

Chapter 6

PRE-COMMENCEMENT ACTIVITIES

6-1. Purpose. Pre-commencement activities are intended to adequately prepare the investigator for completing the Family Functioning Assessment (FFA). Florida's safety practice emphasizes the significance of planned, purposeful interventions and sufficient information collection as the key to safety decision making during all phases of working with the family. Pre-commencement consultations related to specific case practice issues provide an ideal instructional opportunity for both assessing and developing worker competencies including, but not limited to, analyzing known information, guiding information collection and planning initial investigative activities.

6-2. Required Consultation. To the extent practical, pre-commencement consultations should be in-person discussions between the supervisor or designee and the child protective investigator assigned to the investigation. Telephonic conversations are permissible when work related activities prevent face-to-face interaction (e.g., investigator is at court or supervisor is attending a staffing in another building, etc.).

a. Pre-commencement consultations are required on all investigations assigned to provisionally certified investigators.

b. Pre-commencement consultations are required for all staff when an intake alleges or indicates:

(1) Life threatening injuries or a child fatality.

NOTE: When the deceased child or another child in the household was the victim of a verified maltreatment during the previous twelve months, the supervisor must notify the Region's Family Safety Program Administrator or designee that a "Critical Incident Rapid Response Team" review must be initiated.

(2) Medical neglect or involves a medically complex child and the investigator assigned has not received specialized training in assessing or handling those conditions.

(3) Child trafficking and the investigator assigned has not received specialized training in assessing for child trafficking.

(4) Concerns for worker safety and worker requests a consult.

c. Supervisors should conduct pre-commencement consultations with certified investigators until such time that the individual has demonstrated competency in recognizing present danger, recognizing patterns of maltreatment and recognizing the significance of the family's child welfare and criminal history, etc.

6-3. Pre-Commencement Review Activities. The gathering and review of information prior to commencing the investigation requires the use of good judgment on the investigator's part in balancing the 'need to know more' with the need for expediency. Reports with 'Immediate' response priorities may limit the investigator's ability to gather historical information prior to making contact with the family when information from the reporter (e.g., young children at home without a caregiver, etc.) indicates the commencement should occur as soon as possible. For many 'Immediates' however, the investigator will still have time to gather substantial information prior to commencement. 24 hour response priorities should allow for a complete review of available information and a thorough analysis of the totality of the known information on the family.

a. Prior to initial contact with the child/family, the investigator, to the extent practical, should review current and past family circumstances, including but not limited to:

(1) The current intake allegation narrative.

(2) All prior abuse reports and investigative decision summaries to assess maltreatments, alleged victims, alleged maltreating caregivers, and outcomes.

(a) Identify patterns of escalating maltreatment (i.e., increase in frequency of reports or severity of maltreatment) over time.

1. Elapsed time between alleged maltreatment incidents (e.g., reports are occurring more frequently over past 1 – 2 years, etc.).

2. Injuries to child victim required hospitalization or medical treatment.

3. Intrusiveness of agency interventions (e.g., in-home vs. out-of-home safety plan, judicial vs. non-judicial, etc.).

(b) Identify patterns of same maltreatment type (e.g., all priors allege sexual abuse, all priors allege inadequate supervision, etc.) or a 'cross-type' recurrence pattern (e.g., all priors involve acts of omission by caregivers, all priors involve inflicted injuries, etc.).

1. Caregiver characteristics (i.e., same or multiple mal-treaters).

2. Victim characteristics (i.e., same or multiple victims).

(c) Identify patterns of pervasive, "embedded" individual or family conditions that have been out-of-control in the past (e.g., domestic violence, parental substance abuse, unmanaged medical or mental health condition in a household member, etc.).

1. Note change in household members.

2. Behavior indicative of codependent relationships.

3. Adults – one partner is very high functioning while other partner is very irresponsible/low functioning.

4. 'Parentified Child' – a child repeatedly performs household tasks or responsibilities that are not age-appropriate.

(d) Review prior interventions and outcomes in order to assess why past referral or treatment efforts were, or were not, successful.

(3) National (NCIC), state (FCIC), and local criminal histories including local law enforcement arrests and “call out” history.

(4) Clerk of Court records (CCIS) and Department of Corrections (DOC) records.

(5) Domestic violence/no contact injunctions. When the investigator discovers there is a domestic violence injunction in place in accordance with s. [39.504](#) or s. [741.30](#), F.S., the investigator must assess both worker and survivor safety concerns and obtain additional information to the extent possible regarding the alleged batterer’s compliance/non-compliance with prior or current orders. It is essential for the investigator to obtain information related to the use, effectiveness and outcomes of prior injunctions in order for the investigator to explore current safety issues with the survivor and children.

(6) Involuntary assessment or stabilization orders (i.e., Baker Act and Marchman Petitions). Documented substance abuse or unmanaged mental health issues should alert the investigator to seek an authorization for the release of medical treatment records (e.g., assessments, evaluations, progress notes, etc.) related to the individual’s overall functioning.

(7) Economic Self Sufficiency (ESS) records.

(8) Out-of-state child welfare agency records if the family is known to have lived in another state within the past five years. As states vary in release of information protocols and jurisdictional responsibilities (i.e., county run vs. state-wide operations) initial contact by the investigator should be telephonic, followed up by a written request for information once the family’s prior residential locations have been obtained during on-site interviews with family members.

b. If the investigator assigned to the investigation is “in the field” or otherwise unable to access FSFN or other records directly, essential information referenced above (paragraphs 6-3a(1)-(6)) should be provided to the individual by another investigator or other available agency staff prior to the commencement of the investigation.

c. When essential review activities are unable to be completed prior to commencement, a complete record review should be completed as soon as possible by the investigator prior to conducting further investigative activities.

6-4. Required Reporter Contact.

a. The investigator must attempt to contact the reporter prior to commencing the investigation in order to verify information contained in the allegation narrative and to explore additional information the reporter might have on the maltreatment incident or on the child/family in general, except when a concern for child safety and the need for expediency warrants a post-commencement contact as in the following circumstances:

(1) An immediate response is required because of present danger (e.g., a 3 year-old is alleged to be home alone, etc.).

(2) Special conditions reports in which there is no parent, legal custodian, or responsible adult relative immediately available to provide care and supervision for the child (e.g., parent incarcerated, parent hospitalized, etc.).

(3) Attempting contact with the reporter may increase the risk of harm to the child or adult household member (e.g., reporter is a subject of the report or resides in the same home as the family and attempted contact may inadvertently alert the alleged perpetrator of the investigation, etc.).

b. Investigators are statutorily required to provide their name and contact information to reporters in the following occupational categories within 24 hours of being assigned to the investigation:

- (1) Medical professionals (e.g., physician, nurse, medical examiner, etc.).
- (2) Health or mental health professionals.
- (3) Practitioners who rely solely on spiritual means for healing.
- (4) School teacher or other school personnel.
- (5) Social worker, child care worker, or other professionals in foster care, residential or institutional settings.
- (6) Law enforcement personnel.
- (7) Judge.

c. Investigators are statutorily required to advise reporters named in paragraphs 6-4b(1)-(7) above that they may submit a written summary of the information made to the Hotline to become part of the child's case file.

d. When circumstances preclude contacting a reporter prior to commencement or an attempted contact was unsuccessful, the investigator is required to contact the reporter as soon as practical after the initial on-site response is completed.

6-5. Pre-Commencement Planning and Teaming.

a. Pre-commencement planning should structure initial information gathering efforts by:

(1) Determining how interview protocols should be implemented (i.e., what individuals need to be interviewed, the order in which subjects should be interviewed, consideration of a line of questioning, etc.).

(2) Identifying relevant collateral contacts (i.e., sources) likely to have information on child and/or adult functioning, or specific knowledge about the maltreatment incident(s).

(3) Guiding the investigator in further information gathering including, but not limited to:

- (a) Danger threats.
- (b) Evidence collection.
- (c) Gaps in information.
- (d) Child and family resources and support systems.

b. Pre-commencement planning should facilitate essential teaming activities by:

(1) Identifying which professionals or subject matter experts need to be consulted:

(a) To ensure cases meeting the statutorily mandated CPT referral criteria or needing other CPT services are referred to the Child Protection Team.

(b) To arrange for screening or specialized assessments (e.g., substance abuse assessment, mental health evaluation, Batterer Intervention Program assessments, etc.).

(c) To evaluate a special condition in a child or caregiver (e.g., a child with a rare medical condition or a parent with an intractable mental health condition, etc.).

(d) To assist with engagement efforts to overcome challenges related to culture, language or communication problems.

(2) Identifying when law enforcement or additional agency personnel (i.e., a 2nd investigator) should accompany the investigator to the home because of safety concerns (for child or investigator personal safety).

6-6. Field Kits. Adequate pre-commencement preparation for the investigator also includes ensuring the materials likely to be needed when meeting with the family during the initial home visit are organized and readily available. The investigator “Field Kit” should minimally include:

a. Face sheet providing essential family contact information – names, address, etc.

b. Business cards.

c. The pamphlet titled “Child Protection: Your Rights and Responsibilities.”

(1) [CF/PI 175-32](#) (English) (available in DCF Forms).

(2) [CF/PI 175-66](#) (Spanish) (available in DCF Forms).

(3) CF/PI 175-69 (Creole).

NOTE: The investigator should contact a staff member or interpreter who is fluent in the subject’s language prior to proceeding and/or disseminating information.

d. Domestic violence resource information (e.g., referral form for DV advocate, pamphlet from local certified DV Center, etc.).

e. Substance abuse and mental health referral information.

f. 2-1-1 (general community resource) information.

g. Local homeless shelter referral information.

h. ESS brochures.

i. Temporary Assistance for Needy Families (TANF) Eligibility form.

(1) [CF-FSP 5244](#) (English) (available in DCF Forms).

(2) [CF-FSP 5244S](#) (Spanish) (available in DCF Forms).

j. HIPAA forms.

(1) [CF-ES 2320](#) (English) (available in DCF Forms).

(2) [CF-ES 2320H](#) (Creole) (available in DCF Forms).

- (3) [CF-ES 2320S](#) (Spanish) (available in DCF Forms).
- k. Indian Child Welfare Act (ICWA) Verification forms.
 - (1) [CF-FSP 5323](#) (English) (available in DCF Forms).
 - (2) [CF-FSP 5323S](#) (Spanish) (available in DCF Forms).
- l. Release of Information form (form [CF-FSP 4006](#), available in DCF Forms).
- m. Water Safety Brochure.
- n. Safe Sleep Brochure.
- o. The brochure titled “Who’s Watching Your Child?”
- p. Acknowledgement of Firearms Safety Requirements (form [CF-FSP 5343](#), available in DCF Forms).
- q. Drug screen kit.
- r. Additional equipment, such as:
 - (1) Car seats.
 - (2) Camera, if not incorporated into the state-issued cell phone.
 - (3) Cell phone.
 - (4) Laptop (for use off-site, but not in family’s home).

6-7. Supervisor. When initiated, pre-commencement supervisor consultations are provided to affirm:

a. The investigator has sufficiently reviewed historical records and reports (criminal and child welfare) and information contained in the current intake to explore a wide array of investigative considerations, including but not limited to the following:

- (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 influence subsequent interviews (i.e., information gained informs the next interview’s line of questioning, etc.)?
- (6) Are there any discernible patterns of ‘out-of-control’ behaviors in prior maltreatments (i.e., domestic violence, substance abuse, unmanaged mental health condition, etc.) of which the investigator should have a heightened awareness?

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

(8) 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?

b. The investigator has fully assessed and determined the need for initiating a joint response, inter-agency consultation or obtaining subject matter expertise prior to commencing the investigation.

c. The investigator has contacted or made diligent efforts to contact the reporter (e.g., phone calls at different times of the day, attempted face-to-face contact, etc.).

6-8. Documentation.

a. The investigator will document information considered and used in planning a systematic and structured approach to contacting the family and commencing the investigation in case notes within two business days for all investigations.

b. The supervisor will document the pre-commencement consultation, if conducted, in FSFN within two business days using the supervisor consultation page hyperlink in the investigation module

