Chapter 8

DEVELOPING THE INTAKE

8-1. Purpose. This operating procedure describes the protocol for documentation and assignment of intakes at the Florida Abuse Hotline for reports of abuse, neglect, or abandonment of children. It also describes procedures for attachment of criminal background checks to new and additional child intakes and procedures for processing screen out requests, intake splits, and sequence merges of child intakes.

8-2. Intake Participants.

a. The Hotline counselor must thoroughly search for each participant in FSFN and check for any open intakes prior to generating a new intake or creating new persons in FSFN.

b. When multiple results are found for the same person when the counselor is searching FSFN, the counselor should review the intake hyperlinks attached to each duplicate person. If there are no open intakes for any of the duplicate persons, the counselor should select the person with the most intakes associated with them and/or the person whom an investigator has previously identified through a FSFN Person Merge as the original person.

c. For web reports, the counselor must search for each participant using the demographics entered by the reporter. The counselor will then add any of the participants who already exist in FSFN, and delete any duplicate persons created by the reporter.

d. The participants added to the intake will vary based on the investigative subtype of the intake:

(1) In-Home. The participants will include all children and adults in the household of concern. Non-household members (e.g., biological parent not in the home) should not be added as intake participants. An unknown participant must be created for every household member for whom limited demographic information is known (e.g., “The mother’s first name is Anna and she has two children under the age of five.”). If the household composition is unclear, the counselor will document this in the reporter narrative (e.g., “Several children have been seen at the home but it is unknown how many reside there.”) and create one unknown victim child and/or one unknown alleged perpetrator to represent the unknown persons.

(a) If there are independent family units residing in the same household, and only one of the family units is responsible for a maltreatment, the participants will include all known persons residing in the home. The counselor will document in the reporter narrative that the two or more family units appear to function independently (e.g., “Sarah Jones and her children are the family unit of focus. The reporter believes that John Smith and his children are an independent family unit in the home.”).

(b) If more than one of the independent family units residing in the same household is responsible for a maltreatment, the counselor will create separate intakes for each family unit (e.g., one In-Home intake with AP Sarah Jones and her children and another In-Home intake with AP John Smith and his children).

(2) Institutional and Other. The participants will include the alleged perpetrator and the victim child only. An unknown participant must be created for any alleged perpetrator or victim child for whom limited demographic information is known. If the number of alleged perpetrators and/or victims is unknown, the counselor will document this in the reporter narrative and create one unknown alleged perpetrator and/or one unknown victim to represent the unknown person(s).

e. The counselor must assign roles to each participant and select one participant to be the intake name.

(1) In-Home. The intake name (IN) will be the mother if she resides in the home. If the mother does not reside in the home, the IN will be the father or other legal guardian in the home. [NOTE: The counselor must verify in Vital Statistics or FSFN that the father is the biological or adoptive father of the child in order to assign the IN role to him. If this cannot be verified, the youngest victim child will be assigned the IN role.] All child victims will be assigned the Victim (V) participant role. Any children in the home who are not victims will be assigned the Child (CH) participant role. All caregivers in the home will be assigned the Parent/Caregiver (PC) participant role. The alleged perpetrator(s) will be assigned the roles Alleged Perpetrator (AP) and PC.

(2) Institutional. The IN will be the alleged perpetrator. All child victims will be assigned the V participant role. The alleged perpetrator(s) will be assigned the AP and PC participant roles.

(3) Other. The IN will be the alleged perpetrator. All child victims will be assigned the V participant role. The alleged perpetrator(s) will be assigned the AP participant role and the PC participant role if they are a caregiver.

8-3. Reporter Narrative.

a. The counselor will document on the first line of the reporter narrative whether any participant in the intake has a hearing impairment, disability, or limited English proficiency.

b. The counselor will document the reporter's relationship to the victim child on the second line of the reporter narrative.

c. Any information that would identify the reporter should be confined to the reporter narrative.

d. Any information that could compromise the safety of a child (e.g., the fact that the child disclosed the abuse) or a survivor of domestic violence (e.g., details that identify the survivor as a source of information to the reporter, the address where the survivor is temporarily staying) should be confined to the reporter narrative.

e. If a participant on the intake has HIV/AIDS, the counselor will document that the person "has a chronic medical condition" in the reporter narrative. The person's HIV/AIDS status will not be referenced outside of the reporter narrative.

f. The reporter narrative should contain minimal redundant information from the allegation narrative.

8-4. Allegation Narrative.

a. The allegation narrative should accurately reflect the information obtained from the reporter and should support the counselor's screening decision and response time decision.

(1) The introductory sentence(s) of the allegation narrative should describe the most severe or pervasive behaviors or conditions placing the child in danger (extent of the maltreatment) and the circumstances surrounding those behaviors or conditions. The narrative should then incorporate details about child functioning, adult functioning, general parenting, and/or disciplinary practices as they relate to present or impending danger.

(2) Every maltreatment that is coded on the intake must be supported in the allegation narrative.

(3) For allegations of intimate partner violence as defined in CFOP 170-4, the narrative should describe the perpetrator's pattern of coercive control and specific actions that harm the child. For example: "About once a week, the father slaps the mother across the face or tries to strangle her. The child is extremely anxious as a result. The mother cannot buy shoes for the child because the father controls the household finances." The narrative should not include any general statements that minimize the perpetrator's role in the violence (e.g., "The parents had an argument that escalated into a physical altercation" or "The parents have a history of domestic violence.").

(4) Any information from the domains that does not relate to present or impending danger but may be useful to the investigator should be documented in the final paragraph of the narrative.

b. The narrative should be concise and coherent. The counselor must proofread the narrative to check for spelling and grammatical errors prior to screening in the intake.

c. For Institutional intakes, the counselor shall search for the institution or provider in FSFN. If the institution or provider is found, it shall be linked to the intake on the Allegations tab.

8-5. Duplicates, Sequence Merges, Intake Splits, and Screen Out Requests.

a. When a counselor is searching for participants in FSFN prior to generating a new intake and finds an intake with the same household, same alleged perpetrator, same victim, and same maltreatment and/or incident, the following actions will be taken:

(1) If the intake is open, the counselor will sequence it with a supplemental intake.

(2) If the intake is closed, the counselor will determine if the newly reported information is a duplicate report. A report should not be screened out as a duplicate unless it describes the exact same incident and does not offer new information, new participants, new evidence, or additional allegations or incidents.

(a) If the counselor suspects but cannot confirm that the newly reported information is a duplicate report, the counselor will enter a new intake. In the reporter narrative, the counselor will document that similar allegations have been reported previously and reference the intake number that corresponds to the prior allegations.

(b) If the counselor determines that the exact same incident was previously reported and investigated by the Department, the counselor may screen out the intake after staffing with a supervisor or designee. The intake number of the closed prior intake must be noted in the reporter narrative.

b. When it is requested from the field that a new initial intake be merged as a sequence to an open intake, the merge request is processed by designated staff at the Hotline. Staff responsible for authorizing merges must complete the following steps:

(1) Review the field feedback request to merge the intakes and approve or deny the request.

(2) If the request is approved, the new initial intake will be relinked to the older open intake as an additional or supplemental intake.

(a) The two intakes must be assigned to the same county and must involve the same household.

(b) If the newest intake includes a new alleged perpetrator, a new victim, a new participant in the same household, a new maltreatment, a new incident of the same maltreatment, or new information that requires an immediate response, it should be merged as an additional sequence.

(c) If the newest intake provides information about the same alleged perpetrator, same victim, same maltreatment(s) and the same incident, it should be merged as a supplemental sequence.

(d) The person completing the merge shall enter in the reporter narrative of the merged intake "This intake was merged with (intake number) at the request of (Name/Title) by (Name/Title of the person completing the merge)."

c. Intake splits are completed by designated staff at the Hotline when it is determined that a single intake must be divided due to multiple households or other circumstances in which two reports cannot be combined in one intake. Staff responsible for authorizing splits must complete the following steps:

(1) Review the field feedback request to split the intake and approve or deny the request.

(2) If the request is approved, a new initial intake will be generated and split from the existing intake.

(3) The person completing the split shall enter in the reporter narrative of the split intake "This intake was split from (intake number) at the request of (Name/Title) by (Name/Title of the person completing the split)."

d. Designated staff at the Hotline may create a new initial intake at the request of the field when there is an open intake that is actively in the process of being closed. This must be supported by the investigator's documentation in FSFN, e.g., the investigator has entered findings for the maltreatment and/or has documented a closure consultation.

e. Screen out requests are handled by designated staff at the Hotline when the field requests that the Hotline screen out an intake on the basis that it was screened in erroneously. Staff responsible for handling screen out requests must complete the following steps:

(1) Review the field feedback request to screen out the intake and approve or deny the request.

(2) Document the rationale for their screening decision (i.e., the reason they approved or denied the request) in the reporter narrative of the intake.

8-6. Jurisdiction and Assignment of Intakes.

a. The primary county of assignment for the intake will be based on the investigative subtype:

(1) In-Home. 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.

(2) Institutional. The intake will be assigned to the county where the institution is located.

(3) Other. The intake will be assigned to the county where the child is located at the time of the report.

b. If the location for the county of assignment is unknown but there is a means to locate the child, the intake will be assigned to the county where there is a means to locate.

c. In FSFN, the “Secondary County” refers to the county where law enforcement has jurisdiction to investigate. For all intakes, the county where the alleged maltreatment occurred should be selected in the “Secondary County” drop-down box on the intake.

d. After screening in the intake, the counselor will link the intake to the case shell containing the family’s or the perpetrator’s prior history. If there is no prior history, the counselor will create a new case shell for the intake.

e. Intakes with an immediate response priority must be called out to the receiving unit of the assigned county after the intake is screened in. If the intake is entered during non-business hours, the on-call worker must be contacted to have the intake assigned to them.

f. For In-Home intakes, when a victim child is located in a different county than the household of focus at the time the report is received, the intake will be given an immediate response priority and will be assigned to both counties. The investigator assigned to the county of the household of focus will be the primary investigator associated with the case.

(1) The counselor will first call out to the receiving unit or on-call worker of the county where the household of focus is located and assign the intake to the primary investigator. The counselor will advise the receiving unit or on-call investigator that a victim child is located in another county and that an investigator from that county will be assigned to the child. The counselor will request the name and contact information of the primary investigator or a point of contact to provide to the Out of County investigator.

(2) The counselor will then call out to the receiving unit or on-call investigator of the county where the victim child is located and assign an Out of County investigator to the child. The counselor will advise the receiving unit or on-call investigator that the intake has been assigned to the primary investigator. The counselor will provide the contact information for the primary investigator or point of contact if known.

(3) If there are multiple victim children located in separate counties outside of the county where the household of focus is located, the counselor will follow the same procedures to have an Out of County investigator assigned to each victim child.

8-7. FSFN Checks and Criminal Background Checks.

a. The Crime Intelligence (CI) Unit at the Hotline will complete criminal and delinquency record checks for initial and additional intakes of abuse, abandonment, and neglect.

(1) When the counselor creates an intake, participant information that is documented in FSFN will be accessible to the CI Unit after the intake is screened in. There must be sufficient demographic information for a participant in order for the CI Unit to complete the applicable checks.

(2) For all child intakes, the CI Unit will complete National Criminal Information Checks (NCIC), Florida Criminal Information Checks (FCIC), Department of Juvenile Justice (JJIS), Department of Corrections, DHSMV (DAVID), and Jail Booking System (APRISS) database checks.

(3) The results of the NCIC Purpose Code “C” and FCIC Purpose Code “Q” criminal history checks will be made available to the investigator through an online link in FSFN. The results of FCIC Purpose Code “C” criminal history checks (sealed and expunged criminal records) will be documented separately for confidentiality purposes.

b. Counselors shall ensure that intakes that do not require background checks are not released to the CI Unit.

(1) Supplemental intakes do not require criminal history checks as they do not contain any new participants. When a supplemental intake is created, “Background Checks Required” will default to “No” and “Reason: Supplemental.”

(2) If the intake does not contain enough demographic information for the CI Unit to complete criminal history checks for any of the participants, the counselor will select “No” for “Background Checks Required” and “Reason: Other” prior to screening in the intake.

(3) If the intake is Additional but no new participants have been added, the counselor will select “No” for “Background Checks Required” and “Reason: No New Subjects.”

(4) If the sheriff’s office is responsible for criminal history checks in the county where the intake is assigned, the counselor will select “No” for “Background Checks Required” and “Reason: Child Sheriff’s Office.”

(5) For all Special Conditions intakes, the counselor must select “No” for “Background Checks Required” and “Reason: Special Conditions.”

(6) If an intake is screened out, “Background Check Required” will default to “Not Required.”