



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: September 1, 2020

TO: Regional Managing Directors
Sheriff Offices Conducting Child Protective Investigations

THROUGH: Patricia Babcock, Deputy Secretary *Patricia Babcock*

FROM: Patricia Medlock, Assistant Secretary for Child Welfare *Patricia Medlock*
Robert Anderson, Assistant Secretary for Operations *Robert H. Anderson*

SUBJECT: CFOP 170-5, Chapter 9: Coordination with Child Protection Team (CPT); Medical Neglect Consultations

PURPOSE: The purpose of this memorandum is to provide updates to CFOP 170-5, Chapter 9: Coordination with Child Protection Team (CPT). A new paragraph, 9-6.d., has been added under Medical Neglect Consultation requirements to align with s. 39.3068(3), Florida Statutes (F.S.). The new paragraph requires a case staffing involving certain individuals/agencies when CPT determines that medical neglect is substantiated.

BACKGROUND: The department has policy that outlines certain criteria for mandated referrals to the CPT, with cases involving reported medical neglect of a child being one of these criteria. Policy also outlines consultation requirements in cases of reported medical neglect. Section 39.3068(3), F.S., was updated to include language around when a case staffing is necessary for medical neglect cases, and who, at a minimum, shall attend the case staffing.

CFOP 170-5, Chapter 9, has been updated with the addition of paragraph 9-6.d. regarding the requirement to convene a case staffing when the Child Protection Team reports that medical neglect is substantiated. The case staffing shall be attended, at a minimum, by the Child Protective Investigator (CPI), department legal staff, representatives from the Child Protection Team that evaluated the child, Children's Medical Services (CMS), the community-based care lead agency, and any providers of services to the child. The Agency for Health Care Administration (ACHA) shall be in attendance if the child is Medicaid eligible. The staffing shall consider available services, given the family's eligibility for services; services that are effective in addressing conditions leading to medical neglect allegations; and services that would enable the child to safely remain at home.

ACTION REQUIRED: Please share this memorandum with all child protective investigators and sheriff offices conducting child protective investigations.

CONTACT INFORMATION: If you have any questions regarding this update, please contact Brooke Bass, CPI Practice & Policy Manager, Brooke.Bass@myflfamilies.com or 850-717-4643.

cc: Grainne O'Sullivan, Director of Children's Legal Services
Regional Family and Community Services Directors
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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Chapter 9

COORDINATION WITH CHILD PROTECTION TEAM (CPT)

9-1. Purpose. The Children's Medical Services Program with the Department of Health is statutorily directed, per s. [39.303](#), F.S., to develop, maintain, and coordinate one or more multi-disciplinary child protection teams (CPTs) in each region of the Department. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services. Each CPT's main purpose is to supplement the child protective investigation activities of DCF or designated sheriffs' offices by providing multidisciplinary assessment services to the children and families involved in child abuse and neglect investigations. CPTs may also provide assessments to Community-Based Care (CBC) providers to assist in case planning activities, when resources are available. Information from CPT assessments are critical in developing the information domains, determining findings and establishing safety actions.

9-2. Mandatory Referral Criteria. The investigator must make a referral to CPT when the report contains the following allegations as mandated by s. [39.303\(2\)](#), F.S.:

- a. Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- b. Bruises anywhere on a child 5 years of age or under.
- c. Any report alleging sexual abuse of a child.
- d. Any sexually transmitted disease in a prepubescent child.
- e. Reported malnutrition of a child and failure of a child to thrive.
- f. Reported medical neglect of a child.
- g. Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- h. Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

9-3. Mandatory Referral Process.

a. An investigator must contact CPT in person or by phone to discuss all reports meeting the mandatory criteria listed in paragraph 9-2 above to determine the need for CPT services.

(1) If an injury is observed or the preliminary information obtained supports the reported maltreatment, the investigator should contact CPT as soon as possible to arrange for a medical evaluation or other CPT services.

(2) If there is no indication of injury and the preliminary information obtained does not support the reported maltreatment, the investigator should contact CPT within two working days to attain a consensus decision (i.e., between the investigator and the CPT case coordinator) in regard to the need for a medical evaluation or other CPT services.

b. The investigator should provide the following information to the CPT case coordinator when discussing the need for or scheduling of CPT services:

- (1) The investigator's personal observation of the injury site (if visible);

d. The investigator shall keep the CPT case coordinator responsible for the case involved and informed as to final safety determinations and safety actions.

e. The investigator shall follow established local protocols and requirements for making referrals to CPT after regularly scheduled business hours.

9-6. Medical Neglect Consultation Requirements.

a. In reports alleging medical neglect, the investigator will contact CPT and request an immediate medical consultation after identifying present danger resulting from a parent not meeting a child's essential medical needs. The purpose of this call is to identify immediate responses needed to further evaluate or address the medical needs of the child. The consultation should discuss the need for the following immediate responses based upon information obtained by the investigator or the investigator's direct observation of the child:

- (1) Calling 911 to dispatch first responders to the home.
- (2) Directing the parents to take the child to the nearest hospital emergency room.
- (3) The investigator taking the child into custody and requesting that the parents follow the investigator to the nearest hospital emergency room.
- (4) Arranging for a medical evaluation of the child by CPT as soon as possible.

b. In reports alleging medical neglect in which present danger is not identified, the investigator will contact CPT within two working days to discuss essential information needed to be obtained by the investigator for the assessment and identification of impending danger.

c. When developing a safety plan due to the parent not meeting the child's essential and basic medical needs, the child protective investigator must consult with CPT to consider the available services required to address the child's medical condition and services which would enable the child to remain safely within the home. When considering a present danger plan, the child protective investigator will consider the availability of services and the level of needed care. When considering the development of an impending danger safety plan, the child protective investigator will utilize information obtained from CPT to inform the safety planning analysis criteria.

d. If the Child Protection Team determines that medical neglect is substantiated, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator, department legal staff, representatives from the Child Protection Team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration (if the child is Medicaid eligible), the community-based case lead agency, and any providers of services to the child.

9-7. Child Fatality Consultation Requirements.

a. When an investigator's maltreatment finding involving a child fatality is not compatible with a CPT's verified finding that the child's death resulted from abuse, neglect or abandonment, a staffing to reach consensus on the appropriate finding should be held prior to the investigation being closed.

b. The investigator shall notify the regional child fatality specialist of the date and time of the scheduled staffing. Both the investigator and the regional child fatality specialist are required to participate in the staffing.

9-11. Documentation. The investigator will document the information provided to CPT and all recommendations resulting from the team staffing in a case note within two business days.

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9-1. Purpose. The Children's Medical Services Program with the Department of Health is statutorily directed, per s. [39.303](#), F.S., to develop, maintain, and coordinate one or more multi-disciplinary child protection teams (CPTs) in each region of the Department. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services. Each CPT's main purpose is to supplement the child protective investigation activities of DCF or designated sheriffs' offices by providing multidisciplinary assessment services to the children and families involved in child abuse and neglect investigations. CPTs may also provide assessments to Community-Based Care (CBC) providers to assist in case planning activities, when resources are available. Information from CPT assessments are critical in developing the information domains, determining findings and establishing safety actions.

9-2. Mandatory Referral Criteria. The investigator must make a referral to CPT when the report contains the following allegations as mandated by s. [39.303\(2\)](#), F.S.:

- a. Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
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- e. Reported malnutrition of a child and failure of a child to thrive.
- f. Reported medical neglect of a child.
- g. Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- h. Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

9-3. Mandatory Referral Process.

a. An investigator must contact CPT in person or by phone to discuss all reports meeting the mandatory criteria listed in paragraph 9-2 above to determine the need for CPT services.

(1) If an injury is observed or the preliminary information obtained supports the reported maltreatment, the investigator should contact CPT as soon as possible to arrange for a medical evaluation or other CPT services.

(2) If there is no indication of injury and the preliminary information obtained does not support the reported maltreatment, the investigator should contact CPT within two working days to attain a consensus decision (i.e., between the investigator and the CPT case coordinator) in regard to the need for a medical evaluation or other CPT services.

b. The investigator should provide the following information to the CPT case coordinator when discussing the need for or scheduling of CPT services:

- (1) The investigator's personal observation of the injury site (if visible);

(2) The caregiver's explanation for the injury (if present);

(3) Statements from other sources (e.g., siblings, other children in the home, household members, family members, collateral contacts, etc.) on the cause of any observed injury; and,

(4) A description of the interactions between the parent(s) and the child.

c. If there is consensus that no CPT services are needed, the investigator should scan the Intake/Referral form which documents the referral and rationale for closure without CPT services into the FSFN file cabinet and/or – if an Intake/Referral form is not used locally – enter a case note into FSFN within two business days of being notified that the CPT Medical Director or his/her designee determined that CPT services were not needed.

d. When consensus cannot be reached between the investigator and the CPT case coordinator on the need for a CPT consult, the participants should refer the matter to their respective managers (i.e., child protective investigator supervisor and CPT Team Coordinator) for resolution.

e. If consensus cannot be reached between the investigation Supervisor and CPT Team Coordinator on the need for a CPT consult, the participants should refer the matter to their respective managers (i.e., Operational Program Administrator or equivalent and local CPT Medical Director) for resolution.

f. If consensus cannot be reached between the Operational Program Administrator or equivalent and CPT local Medical Director on the need for a CPT consult, the matter should be referred to the Family Safety Operations Manager or equivalent and Statewide Medical Director for resolution.

9-4. Conflict Resolution Over CPT Findings or Recommendations.

a. When an investigator does not agree with a CPT finding or recommendation(s), the investigator must notify his or her Supervisor and initiate a follow-up discussion with the CPT Case Coordinator in an attempt to reach consensus regarding the differences in professional positions.

b. If consensus cannot be reached between the investigator and the CPT Case Coordinator after the follow-up discussion, a staffing involving the investigator, investigator supervisor, Case Coordinator, Team Coordinator (and local Medical Director if the disagreement involves a medical issue) should be held within five working days to resolve the differences in professional positions.

c. If the staffing does not result in resolution of all the major issues and concerns, the matter should be referred to the Family Safety Operations Manager or equivalent and Statewide Medical Director for resolution.

9-5. General Consultation Requirements.

a. To the extent practical, the investigator shall be present for CPT medical assessments.

b. Following the medical exam, the investigator should discuss findings and safety planning, if needed, with the CPT physician, and CPT case coordinator. The investigator should obtain CPT's medical report with preliminary impressions and recommendations. If a written hardcopy of the report is not immediately available, the investigator should document the verbal discussion of the CPT findings and recommendations in FSFN within two working days.

c. The investigator shall attend and participate in every formal case staffing and consultation.

d. The investigator shall keep the CPT case coordinator responsible for the case involved and informed as to final safety determinations and safety actions.

e. The investigator shall follow established local protocols and requirements for making referrals to CPT after regularly scheduled business hours.

9-6. Medical Neglect Consultation Requirements.

a. In reports alleging medical neglect, the investigator will contact CPT and request an immediate medical consultation after identifying present danger resulting from a parent not meeting a child's essential medical needs. The purpose of this call is to identify immediate responses needed to further evaluate or address the medical needs of the child. The consultation should discuss the need for the following immediate responses based upon information obtained by the investigator or the investigator's direct observation of the child:

(1) Calling 911 to dispatch first responders to the home.

(2) Directing the parents to take the child to the nearest hospital emergency room.

(3) The investigator taking the child into custody and requesting that the parents follow the investigator to the nearest hospital emergency room.

(4) Arranging for a medical evaluation of the child by CPT as soon as possible.

b. In reports alleging medical neglect in which present danger is not identified, the investigator will contact CPT within two working days to discuss essential information needed to be obtained by the investigator for the assessment and identification of impending danger.

c. When developing a safety plan due to the parent not meeting the child's essential and basic medical needs, the child protective investigator must consult with CPT to consider the available services required to address the child's medical condition and services which would enable the child to remain safely within the home. When considering a present danger plan, the child protective investigator will consider the availability of services and the level of needed care. When considering the development of an impending danger safety plan, the child protective investigator will utilize information obtained from CPT to inform the safety planning analysis criteria.

d. If the Child Protection Team determines that medical neglect is substantiated, the department shall convene a case staffing which shall be attended, at a minimum, by the child protective investigator, department legal staff, representatives from the Child Protection Team that evaluated the child, Children's Medical Services, the Agency for Health Care Administration (if the child is Medicaid eligible), the community-based case lead agency, and any providers of services to the child.

9-7. Child Fatality Consultation Requirements.

a. When an investigator's maltreatment finding involving a child fatality is not compatible with a CPT's verified finding that the child's death resulted from abuse, neglect or abandonment, a staffing to reach consensus on the appropriate finding should be held prior to the investigation being closed.

b. The investigator shall notify the regional child fatality specialist of the date and time of the scheduled staffing. Both the investigator and the regional child fatality specialist are required to participate in the staffing.

9-8. Reports from Hospital Emergency Rooms.

a. When an investigator's initial contact with a child victim is at a medical facility or hospital emergency room, the investigator will consult with the attending physician to determine whether the injury or illness is the result of maltreatment.

b. If the physician who examined the child is not associated with CPT, the investigator will immediately contact the local CPT office to share the examining physician's impressions and contact information with a case coordinator. CPT will determine whether or not to respond on-site to conduct additional medical evaluation of the child and/or determine the need for follow-up CPT services.

c. If the child has been treated and released from the medical setting prior to the investigator's arrival, the investigator will follow the standard mandatory referral process to CPT as described above in paragraph 9-3 of this operating procedure.

9-9. Reconciling Differing Medical Opinions.

a. Physicians and other professionals involved in the medical care and treatment of a child may occasionally express differing medical opinions related to two key aspects of the investigation:

(1) Whether or not an injury or observed harm is the result of caregiver maltreatment.

(2) Whether or not a caregiver's failure to seek medical care or provide ancillary medical treatment constitutes medical neglect.

b. Since CPT medical providers have specialized training, experience and expertise in the field of child abuse, the investigator should use and act on the CPT medical finding(s) and recommendation(s) when the medical opinion of an attending physician or primary care physician differs from the CPT physician's diagnosis/assessment/recommendation(s).

c. When other information gathered throughout the investigation supports the position of the attending or primary care physician, the investigator should follow the conflict resolution procedures outlined specifically in paragraph 9-4 of this operating procedure.

9-10. Supervisor.

a. The supervisor will ensure the investigator:

(1) Completed a referral to CPT as statutorily mandated by reviewing the CPT recommendations or the Intake/Referral form when no CPT services were appropriate.

(2) Is successfully achieving collaboration and teamwork with CPT professionals involved.

(3) Understands and adheres to local protocols.

(4) Uses the conflict resolution process or requests a second medical opinion from the statewide CPT Medical Director prior to using a medical opinion from the child's primary care physician or an attending physician with a certified specialty in the maltreatment, which differs from the CPT medical provider.

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

9-11. Documentation. The investigator will document the information provided to CPT and all recommendations resulting from the team staffing in a case note within two business days.

