

## Chapter 26

## SUPERVISOR CONSULTATIONS

26-1. Purpose. To ensure adequate feedback to staff around critical pieces of work including, but not limited to: pre-commencement activities, safety assessment, safety planning, risk assessment, and the overall safety determination. Quality supervisory consultations are integral to the investigator developing critical thinking skills through the supervisor's use of open-ended questions to guide assessment and decision-making. Supervisors should make every effort to facilitate the investigator's self-evaluation and self-critique during the consultation process to allow for professional growth. The four main information constructs that will almost always need to be considered by the supervisor regardless of the specific issue being explored are:

- a. Has the investigator collected sufficient information to fully describe the context and/or specifics of the situation or condition being discussed?
- b. Is there any need to reconcile discrepancies in information presented (verbal or written)?
- c. What information needs to be further validated by the investigator's direct observation or corroborated by an additional source?
- d. Has the investigator reviewed the intake narrative and all the alleged maltreatments, gathered sufficient information to support or negate the alleged maltreatments, and considered additional maltreatments based on the facts and evidence collected during the investigation?

26-2. Pre-Commencement Consultations. The investigator's professional credentialing (i.e., provisional vs. certified) and specific case dynamics (e.g., allegations involving medical neglect, child trafficking, etc.) determine which investigations require a pre-commencement consultation. Pre-commencement consultations are encouraged for all investigations with the recognition that supervisor workload volume plays a significant role in determining to what extent consultations can be completed. Please refer to [Chapter 6](#) of this operating procedure, "Pre-Commencement Activities," for more details on when pre-commencement consultations are mandatory.

a. Pre-commencement consultations should involve a wide array of investigative considerations including, but not limited to, the following examples:

- (1) What additional information might be obtained from the reporter prior to commencement to assist in the investigation?
- (2) Which individuals mentioned in the intake are likely to have the most credible/reliable information?
- (3) Which individuals not specifically referenced in the report (i.e., relevant collaterals) are likely to have firsthand knowledge of the maltreatment incident?
- (4) Which individuals are likely to know the family well enough to provide information on child and adult functioning, general parenting, and disciplinary and behavior management practices?
- (5) Is there a sequencing of the interviews that will likely enhance subsequent interviews (i.e., use information obtained to inform the next interview's line of questioning)?
- (6) Are there any discernible patterns of 'out-of-control' behaviors in prior reports (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) that the investigator

should assess for in the present investigation (even though behavior is not mentioned in regard to the current maltreatment)?

(7) Is there information in the prior history that would speak to relevant collaterals who could provide information on the current family dynamics?

(8) Do safety concerns warrant the teaming of two investigators or contacting law enforcement for assistance?

(9) Does prior history or the intake contain information that would suggest the need for immediate consultation/teaming with external partners (law enforcement, domestic violence advocate, substance abuse or mental health professional, etc.) prior to commencement?

(10) Does prior history or intake information contain information regarding pertinent or relevant collateral contacts that may be able to inform the current investigation?

b. The preferred manner of interaction between supervisor and investigator during any consultation is in person, face-to-face, or secured video conferencing; but telephonic consultation may be used when the supervisor and investigator are not located at the same physical structure at the time the report is assigned.

26-3. “Initial” Consultations. Initial supervisory consultations are mandatory for all investigations and shall be completed within five calendar days from the Abuse Hotline ‘Screening Decision Date/Time of the Intake.’

a. “Initial” supervisor consultations are primarily used to review the initial information gathered during the Present Danger Assessment and Present Danger Safety Plan, and guide the investigator in the collection of sufficient information in all six information domains to:

(1) Confirm the correct investigation sub-type designation was selected.

(2) Affirm that present danger was or was not appropriately identified.

(3) Assess child vulnerability.

(4) Approve the rationale provided for any safety plan implemented.

(5) Approve the use of Family-Made Arrangements if part of a Present Danger Safety Plan.

(6) Ensure required notifications and referrals have been completed and documented (Law Enforcement, State’s Attorney’s Office, CPT).

(7) Ensure Multidisciplinary Team Meetings (MDT) and Subject Matter Expert (SME) Consultations occur when necessary and are documented in accordance with CFOP 170-1, Chapter 12.

(8) Initial discussion and assessment of caregiver protective capacities.

(9) Begin to explore the identification of impending danger threats.

(10) Assess for additional maltreatments based on information collected thus far and discuss any gaps in information collection to fully address the maltreatments and support the safety assessment.

b. When information is deemed insufficient, the supervisor is responsible for facilitating discussion around the relevant information that would essentially “complete the picture.”

c. The preferred method of consultation between supervisor and investigator is in person, face to face interaction, or secured video conferencing; but telephonic consultation is appropriate when the supervisor and investigator are discussing present danger and the investigator is calling in from the field.

26-4. “Follow-up” Consultations. Follow-up consultations are used to review investigative activities, assessment, and decision-making relevant to problematic or complex cases, and to facilitate the development of professional competencies in staff. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed. While follow-up consultations are generally conducted on an “as needed” basis to discuss critical junctures during the investigation (e.g., prior to court hearings, to consider the effect of new child or adult members joining the household, etc.), follow-up consultations are mandatory under the following circumstances:

a. A follow-up consultation is required when a new intake is received on a household already involved in an active investigation or when an additional report (e.g., XXXXXX-02, etc.) is added to an existing investigation.

b. When present danger has been identified by an investigator who is provisionally certified, a follow-up consultation is required every 14 days until the determination of child safety (safe or unsafe) in order to:

(1) To ensure the effectiveness of the Present Danger Safety Plan.

(2) To ensure the investigator is managing the Safety Plan adequately.

(3) To ensure the investigator is demonstrating due diligence in gathering sufficient information to inform the Family Functioning Assessment.

c. Follow-up consultations are encouraged once an investigation has been ongoing for 30 or more days, to ensure the investigation is on-track and any apparent gaps in information collection are discussed.

26-5. “Closure” Consultations.

a. Closure consultations are scheduled when investigative activities are completed or near completion. These type of consultations generally are scheduled on an “as needed” basis as determined by the supervisor or at the request of the investigator, except when the supervisor needs to review and approve the investigator’s rationale for any one of the four closure categories listed below. In these instances, the closure consultation is required:

(1) “No Jurisdiction” Reports.

(2) “Patently Unfounded” Reports.

(3) “False Reports.”

(4) FFA Streamline documentation.

b. Considering the dynamics of sexual abuse cases, a closure consultation must be completed on all cases alleging sexual abuse (regardless of findings) to ensure thoroughness and sufficiency of information collection to support the findings and safety determination.

c. The supervisor and 2<sup>nd</sup> Tier Consultation (see Chapter 27 of this operating procedure) should consider four key information elements to determine that the investigation is complete and appropriate for closure:

(1) THOROUGHNESS OF INFORMATION. Has sufficient information been collected in all information domains to gain a full understanding of what happened (or is happening) in the family and to accurately assess family functioning?

(2) VALIDATION OF INFORMATION. Does any of the information provided by the investigator need to be corroborated by direct observation or obtaining additional statements from collateral sources?

(3) RECONCILIATION OF INFORMATION. Does any of the information provided by the investigator need to be reconciled because of unaddressed discrepancies?

(4) DEMONSTRATION OF CRITICAL THINKING. Do all decisions reflect the use of critical thinking as evidenced by the rationale provided to justify or explain the conclusion reached?

d. It is the responsibility of the supervisor to ensure adherence to statute, code, and DCF operating procedure.