

CF OPERATING PROCEDURE  
NO. 170-2

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, April 4, 2016

Child Welfare

COMPLETING HOTLINE INTAKE ASSESSMENT

This operating procedure establishes policies and practices for the Florida Abuse Hotline in compliance with Florida Statutes and Administrative Codes for reports of abuse, neglect, and abandonment of children and in accordance with the Department's Child Welfare Practice Model.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

JANICE THOMAS  
Assistant Secretary for  
Child Welfare

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This operating procedure supersedes CFOP 175-25 dated February 18, 1997 (superseded by chapter 4) and CFOP 175-46 dated February 5, 1997 (superseded by chapter 8).

OPR: Office of Child Welfare

DISTRIBUTION: X: OSES; OSGC; ASGO; Florida Abuse Hotline; Region/Circuit Child Welfare staff.

TABLE OF CONTENTS

Paragraph

Chapter 1 – CONDUCTING AN INTERVIEW

    Purpose..... 1-1

    Authority..... 1-2

    Intake Protocol: The Three Stages of Intake Assessment ..... 1-3

    Information Collection..... 1-4

Chapter 2 – CUSTOMER SERVICE

    Purpose..... 2-1

    Procedures..... 2-2

Chapter 3 – MEANS TO LOCATE FOR CHILD INTAKES

    Purpose..... 3-1

    Assessing for Means to Locate ..... 3-2

Chapter 4 – ADDITIONAL AND SUPPLEMENTAL REPORTS FOR CHILD INVESTIGATIONS

    Purpose..... 4-1

    Additional Reports ..... 4-2

    Supplemental Reports..... 4-3

    Calls Not Handled as Additional or Supplemental Reports ..... 4-4

    Investigative Response ..... 4-5

Chapter 5 – SPECIAL CONDITIONS

    Purpose..... 5-1

    Information Collection for Special Conditions ..... 5-2

    Response Time for Special Conditions..... 5-3

    Documentation of Special Conditions Intakes..... 5-4

Chapter 6 – INVESTIGATIVE SUBTYPES: IN HOME, INSTITUTIONAL, AND OTHER

    Purpose..... 6-1

    Investigative Subtype Assignment..... 6-2

Chapter 7 – SCREENING DECISIONS AND RESPONSE TIME FOR CHILD INTAKES

    Purpose..... 7-1

    Authority..... 7-2

    Screening Criteria ..... 7-3

    Sufficient Information for Screening Decisions ..... 7-4

    Response Time Criteria..... 7-5

    Sufficient Information for Response Time Decisions..... 7-6

Chapter 8 – DEVELOPING THE INTAKE

    Purpose..... 8-1

    Intake Participants..... 8-2

    Reporter Narrative..... 8-3

    Allegation Narrative..... 8-4

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

    Jurisdiction and Assignment of Intakes..... 8-6

    FSFN Checks and Criminal Background Checks ..... 8-7

TABLE OF CONTENTS (continued)

Paragraph

Chapter 9 – HOTLINE SUPERVISOR CONSULTATIONS

Purpose..... 9-1  
Definition ..... 9-2  
Requirements..... 9-3  
Process/Procedures ..... 9-4  
Documentation ..... 9-5

Chapter 10 – CONDUCTING CHILD WELFARE RECORD CHECKS FOR  
OUT OF STATE CHILD WELFARE AGENCIES

Purpose..... 10-1  
Confidentiality of Reports and Records ..... 10-2  
Processing Child Welfare Requests ..... 10-3

Chapter 11 – VERIFICATION OF CHILD WELFARE PROFESSIONALS

Purpose..... 11-1  
Scope..... 11-2  
Procedure ..... 11-3

Chapter 12 – DOCUMENTATION AND REVIEW OF SCREENED-OUT CHILD INTAKES

Purpose..... 12-1  
Documentation Requirements ..... 12-2  
Review of Screened Out Intakes ..... 12-3

Chapter 13 – CONTACTING THE REPORTER

Purpose..... 13-1  
Confidentiality of the Reporter ..... 13-2  
Calling Reporters ..... 13-3

## Chapter 1

## CONDUCTING AN INTERVIEW

1-1. Purpose. This chapter describes the protocol for information collection and assessment at the Florida Abuse Hotline for allegations of abuse, neglect, and abandonment of children. The goal when conducting an interview is to gather sufficient information about the concerns and accompanying family dynamics based on what is known to the reporter. Information sufficiency is critical to making accurate screening and response time decisions and to lay a foundation for further information collection when a report is accepted for investigation.

1-2. Authority.

- a. Section [39.201](#), Florida Statutes (F.S.).
- b. [65C-29.002](#), Florida Administrative Code (F.A.C.).

1-3. Intake Protocol: The Three Stages of Intake Assessment.

a. Introductory Phase. The Hotline counselor completes necessary introductions of the reporter, the agency, the counselor, and the purpose of the intake assessment in a professional and efficient manner. The counselor allows the reporter to share their reason for calling and responds appropriately to emotions expressed by the reporter. The counselor should not be concerned with collecting complete demographic information at this stage of the call unless the reporter wishes to provide it. The counselor begins a process of assessing the reporter's knowledge of the family in order to determine the depth of information the counselor will be able to gather.

b. Exploration Phase. The counselor advises the reporter that they will be asking a series of questions to better understand the family's situation. The counselor uses probing and clarifying questions in order to seek detailed information and gain a thorough understanding of the situation, including any factors that could result in serious threats to child safety. The counselor also asks for other sources of information who may be contacted by an investigator.

c. Closing Phase. The counselor ensures that all basic information has been collected from the reporter, including demographic information. The counselor assures the reporter of the importance of their call, informs the reporter that they are accepting or not accepting a report for investigation, explains the decision-making process, and provides referrals when required before closing the call.

1-4. Information Collection.

a. The counselor must attempt to obtain a full picture of the household based on the six information domains where appropriate, while adhering to the Intake Protocol. The counselor's questions will be tailored to the situation and family dynamics presented by the reporter.

b. The information collected must support the screening decision and response priority decision (see Chapter 7 of this operating procedure), both of which should be determined prior to the counselor closing the call.

c. For intakes with the subtype of Institutional and Other, the counselor will gather at minimum information on the extent of the maltreatment, the circumstances surrounding the maltreatment, and child functioning. Other domains areas should be addressed as they pertain to the individual situation.

d. For all In-Home intakes, Foster Care referrals, and Parent Needs Assistance referrals, the counselor must assess the household and each of the six domains (see CFOP 170-1, Chapter 2) depending on the depth of information available.

(1) Household/Family Composition and Demographic Data.

(a) Assessment of the household is critical in determining the focus of the intake assessment. For in-home intakes, the interview focuses on the household of the caregiver responsible for the maltreatment, including all adults and children residing in or frequenting the household.

(b) When more than one family unit resides in the same household, the counselor will assess, to the extent possible, whether the family units function independently, using the guidelines for Household Focus of Family Assessments outlined in CFOP 170-1, paragraphs 2-3c(1)-(4). If it is clear from the assessment that the family units function independently, the assessment will focus on the family unit that includes the alleged perpetrator. [NOTE: The counselor must still attempt to gather demographic information for any household members outside of the family unit of focus.] If the family units are interdependent, or the degree of interdependence cannot be determined, the family units will be assessed as one household/family entity.

(c) The counselor will capture demographics as they are presented and when opportunities arise throughout the call, ensuring that their manner of gathering this information does not impede the reporter from providing details about the maltreatment and other information domains. The counselor should search for the family in FSFN when enough demographic information has been provided to do so. The search results will inform the assessment (e.g., extent of history, open or closed prior intakes) and will be factored into the screening and response time decisions.

(d) Information on non-household members (e.g., names, contact information, awareness of the concerning situation), including parents not residing in the home, will be gathered for the purposes of understanding family dynamics as a whole (e.g., support systems, child visibility in the community, relevant family history) and obtaining sources of information for the investigator. Counselors must be conscious as to whether information obtained on non-household members indicates a need to assess for multiple reports.

(2) Extent of Maltreatment. This domain is concerned with the maltreating behavior of the caregiver and the effects to the child. Information from this domain may determine whether maltreatment has occurred, but is insufficient in itself for assessing child safety. Information that informs this domain may include:

- (a) Type of maltreatment.
- (b) Severity of maltreatment.
- (c) Description of specific events.
- (d) Description of emotional and physical symptoms.
- (e) Identification of the child and maltreating caregiver.
- (f) Condition of the child.

(3) Circumstances Surrounding Maltreatment. This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that precedes or leads up to the maltreatment or exists while the maltreatment is occurring.

Information in this domain qualifies the seriousness or severity of the maltreatment. Information that informs this domain may include:

- (a) Duration of the maltreatment.
- (b) History of maltreatment.
- (c) Patterns of functioning leading to or explaining the maltreatment.
- (d) Parent/legal guardian or caregiver intent concerning the maltreatment.
- (e) Parent/legal guardian or caregiver explanation for the maltreatment and family condition.
- (f) Unique aspects of the maltreatment, such as whether weapons were involved.
- (g) Caregiver acknowledgement and attitude about the maltreatment.
- (h) Other problems occurring in association with the maltreatment.

(4) Child Functioning. This domain is concerned with the child's general behavior, emotions, temperament, and physical capacity. It addresses how the child is from day to day, rather than focusing on a point in time. A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child. Functioning is considered with respect to age appropriateness. Information that informs this domain may include:

- (a) General mood and temperament.
- (b) Intellectual functioning.
- (c) Communication and social skills.
- (d) Expressions of emotions/feelings.
- (e) Behavior.
- (f) Peer relations.
- (g) School performance.
- (h) Independence.
- (i) Motor skills.
- (j) Physical and mental health.
- (k) Functioning within cultural norms.

(5) Adult Functioning. This domain is concerned with how the adults/caregivers in the household are functioning; how they typically feel, think, and act on a daily basis. It addresses adult functioning separate from parenting. The question is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance, and coherence. It is important that recent adult-related history is captured here. Information that informs this domain may include:

- (a) Communication and social skills.
- (b) Coping and stress management.
- (c) Self-control.
- (d) Problem-solving.
- (e) Judgment and decision-making.
- (f) Independence.
- (g) Home and financial management.
- (h) Employment.
- (i) Citizenship and community involvement.
- (j) Rationality.
- (k) Self-care and self-preservation.
- (l) Substance use.
- (m) Mental health.
- (n) Family and/or domestic violence.
- (o) Physical health and capacity.
- (p) Functioning within cultural norms.

(6) General Parenting. This domain is concerned with the parent/caregiver's general nature and approach to parenting. It forms the basis for understanding caregiver-child interaction in more substantive ways. An incident of maltreatment or discipline should not shade the assessment of this information domain. Information that informs this domain may include:

- (a) Reasons for being a caregiver.
- (b) Satisfaction with being a caregiver.
- (c) Knowledge and skill in parenting and child development.
- (d) Expectations and empathy for a child.
- (e) Decision making in parenting practices.
- (f) Parenting style.

- (g) History of parenting behavior.
- (h) Cultural practices.
- (i) Protectiveness.

(7) Discipline or Behavior Management. This domain is concerned with discipline in a broader context than socialization; teaching and guiding the child. Discipline should be assessed beyond a punishment context, with emphasis on how the parent/caregiver provides direction, manages behavior, teaches, and directs a child. Information that informs this domain may include:

- (a) Disciplinary methods.
- (b) Perception of effectiveness of utilized approaches.
- (c) Concepts and purposes of discipline.
- (d) Context in which discipline occurs.
- (e) Cultural practices.

e. In addition to assessing the allegations of maltreatment and family dynamics pertaining to child safety, there are specific questions that counselors are required ask for every call in which there are allegations of abuse or neglect or Special Conditions:

(1) The reporter's name, occupation, relationship to the child, contact information, and how they became aware of the concerning situation they are reporting. The reporter may volunteer some or all of this information unprompted in the introductory phase of the interview. When a reporter is reluctant to provide their name, the counselor should explain reporter confidentiality and make a second attempt to gather the reporter's information at a later stage in the call after building some trust with the reporter. Professionally mandated reporters [see s. [39.201\(1\)\(d\)](#), F.S.] are required to provide their names when reporting abuse or neglect.

(2) The counselor must attempt to gather demographic information for every intake participant (names, dates of birth, etc.) based on the reporter's knowledge of the family and/or the reporter's or counselor's access to records containing demographics.

(3) For all accepted in-home and Special Conditions intakes, counselors must ask if there are any risks or dangers the investigator may encounter when making contact with the family. For institutional intakes, counselors must solicit this information from the reporter unless it is a hospital, detention center, or a facility that has locked doors.

(4) The counselor will solicit the name and contact information of any sources (other persons who have knowledge of the family and/or the alleged abuse or neglect) whom the investigator may contact for more information. If there are persons with direct knowledge of the family situation (e.g., a non-household parent who advised the reporter of the concerns) the counselor will solicit their name(s) and contact information.

(5) The counselor will obtain the current location of the intake participants and where they will be located over the next 24 hours. If a means to locate is obtained, a report will be accepted even if the location of the victim is not known at the time of the call.

(6) Counselors must ask if any intake participant has a disability, hearing impairment, or limited English proficiency. If the reporter indicates that someone has a disability, hearing impairment,



or limited English proficiency, the counselor must ask what device(s) or interpreters, if any, are needed for the participant to communicate.

## Chapter 2

## CUSTOMER SERVICE

2-1. Purpose. This chapter provides guidance to ensure exceptional customer service is delivered in all aspects of The Florida Abuse Hotline job duties.

2-2. Procedures.

a. The Florida Abuse Hotline understands that quality customer service is necessary to conduct a quality assessment and can shape the information gathering process. Counselors are expected to uphold high customer service standards for both internal and external customers.

(1) Identify yourself by name and number.

(2) Answer calls in a kind and helpful manner, using the standard greeting, "Thank you for calling the Florida Abuse Hotline. My name is \_\_\_\_\_. How can I help you?"

(3) Demonstrate a genuine interest in and/or concern for what the caller is reporting. Remember that the call is very important to the caller.

(4) Listen and take notes to help remember important details and compensate for the lack of non-verbal communication expressions.

(5) Use the caller's name and correct professional title often to ensure familiarity.

(6) Speak with a smile in your voice; if you smile when speaking on the phone, voice tone is more welcoming and friendly.

(7) Take personal responsibility for each call.

(8) If additional guidance is necessary, ask if the caller can be placed on hold while the research is conducted.

(9) Commit to going the extra mile in service to others; focus on people, versus tasks.

(10) Speak slowly enough to be easily understood, using good grammar and diction, avoiding slang.

(11) Be informed of the business and have basic reference materials readily available to help explain the process and answer simple questions.

(12) Be sure to notify the caller of the outcome of the call. If the caller made a report, notify them of the decision to accept or not accept the report for investigation. When appropriate, explain the next steps in the process (e.g., "The report will be sent to the investigations office" or "The report will be documented in our statewide system of record and will be available for any future assessments related to this victim/family.").

(13) End the call with a definite 'goodbye' or other expression which leaves no doubt that the conversation has ended. If possible, let the caller disconnect the call.

b. Customer service is enhanced when Counselors remember that the calls are extremely important to the person calling and the safety of another person, so treat callers as if they are the only person receiving your attention. Always be respectful and considerate and acknowledge if you need to research the situation to answer a question.

## Chapter 3

## MEANS TO LOCATE FOR CHILD INTAKES

3-1. Purpose. This chapter provides guidance on assessment of means to locate for child intakes. A means to locate refers to essential contact information that must be gathered to enable a child protective investigator to make face-to-face contact with a child who has been abused, neglected, or abandoned or is in need of services or supervision.

3-2. Assessing for Means To Locate.

a. The counselor shall assess and make a determination as to whether or not there is an appropriate means to locate. Doing so provides investigative staff with the best possible way of locating a child and making initial contact. The most appropriate means to locate is a validated home address; however, the following are additional acceptable means to locate:

- (1) A reported home address.
- (2) A work address for any intake participant.
- (3) A home, work, or cell phone number for any participant of the intake.
- (4) Directions to the home.
- (5) Current physical location.
- (6) Name of the family's apartment complex, mobile home park or hotel/motel, with an apartment, lot or room number.
- (7) Recent involvement with a specific municipal or county law enforcement agency (reporter must be able to provide the name of the agency).
- (8) A school age child (ages four to 17) where the reporter knows the child's first and last name, and the name of the child's current or most recent school or any home school affiliation.
- (9) A child who is under school-age where the reporter knows the child's first and last name, and the name of the child's current or most recent daycare.
- (10) If a participant is located in a FSFN search, the counselor shall discuss the FSFN history information with a supervisor to determine if the history is an adequate means to locate.
- (11) The reporter does not have the means of location available at the time of the intake, but has the information at another location (home, work, etc.) and they are willing to provide their name and contact information. Alternatively, the reporter provides the name and contact information of a third party who can and will provide a means to locate.
- (12) The family receives public assistance and a match is found in ACCESS.
- (13) Florida license tag or temporary tag (a match coinciding with an address in Florida must be found when conducting a search).
- (14) A caller ID can be utilized only if the alleged child victim is self-reporting.

b. The counselor shall document the apartment complex names, building numbers, apartment numbers, and any specifics provided by the reporter to assist in locating the participants.

## Chapter 4

## ADDITIONAL AND SUPPLEMENTAL REPORTS FOR CHILD INVESTIGATIONS

4-1. Purpose. This chapter describes the process for determining when a report to the Hotline should be accepted as an additional or supplemental report to one currently under investigation. Additional and supplemental reports must be entered in sequence to the corresponding initial report to ensure that all information pertaining to an investigation is combined under the same report number. This chapter also provides directives on the response required by the investigator when an additional or supplemental report is received

4-2. Additional Reports. These reports are identified by the Hotline counselor while completing a FSFN check on the participants. Additional reports contain new information about one or more participants of an existing report. [NOTE: For reports in which there are two or more independent family units in a household, refer to Chapter 1 procedures for assessment and Chapter 8 procedures for selection of participants.]

- a. The existing report must be open.
- b. The new information must involve the same household as the existing report.
- c. The new information received includes any of the following:
  - (1) A new alleged perpetrator in the same household;
  - (2) A new victim in the same household;
  - (3) Any new participants in the same household;
  - (4) A new maltreatment;
  - (5) A new incident of the same maltreatment; or,
  - (6) New information that upgrades the response priority to immediate.

4-3. Supplemental Reports. These reports are identified by the Hotline counselor. They are enhancements to the report already received or under investigation. The counselor must assess thoroughly to determine that there are no new allegations or participants pertaining to the existing report. The call improves what is already known such as a more precise address, different name spelling, or additional sources.

- a. The new information received must involve the same household, same alleged perpetrator, same victim, same maltreatment(s), and/or same incident.
- b. The existing report must be open.

4-4. Calls Not Handled as Additional or Supplemental Reports.

- a. Reports of different subtypes cannot be merged. For example: an In-Home intake cannot be merged with an Other or an Institutional.
- b. One report has a child victim and the other an adult victim.
- c. Special conditions referrals cannot be merged with reports of abuse, neglect, or abandonment.

d. Reports of death that are unrelated to the allegations in an open report.

e. Any maltreatments discovered by an investigator during the course of the Other Parent Home Assessment or during the course of an investigation that are involving a different household must be entered as a new report.

f. Additional allegations of abuse, neglect or abandonment in the household of concern discovered by investigator during the course of an investigation will be added by the investigator.

4-5. Investigative Response.

a. An additional report requires:

(1) A new on-site visit either immediately or within 24 hours and, when necessary, daily attempts to see all children;

(2) Repeat notification of all required parties;

(3) Attempted contact with a new reporter; and,

(4) Any other investigative activities or referrals required due to new participants or new maltreatments.

b. A supplemental report does not require a new on-site visit. However, additional action may be warranted upon review of the information provided.

## Chapter 5

## SPECIAL CONDITIONS

5-1. Purpose. This chapter provides guidelines for assessment, documentation, and assignment of Special Conditions referrals at the Hotline. A Special Conditions referral is accepted when a child is in need of services or supervision from the Department and there are no allegations of abuse, neglect, or abandonment. Special Conditions include: Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance.

5-2. Information Collection for Special Conditions.

a. The Hotline counselor will utilize Intake Protocol to assess the reporter's concerns and determine if the information meets statutory criteria for abuse, neglect, or abandonment.

b. If the concerns do not meet criteria for abuse, neglect, or abandonment, the counselor must collect sufficient information to determine if a Special Conditions referral is appropriate.

c. The screening decision will be based on the Child Maltreatment Index section definitions for Special Conditions (CFOP [170-4](#)) and the following criteria:

(1) For all Special Conditions other than Foster Care Referrals, the identified child must meet the statutory definition of a child.

(2) A Foster Care Referral may be accepted for a dependent young adult age 18-22 in a licensed foster care facility. If the young adult meets statutory criteria as a vulnerable adult and the concerns meet criteria for abuse or neglect of a vulnerable adult, an Adult Intake will be accepted rather than a Foster Care Referral.

(3) For Parent Needs Assistance, the reporter must be the parent/legal guardian requesting assistance for themselves.

(4) If the reporter is an employee of a DJJ facility or a Baker Act facility reporting that a child is locked out of their home due to the refusal, inability, or unavailability of the parent(s), a Caregiver Unavailable referral will be accepted if there are no additional concerns of abuse or neglect. If an investigator assigned to a Caregiver Unavailable referral reports to the Hotline that they suspect that the parent/legal guardian abused, neglected, or abandoned the child, the Hotline will enter a new In-Home intake.

d. The counselor must attempt to gather the home address, means to locate, and full demographic information for each child, and for household members when relevant, prior to closing the call.

e. Additionally, the counselor must attempt to gather the following information:

(1) The reporter's name, occupation, relationship to the child, contact information, and how they became aware of the situation they are reporting.

(2) Any risks or dangers the child protective investigator or case manager may encounter when making contact with the participants.

(3) The name and contact information of any source(s) whom the investigator may contact for more information.

(4) The current and 24 hour locations for all participants in the referral.

(5) Whether any participant in the referral has a disability, hearing impairment, or limited English proficiency. If a participant has a disability, hearing impairment, or limited English proficiency, the counselor must ask what device(s) or interpreters, if any, are needed for the participant to communicate.

(6) The following additional information specific to reports of Child on Child Sexual Abuse:

(a) The location and county where the incident occurred.

(b) The names and contact information for the parents of both children to be included as sources for the investigator.

(c) Whether the alleged aggressor child has access to any other children, including siblings.

f. For allegations of Child on Child Sexual Abuse, the counselor must transfer the reporter to the appropriate county sheriff's office at the conclusion of the call. If the location of the incident is known, the reporter will be transferred to the sheriff's office in that county. If the location of the incident is not known, the reporter will be transferred to the county where the victim child is located or where there is a means to locate the victim child.

#### 5-3. Response Time for Special Conditions.

a. The response time decision should be based on whether the circumstances warrant a prompt response. For example: The parents have been hospitalized and the child needs to be placed as soon as possible.

b. A 24 hour response time will be assigned to all Parent Needs Assistance and Foster Care Referrals unless there are urgent circumstances that are not the result of maltreatment or a credible threat of immediate harm to the child. If there is an immediate, significant, and clearly observable danger to the child (e.g., the parent makes a credible threat to smother the child to make her stop crying), a report of abuse or neglect should be accepted instead of a Special Conditions referral.

#### 5-4. Documentation of Special Conditions Intakes.

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

(1) A Caregiver Unavailable or Parent Needs Assistance intake should not be generated if the participants are found in an open intake of abuse or neglect. The counselor must sequence the special conditions concerns as a supplemental report to the open Child Intake.

(2) A Child on Child Sexual Abuse intake cannot be combined with a report of maltreatment by a caregiver. For statistical reasons, each Child on Child intake must be generated as an initial intake. A Child on Child intake shall only be sequenced as a supplemental intake to an open Child on Child intake when the inappropriate sexual behavior or juvenile sexual abuse involves the same victim, alleged aggressor, and behaviors.

(3) A Foster Care Referral cannot be combined with an In-Home or Other intake. If there is an open Institutional intake involving the same foster home and the same participants, a supplemental intake must be generated instead of a new Foster Care Referral.

b. The participants and their assigned roles on the intake will vary based on the type of Special Conditions.

(1) Caregiver Unavailable. Participants will include the child and the unavailable parent/caregiver(s). The Referral Name (RN) will be the mother if she is a participant on the intake, or the father or other legal guardian if the mother is not a participant. All parent/caregiver(s) should be assigned the Parent/Caregiver (PC) role. The child's participant role will be Identified Child (IC).

(2) Child on Child Sexual Abuse. Participants will include the alleged aggressor child and the victim child only. The victim child's participant roles will be RN and Victim (V). The alleged aggressor child's participant role will be Alleged Juvenile Sexual Offender (JS). If there is more than one victim child on the intake, RN will be the youngest victim child. The parents of the two or more children should be listed in the "Source Information" section of the intake if their information was obtained.

(3) Foster Care Referral. Participants will include the foster child and the foster parent(s) or licensed family shelter employee(s). The foster parent or licensed family shelter employee's participant roles will be PC and RN and the child's participant role will be IC.

(4) Parent Needs Assistance. Participants will include all children and adults in the household. The RN will be the mother if she is a participant on the intake, or the father or other legal guardian if the mother is not a participant. The participant role of the child/children with whom the parent needs assistance will be IC. If there are any children in the home with whom the parent does not need assistance, their participant role will be Child in the Home (CH).

c. Under the Special Conditions tab on the intake, the counselor will select the Special Conditions type and document the concerns in the narrative field. The narrative must support the selected Special Conditions type.

d. For Foster Care Referrals, the counselor must change the investigative subtype to "Institutional," search for the provider in FSFN, and attach the provider to the intake if the provider is found. For all other Special Conditions, the investigative subtype will be "In-Home."

e. For Special Conditions intakes with an immediate response priority, the counselor must document the rationale for their response time decision on the Decision tab (e.g., "The child's sole custodian has died and the child needs immediate placement.").

f. The county of assignment will vary based on the type of Special Conditions. A secondary county (i.e., law enforcement jurisdiction) should not be assigned for Special Conditions except for Child on Child Sexual Abuse.

(1) Caregiver Unavailable intakes should be assigned to the county where the child is currently located.

(2) Child on Child Sexual Abuse intakes should be assigned to the county where the victim child resides. The secondary county will be the county where the incident occurred, if known. Otherwise, the secondary county will be the county where the victim child is located.

(3) Foster Care Referrals should be assigned to the county where the foster home is located.

(4) Parent Needs Assistance intakes should be assigned to the county where the family resides. If the family is currently located in a county in which they do not reside and they are not



expected to return home within the next 24 hours, or there are urgent circumstances, the intake should be assigned to the county where the investigator can locate the family.

g. Before screening in the intake, the counselor must ensure that they have selected “No” for “Background Check Required” and “Reason: Special Conditions.”

h. For Child on Child Sexual Abuse, the counselor must ensure that the box is checked on the Decision tab for “Send a Florida Administrative Message to Law Enforcement.”

## Chapter 6

## INVESTIGATIVE SUBTYPES: IN HOME, INSTITUTIONAL, AND OTHER

6-1. Purpose. This chapter provides guidelines for the Florida Abuse Hotline for assignment of investigative subtypes to reports of abuse, neglect, or abandonment of children.

6-2. Investigative Subtype Assignment.

a. When a report is accepted or screened out, the counselor will create an intake in FSN and assign one of three investigative subtypes to the intake. The investigative subtype is determined by the alleged perpetrator's relationship to the victim child in the report.

(1) In-Home pertains to maltreatment perpetrated by a parent, legal guardian, or caregiver residing in the child's home.

(2) Institutional pertains to maltreatment in an institutional setting that is perpetrated by an employee of the institution who is responsible for the child's care (e.g., child care center, foster home).

(3) Other pertains to maltreatment in a non-institutional setting in which the alleged perpetrator is an adult sitter or relative not residing in the child's household, who has been temporarily entrusted with the child's care. "Other" also applies when:

(a) The alleged perpetrator is a parent/legal guardian who is deceased or residing out of state.

(b) There are allegations of human trafficking by a non-caregiver.

b. In FSN, the default investigative subtype is "In-Home." The Hotline counselor must ensure that the correct investigative subtype is selected prior to screening in the intake.

## Chapter 7

## SCREENING DECISIONS AND RESPONSE TIME FOR CHILD INTAKES

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

7-2. Authority.

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

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

- a. The victim must be a child, as defined in statute: born alive, under the age of 18, and not emancipated or married.
- b. There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator's relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.
- c. There must be an alleged maltreatment as defined in CFOP [170-4](#).
- d. There must be an acceptable means to locate the child.

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

- a. The counselor will assess the reporter's knowledge of the family, including known history, and the situation in order to determine in which domains the counselor will be able to gather sufficient information.
- b. The screening decision must be made prior to the counselor closing the call.
- c. When a maltreatment meeting statutory criteria is identified during the intake assessment, a report will be accepted even if there are no suspected danger threats (see CFOP 170-1, Chapter 2, paragraph 2-2e). If the counselor suspects that the reported maltreatment has previously been investigated by the Department, the counselor will staff their screening decision with a supervisor or designee. The staffing should be attempted prior to closing the call.
- d. When a family has documented history in FSFN, including prior intakes and investigations, the document(s) should inform the counselor's screening decision. The counselor is not required to review closed intakes or investigative documentation when there are allegations that clearly meet criteria for report acceptance and present danger.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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 FSN 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 FSN, 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 FSN 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.”

## Chapter 9

## HOTLINE SUPERVISOR CONSULTATIONS

9-1. Purpose. This chapter defines, provides guidance, and describes the process and procedures of a Hotline Supervisor Consultation.

9-2. Definition. A consultation, as defined for the purposes of this chapter, is an interaction between a Hotline counselor and a supervisor or appropriate designee that formally explores the sufficiency of information collected during an assessment, the result of which impacts the final decisions made by the counselor regarding the screening decision or response priority of an intake.

9-3. Requirements. Quality consultations are key opportunities for Hotline supervisors to assess and develop a counselor's critical thinking skills to enhance and guide assessment and decision-making.

a. Whereas a Hotline Supervisor Review may involve a formal query by a supervisor into decisions and actions performed by a Hotline Counselor after a call has been completed, a Hotline Supervisor Consultation is requested and implemented by a counselor during an assessment. Supervisor consultations should not replace or substitute for supervisor reviews, and should be encouraged as appropriate.

b. A supervisor consultation will include, but is not limited to, assessment by the supervisor of the information gathered from the reporter by the counselor, the recommended maltreatment(s) selected, the quality and sufficiency of documentation presented to the supervisor by the counselor, any appropriate history of the subjects reported, and the overall decision made by the counselor at the time of the consultation based on information available. The supervisor will request or identify the counselor's purpose for the consultation in order to encourage critical thinking and facilitate guidance versus directive consultation.

c. Supervisor consultations should occur whenever needed, but are required in the following instances:

(1) When a counselor suspects that a report does not meet criteria for acceptance, but there is knowledge of a child fatality in the family's history, whether alleged by the reporter or documented in FSFN, the counselor must consult with a supervisor before making the decision to screen out the report.

(2) When the counselor determines that the allegations in a report have been previously investigated by the Department, as indicated by a closed prior intake, the counselor must consult a supervisor to confirm that the report is a duplicate prior to screening it out.

(3) When a report meets all of the intake acceptance criteria except for a means to locate, but some demographic information for the participants is known, the counselor must consult a supervisor and document their efforts to search for the family in all available systems prior to making the decision to screen out the report.

9-4. Process/Procedures.

a. A consultation may commence via telephone, web-based chat, or face-to-face. The medium selected must allow for the counselor to refer to their notes on the allegations during the consultation. The supervisor should request or identify the counselor's purpose for the consultation and use open ended questions to ascertain the counselor's decision regarding the assessment. This encourages critical thinking and facilitates guidance versus directive consultation.

b. The main information constructs that the supervisor will consider during a consultation related to a counselor's assessment are:

(1) Sufficiency of information collected to support the recommended decisions. The counselor has fully assessed/described the context and/or specifics of the situation and conditions being reported.

(2) Discrepancies in information presented by the counselor are identified and reconciled prior to consulting on appropriate decision making.

(3) Identification of any information that the counselor needs to further pursued from the reporter or from other resources to make an appropriate decision. *When information is deemed insufficient, the supervisor is responsible for facilitating discussion around the relevant information to "complete the picture."*

(4) Determining the quality of the counselor's assessment in regards to the recommended maltreatment(s), household participant identification and inclusion, recommended screening decision, and response priority, as appropriate.

(5) Determining if the information provided warrants or suggests the need for communication with external partners, such as law enforcement.

#### 9-5. Documentation.

a. When a Supervisor Consultation affects the decisions made by the counselor regarding the screening decision or response priority, the counselor will note in the FSFN intake the following: "Supervisor Consultation with (name of Supervisor) occurred, resulting in the decision to (initiate/not initiate) an investigation, and/or resulting in the decision to assign a (24 hour/immediate) response time."

b. When a Supervisor Consultation impacts the decisions made by the counselor regarding the screening decision or response priority, the Hotline Supervisor or designee will note the sufficiency and quality of the following information constructs in the reporter narrative of the FSFN intake:

(1) Overall sufficiency of information collected;

(2) Effective reconciliation of information;

(3) Quality of recommended decisions;

(4) Demonstration of critical thinking; and,

(5) Demonstration of knowledge of Florida Statute, Florida Administrative Code, and Operating Policy and Procedure.

## Chapter 10

CONDUCTING CHILD WELFARE RECORD CHECKS  
FOR OUT OF STATE CHILD WELFARE AGENCIES

10-1. Purpose. This chapter describes the process by which a request for Child Welfare history is processed at the Florida Abuse Hotline.

10-2. Confidentiality of Reports and Records. All records held by the department concerning reports of child abandonment, abuse, or neglect are confidential per s. [39.202\(1\)](#), F.S. However, access to such records, *excluding reporter information*, shall be granted to employees or agents of an agency of another state that carries out:

- a. Child or adult protective investigations; and,
- b. Ongoing child or adult protective services.

10-3. Processing Child Welfare Record Requests.

a. When an employee from an out of state child welfare agency contacts the Hotline to request a child welfare record check, the counselor shall refer the requestor to the record search web form posted on the Department's public website.

b. Designated staff at the Criminal History Services program will process all incoming requests from employees of out of state agencies via the record search web form. Once the requestor's employment has been verified, the designated staff may inform the requestor if there is history in the system. If there is history, the designated staff may provide details regarding the history such as the date of the reports, the type of maltreatments, the findings for the maltreatments, etc. The requestor should also be provided with relevant local office numbers to obtain any additional information.

## Chapter 11

### VERIFICATION OF CHILD WELFARE PROFESSIONALS

11-1. Purpose. This chapter describes the process for verification of Child Welfare Professionals' identity and provides direction on what information can be released.

11-2. Scope. This chapter applies to all requests from the public for verification of a Child Welfare Professional's identity.

11-3. Procedure. When a caller contacts the Hotline to request verification of a Child Welfare Professional's identity the counselor must complete the following actions:

- a. Obtain the first and last name given to be verified.
- b. Conduct a worker search in FSFN.
- c. Based on search results, inform the caller that the individual's name is or is not showing as an active child welfare professional.
- d. If the caller has any additional questions or concerns, refer the caller to the local investigative or case management office.

## Chapter 12

## DOCUMENTATION AND REVIEW OF SCREENED-OUT CHILD INTAKES

12-1. Purpose. This chapter describes procedures for documentation and review of reports to the Florida Abuse Hotline that are not accepted for investigation.

12-2. Documentation Requirements. When a counselor makes the decision to screen out a report of alleged abuse, neglect, or abandonment that does not meet acceptance criteria, the counselor will document a screened-out intake in FSFN.

a. The counselor must search for all participants in FSFN before creating new persons in order to avoid creating duplicate persons and to ensure that there are no open intakes that must be sequenced.

b. All information that could compromise the reporter's identity must be confined to the reporter narrative.

c. A maltreatment code must be selected for the intake due to FSFN system requirements. For intakes that are screened out because the allegations do not meet the statutory definition for a maltreatment, the counselor should select the maltreatment code that most closely fits the allegations.

d. The allegation narrative must clearly and accurately reflect the information obtained from the reporter and must be objective and neutral in tone.

e. 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.

f. On the Decision tab, the counselor will select a reason code that corresponds to the counselor's rationale for screening out the report. There are eight reason code options:

(1) Alleged Juvenile Sexual Offender Between Ages 13-17. This reason code is no longer applicable to Special Conditions intakes for Child on Child Sexual Abuse and should not be selected for any screened-out intake.

(2) Caregiver Statutory Guidelines Not Met. The alleged perpetrator does not meet statutory criteria. [NOTE: This reason code will not apply to allegations of human trafficking.]

(3) Created in Error. An intake is created incorrectly and must be screened out (e.g., an Adult Intake is created and saved but the counselor intended to create a Child Intake). The counselor must remove any participants who have been added to the intake, add two Unknown participants (one victim and one alleged perpetrator), and type "Created in error" into both the reporter narrative and the allegation narrative as the only added text in the intake.

(4) DJJ. A reporter makes a complaint about a Department of Juvenile Justice (DJJ) facility that does not meet statutory criteria for abuse, neglect, or abandonment (e.g., a child in DJJ custody reports that she does not like the food at the facility). When the DJJ reason code is selected, a notification of the complaint is sent to the DJJ Inspector General's office via email.

(5) Does Not Rise to the Level of Reasonable Cause to Suspect. A reporter makes an allegation in which the child and alleged perpetrator meet jurisdictional criteria, but the allegation does not constitute abuse, neglect, or abandonment by statutory definitions.



(6) No Means to Locate. The report meets all of the intake acceptance criteria except that the reporter could not provide a means to locate and a search of all available systems did not yield a means to locate.

(7) Out of State Inquiry. There are allegations of abuse, neglect, or abandonment of a child who does not reside in Florida.

(8) Victim Statutory Guidelines Not Met. The alleged victim of abuse or neglect is under 18, but does not meet the other jurisdictional criteria for a child (born, not emancipated or married).

g. In the field below the selected reason code on the Decision tab, the counselor must document their rationale for screening out the intake.

h. If the intake is screened out due to Caregiver Statutory Guidelines not Met, the counselor must ensure that the box is checked for "Send a Florida Administrative Message to Law Enforcement."

### 12-3. Review of Screened Out Intakes.

a. Hotline supervisors and Quality Assurance personnel must conduct routine reviews of screened out intakes and the accompanying calls, faxes, or web-based reports. Supervisors are responsible for routine monitoring of screened-out intakes within their units.

b. Quality Assurance personnel are required to review screened-out calls, fax reports, and web-based reports to the Hotline whenever three or more screened-out reports are received on a single child.

(1) When an intake is generated in FSFN which includes a child who has been a participant in two or more prior screened-out intakes, a "Three Hits" hyperlink will appear next to the child's name on the third intake. Clicking on the hyperlink prompts a window to appear which contains links to the prior intakes that were screened out.

(2) When a "Three Hits" hyperlink appears in an intake that a counselor intends to screen out, the counselor must notify a supervisor. The supervisor must review the three intakes and approve the screening decision. If the third intake is screened out, the supervisor will send a Three Hit Review notification to Quality Assurance.

(3) Quality Assurance must then review the three or more calls, fax reports, and/or web reports to determine if the screening decision was correct and to assess for harassment. In addition to reviewing the intakes, the Quality Assurance personnel will listen to the original call(s) and/or view the original fax or web document(s) to determine if any information was omitted from the intakes.

(4) If the totality of the concerns and/or any of the prior screened-out intakes indicates that an investigation is warranted, a new intake will be screened in. The Quality Assurance personnel screening in the intake shall document the rationale for their screening decision in the comment field on the Decision tab.

(5) If there are indications of harassment by a reporter, Quality Assurance will refer the concerns to general counsel for further review. The following may be taken into consideration when determining if there are indicators of harassment:

(a) Whether the three or more reports were made by the same reporter or multiple reporters.

(b) The reporter's relationship to the family.

(c) The reporter's expressed motivation for making a report or calling in multiple reports.

(d) Whether a professionally mandated reporter has called in any of the three reports either independently or at the behest of the person who made the other report(s).

(e) History of the reporter perpetrating domestic violence against a person involved in the report. This may include prior history in FSFN.

(f) Prior Three-Hit reviews or history in FSFN in which the same reporter was suspected of harassment.

(g) Prior history in FSFN of investigations in which the investigator documented suspected harassment by the reporter.

## Chapter 13

## CONTACTING THE REPORTER

13-1. Purpose. This chapter describes the process by which a reporter is contacted by an employee of the Florida Abuse Hotline.

13-2. Confidentiality of the Reporter. The identity of all reporters is held confidential per s. 39.201(1d). However, it may be necessary to contact a reporter to fully assess or process a report to ensure the safety of a child. Staff at the Florida Abuse Hotline should only call a reporter back when necessary to ensure sufficient information is gathered for decision making or to notify the reporter of a change in screening decision. Counselors must obtain and document supervisory approval prior to making contact and the supervisor will determine the appropriate follow up needed. All attempts to contact the reporter will be documented in the reporter narrative.

13-3. Calling Reporters. Staff at the Florida Abuse Hotline will contact reporters to gather additional information in the event the call is disconnected, or there is insufficient information with the received fax document or web report. To ensure that the information is gathered from the appropriate party and also that the reporter's confidentiality is not compromised, the counselor should take the following steps:

a. In these circumstances, the counselor will make an attempt to contact the reporter immediately. If unable to make contact, they will continue their documentation with the available information and make an additional attempt to contact the reporter prior to completion of the intake.

b. If someone answers the phone, the counselor should only provide his or her own name and ask to speak with the reporter by name. For example: *This is John Smith, may I speak with Pam Johnson?*

c. Counselors shall not leave a voicemail or message if the reporter is unavailable.

d. Once the reporter has identified themselves by name the counselor should advise of the purpose for their call. For example: *I'm with the Department of Children and Families and I am following up on information you provided earlier.*