands. The mother does not smoke but her live-in boyfriend does. Investigator observed child with three and four pencil eraser sized lesions healing on the child’s right and left hand, respectively. The child’s mother stated that she had recently taken her son to his pediatrician to have several common warts removed. Upon confirming the recent medical treatment with the child’s pediatrician (e.g., physician viewed photographs of child’s hands taken by investigator) the investigation was appropriately closed as patently unfounded.

An absence of evidence is not to be considered compelling evidence. Compelling evidence is a much higher standard which includes all three aspects (paragraphs 23-2a thru c) defined above. If any of the three prerequisites is missing then closure as patently unfounded is not appropriate.

### 23-3. Procedures.

a. The investigator must complete a Present Danger Assessment and document that no present danger threats are identified in the home. The identification of any present danger requires the completion of a family functioning assessment and precludes the use of the patently unfounded closure.

b. The investigator must document that no additional maltreatments were disclosed by any subjects of the report or collateral contacts during the course of the investigation.

c. The investigator must document the compelling evidence that is in direct contrast to the allegation by explaining how the evidence is readily observable, mutually and collectively corroborated, is supported through fact finding, and how the report was likely made in good faith.

d. Cessation of investigative activities and closure of the investigation as a patently unfounded report shall only occur with supervisor or Program Administrator approval.

23-4. Exclusions on the Use of Patently Unfounded Closure. The patently unfounded closure may not be used in any report containing:

- a. child fatalities,
- b. sexual abuse allegations unless evidence provided by a medical professional is found to refute the allegation of sexual abuse, or
- c. physical injury allegations when the investigator observes any form of disfigurement or injury regardless of how slight which may potentially be related to the alleged maltreatment. For example: patently unfounded may be used in cases in which a CPT medical exam determines the observed marks are Mongolian Spots.

23-5. Supervisor. Supervisor Consultation will be provided to affirm:

a. That the investigator sufficiently established the standard for compelling evidence to support the use of the Patently Unfounded closure.

b. That the report does not contain any maltreatments that are exempt from being in a report using the patently unfounded closure.

23-6. Documentation.

a. The investigator will document the Present Danger Assessment using FSFN functionality and the compelling evidence and corroborated information in case notes within two business days when justifying the use of the “Patently Unfounded” closure. An FFA-Investigation is not required for investigations closed as “Patently Unfounded”.

b. The supervisor will document the consultation using the “Closure” supervisor consultation module within two business days.

## ATTACHMENT IV

### SAMPLE LETTER TO SUSPECTED FALSE REPORTING PARTIES

CERTIFIED MAIL – RRR

Re: False Reports to Florida Abuse Hotline

Dear [insert reporter name]

It has been determined that you have made reports to the Florida Abuse Hotline System which were unfounded. Some of the reports may have been false. Florida Statutes Section 39.01(29) defines “False Report” as a report of abuse, neglect, or abandonment of a child to the central abuse hotline, which report is maliciously made for the purpose of: (a) harassing, embarrassing, or harming another person; (b) personal financial gain for the reporting person; (c) acquiring custody of a child; or (d) personal benefit for the reporting person in any other private dispute involving a child. This does not include a report made in good faith to the central abuse hotline. The department does not wish to dissuade you from making a good faith report. However, repetitive reports concerning past allegations can cause emotional damage, especially for children. Florida law allows for an administrative fine for up to \$10,000.00 for each report determined to be false. (Fla. Stat. §39.206)

In addition to the above administrative penalties, a person who knowingly and willfully makes a false report, or who advises another to make a false report, is guilty of a felony of the third degree, punishable by 5 years imprisonment or another \$5,000.00 fine. (Fla. Stat. §§39.205; 775.082; 775.083)

Please be advised if you make a report to the abuse hotline that is determined to be false, the Department of Children and Families will impose an administrative fine for the maximum amount allowed. The department will also make a referral to law enforcement for criminal prosecution.

Sincerely,

[DCF/CLS Attorney name here]

## ATTACHMENT V

### Chapter 6 of CFOP 170-7

#### SAFETY PLAN INVOLVING A FAMILY-MADE ARRANGEMENT

6-1. Purpose. A family-made arrangement is a safety action initiated by the parent(s)/legal guardian(s) in response to present or impending danger. This safety action is a separation of the child and parent(s)/legal guardian voluntarily and temporarily to a responsible adult of their choosing to assume primary responsibility for the child(ren). There are three circumstances in which a family made arrangement may be used as a safety action:

- If it is in place at the time the child welfare professional arrives at the home,
- If it is in the process of occurring at the time that the child welfare professional arrives at the home, or
- If it is in response to open-ended questioning by the child welfare professional of how to provide for the safety of the child(ren) while gathering more information.

A child welfare professional must evaluate whether the family-made arrangement is sufficient to manage the danger threat. It is not a family-made arrangement if at any time the child welfare professional directs the parent/caregiver as to what the arrangement should be or if the child welfare professional directs that the access by the parent/caregiver is to be restricted.

#### 6-2. Requirements.

a. The child welfare professional must seek a Supervisor Consultation for approval after completion of the assessment required in paragraph 6-3 of this operating procedure.

b. When a relative/non-relative is willing and able to assume the role of a short-term safety management provider in an out-of-home safety plan the following requirements must be met:

1. The safety management provider must be approved per paragraph 6-3 of this operating procedure.
2. The danger threat can be managed without restricting the parent(s)/legal guardian(s)' contact with the child(ren) and the parent /legal guardian and the safety management provider is willing and able to coordinate the parent/legal guardian's contact and access to the child(ren). The child welfare professional will document the agreement that the parent/legal guardian and the safety management provider will be responsible for and will coordinate all contact in the safety plan in FSFN.
  - a. The parent(s)/legal guardian(s) and the safety management provider agree that the arrangement will be temporary.
  - b. The parent(s)/legal guardian(s) will maintain all of their legal responsibilities and rights, including but not limited to enrolling the child(ren) in school, making and attending medical appointments, etc

c. A family-made arrangement may not be used under the following circumstances and a Multidisciplinary Team or Legal Staffing will be pursued for the purpose of discussing other potential safety plan options when any of the following conditions exist:

1. The parent(s)/legal guardian(s) are unable, unwilling, or in denial of the need for the child(ren)'s temporary safety using a family-made arrangement.
2. The child welfare professional, based on any current information or prior history about the family, believes that that the restriction of parent(s)/legal guardian(s) access is required in order to effectively manage the safety of the child(ren).

### 6-3. Assessment Process.

a. The child welfare professional will conduct an interview of the safety management provider to affirm their ability to care for and protect the child(ren). See Appendix C of this operating procedure, "Safety Management Provider Can and Will Protect the Child," for specific examples. The family arranged caregivers must demonstrate that they:

- (1) understand and believe the danger threat(s) exist;
- (2) are aligned with protecting the child(ren);
- (3) understand and support the safety plan;
- (4) are able and willing to care for and protect the child(ren);
- (5) are willing to work with parents to arrange contact;
- (6) agree to child abuse and background checks for all household members age 12 and older, and provide information as to what records checks will reveal.
- (7) agree to open access to agency staff responsible for monitoring;
- (8) allow the child welfare professional access to the home in which the child(ren) will reside. The child welfare professional shall conduct a walk through to assess the safety and accommodations for the child(ren), including sleeping arrangements for the child(ren) and household members.

b. Immediately following the interview, the child welfare professional will initiate a Florida Sexual Offenders and Predators registration check along with a local background check on all household members over the age of 12 using their locally established protocol and gather information necessary to affirm the appropriateness and viability of the parent or legal guardian's safety management provider, which includes:

- (1) complete a walk-through of the home;
- (2) review FSFN child abuse history on all household members. If history is present, document if it was disclosed by the safety management provider or household member and if history should or should not preclude their current ability to care for the child(ren); and,

- (3) analyze the results of the background checks to determine the relevance to the safety management provider's ability to care for and/or protect the child(ren), including considerations of major life circumstances that have changed along with sufficient resources to care for the child(ren).

c. Once the assessment of the family-made arrangement has been completed the child welfare professional must complete an out-of-home safety plan that includes the safety management provider and details as to how and when the child welfare professional will monitor the plan.

d. The child welfare professional responsible for the safety plan must seek court action if any of the requirements for approval of family-made arrangement are no longer met.

6-4. Ongoing Assessment of Sufficiency of a Family-Made Arrangement. At the completion of the Ongoing Family Functioning Assessment, and at each Progress Update, an evaluation of the continued appropriateness of the family made arrangement must occur, focusing on whether there has been any progress made toward achieving permanency. If there has been no progress made the child welfare professional must complete an assessment of whether more intrusive safety actions are needed.

6-5. Closing Cases with a Family-Made Arrangement. An investigation or ongoing case management case involving a safety plan with a family-made arrangement cannot be closed until one of the following has occurred:

- The child(ren) are able to safely reside in their own home;
- A non-maltreating parent has sought and gained custody of the child;
- A relative or non-relative has achieved temporary custody pursuant to Chapter 751, Florida Statutes.

If none of these options has occurred and the family is not making progress toward permanency, the child welfare professional must seek more intrusive safety actions through judicial intervention.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for final approval of the family arrangement. The supervisor will conduct a Supervisor Consultation to affirm that the caregivers in a family-made arrangement are reasonable and adequate. The supervisor will affirm that:

- a. An appropriate family-made arrangement was in place prior to the child welfare professional's arrival or the parent(s)/legal guardian(s) initiated the use of the family-made arrangement and identified appropriate caregivers subsequent to the child welfare professional's non-directive, open-ended questions regarding issues around child safety.
- b. It is clear how the family arranged caregivers will control and manage the danger threat(s).
- c. Appropriate interviews, background checks, and assessment of caregivers have been completed.

- d. The caregivers have agreed to be a part of the safety plan and understand their role.
- e. A child welfare professional at a higher level than the supervisor must review the circumstances and agree that the family-made arrangement is appropriate.
  - (1) Investigations supervisors will request a 2<sup>nd</sup> Tier Consultation.
  - (2) Case management supervisors will consult with a program manager or their designee.

6-7. FSFN Documentation.

- a. All interviews conducted to gather information for a family-made arrangement will be documented in FSFN case notes within 2 business days.
- b. The assessment of the family-made arrangement must be documented in FSFN case notes. The family-made arrangement will be reflected as a safety action in the safety plan.
- c. The family arranged caregivers will be made case participants with complete contact and address information.
- d. If the case is being transferred to ongoing case management services, a living arrangement will be entered.
- e. The supervisor will document the Supervisor Consultation.