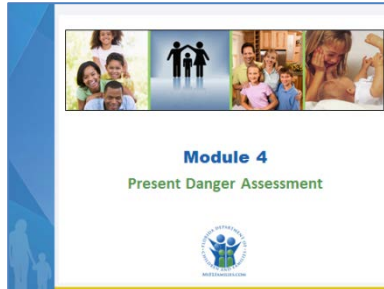


Module 4: Present Danger Assessment



Module 4: Present Danger Assessment

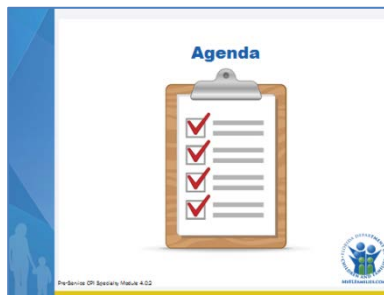
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Time: 18 hours

Module Purpose: The purpose of this module is to identify the necessary actions that must be completed to assess present danger, establish a present danger safety plan and utilize Children’s Legal Services for removal/separation action.

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Agenda:

- Unit 4.1:** Present Danger Assessment
- Unit 4.2:** Developing a Present Danger Safety Plan
- Unit 4.3:** Temporary Removal Due to Present Danger
- Unit 4.4:** Investigations Involving a False Report
- Unit 4.5:** Patently Unfounded Investigations
- Unit 4.6:** Continuing the Assessment Process

Materials:

- Trainer’s Guide (TG)
- Participant’s Guide (PG) (Participants should bring their own.)

- PowerPoint slide deck
- Markers
- Flip chart paper
- List of community resources

Activities:

Unit 4.1:

Activity: Present Danger Case Study – Did You See What I Saw? – TG: 13

Unit 4.2:

Activity: Safety Planning – TG: 28

Activity: Safety Plan Writing – TG: 31

Activity: Safety Plan Evaluation – TG: 35

Activity: CLS Staffing Role Play – TG: 37

Unit 4.3:

Activity: Determining Emergency Separation/Removal – TG: 42

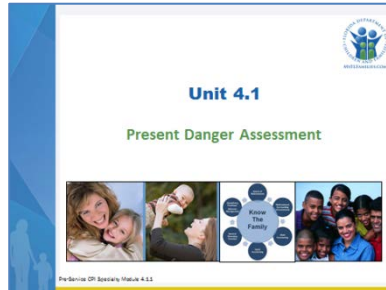
Activity: Shelter Protocol – TG: 50

Unit 4.6:

Activity: Minute to Win It – TG: 64

Unit 4.1:

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Time: 6 hours

Unit Overview: The purpose of Unit 1 is to identify the purpose of and demonstrate the ability to complete a present danger assessment.

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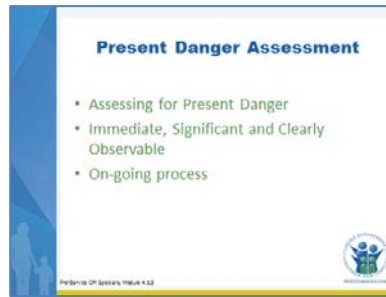
Review the Learning Objectives with the participants.



Learning Objectives:

1. Identify the purpose of the Present Danger Assessment.
2. Explain how to complete a Present Danger Assessment, including FSFN application considerations.
3. Complete a Present Danger Assessment, including FSFN application considerations.

Display Slide 4.1.3



To assess for Present danger, we use what is called the Present Danger Assessment (PDA).

Turn to **PG: 4-5**, for a blank copy of the PDA.

PG: 6

The assessment of present danger begins when the Hotline receives a call and they evaluate the degree to which the situation being reported is currently a threat of severe harm to a child. These are situations in which the response time would be immediate.

Remember you will always begin an investigation by determining whether or not there is a present danger threat. This determination is made regardless of the initial response priority assigned by the Hotline.

As you will recall from Core, the Hotline starts the process of gathering information in the six domains. You will continue the information collection process once you have determined whether there is present danger threat that needs to be addressed.

At the point of initial contact, you want to immediately assess for any indication of present danger and respond accordingly with the development and implementation of a present danger safety plan.

The only assessment consideration you have during the completion of the PDA is the identification of present danger. You will recall that present danger threats are immediate, significant, and clearly observable family behavior or condition that is actively occurring and is already endangering or threatening to endanger a child.



FLORIDA SAFETY DECISION MAKING METHODOLOGY Child Present Danger Assessment

Case Name:
Worker Name:
Intake/Investigation ID:

FSFN Case ID:
Assessment Date:
Completed Date:

IDENTIFICATION OF THREATS OF DANGER TO A CHILD

I. DANGER THREATS

(Severity and significance of diminished Parent/Legal Guardian Protective Capacities as it relates to child vulnerability which creates a threat to child safety. The vulnerability of each child needs to be considered throughout information collection and assessment)

Yes No

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> | 1. Parent/Legal Guardian/Caregiver is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed. |
| <input type="checkbox"/> <input type="checkbox"/> | 2. Parent/Legal Guardian/Caregiver's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child |
| <input type="checkbox"/> <input type="checkbox"/> | 3. Parent/Legal Guardian/Caregiver is violent, impulsive, or acting dangerously in ways that have seriously harmed the child or will likely seriously harm the child. |
| <input type="checkbox"/> <input type="checkbox"/> | 4. Parent/Legal Guardian/Caregiver is threatening to seriously harm the child; Parent/Legal Guardian is fearful he/she will seriously harm the child. |
| <input type="checkbox"/> <input type="checkbox"/> | 5. Parent/Legal Guardian/Caregiver views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child. |
| <input type="checkbox"/> <input type="checkbox"/> | 6. Child shows serious emotional symptoms requiring immediate intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that Parent/Legal Guardian/Caregiver is unwilling or unable to manage. |
| <input type="checkbox"/> <input type="checkbox"/> | 7. Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the Parent/Legal Guardian/Caregiver explanations are inconsistent with the illness or injury. |
| <input type="checkbox"/> <input type="checkbox"/> | 8. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health. |
| <input type="checkbox"/> <input type="checkbox"/> | 9. There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm. |
| <input type="checkbox"/> <input type="checkbox"/> | 10. Parent/Legal Guardian/Caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed. |
| <input type="checkbox"/> <input type="checkbox"/> | 11. Other. Explain: |



FLORIDA SAFETY DECISION MAKING METHODOLOGY Child Present Danger Assessment

II. SAFETY INTERVENTION

- No Present Danger Threats are identified.
- Danger Threat(s) identified - Present danger threat is identified. Proceed to develop or modify existing Safety Plan, continue information collection and Family Functioning Assessment.

Briefly describe assessment of the Parent/Legal Guardian/Caregiver's historical and current capacity to, ability to, and willingness to protect the child.

If at any time during agency intervention a danger threat is determined, immediately proceed to implementing a Safety Plan and conducting an In-Home Safety Analysis.



When can a present danger threat occur in the investigative process?

Trainer Note: Remember that present danger was covered in Core. Participants should be able to recall most of what is covered in terms of qualifiers. Present danger is usually identified at initial contact, however it can occur at any point during the course of an investigation or while the family is receiving case management services. The key point is that investigators are always assessing for danger threats.



You have to remember that you will continually assess and evaluate for any danger threats regardless if they are present danger or impending danger threats, but right now we are only going to focus on present danger threats.

Let's talk about the conditions or qualifiers for a present danger threat.



Who can tell me the present danger qualifiers?

Endorse:

Immediate, significant and clearly observable.



What do we mean when we say a present danger threat must be immediate?

Endorse:

“Immediate” for present danger means that danger in the family is happening during the time that the investigator or case manager is in the home. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, and is actively in the process of placing a child in peril.



What does it mean when we say a present danger safety threat has to be “significant?”

Endorse:

“Significant” for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control or extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. “Significant” is anticipated harm that can result in severe pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death. What the CPI or case manager encounters becomes the dominant matter that must be addressed immediately.



What is “clearly observable?”



Present danger is “clearly observable,” as what is happening or in the process of happening is totally transparent. The investigator or case manager will see and experience it in obvious ways. There is no guesswork; if the worker has to interpret what is going on to be present danger it is not present danger. Usually, when Present danger exists because of extreme family conditions, a child’s condition, individual behavior or acts, or family circumstances the investigator or case manager will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.

When Present Danger exists because of extreme family conditions, a child’s condition, individual behavior or acts, or family circumstances you will know even without conducting interviews. Just to be clear, this does not mean that you do not complete the interviews and the FFA, it simply means that there

will be cases where the danger threat is obvious.



Who can give me a real life case example or case scenario that would meet the present danger threat qualifier criteria?



Let's go through the list of 11 standardized danger threats that are used to assess present danger.

Please turn to your reference guide and look at the Present Danger Threats.

Trainer Note: Have participants read each threat aloud and the case examples. Encourage participants to share any case examples that they may have. Make sure that the participants have the blank PDA next to the danger threat definitions and examples.

Remember, present danger can happen at any time and can arise at any point in the life of the investigation.



If you think back to Core training and your field experience, what role do family dynamics have on safety?

Endorse:

Even though the Present Danger Assessment is on the front end of the practice model, it is not a front-end only assessment. Circumstances in the family can change at any point and present as an immediate, significant and clearly observable danger threat to a child.

Let's walk through the Present Danger Assessment. But before we do this, I want to reiterate that this is not simply about completing a form. The form is really about the practice model structure and process. It is your guide for assessing present danger threats.



Are there any questions about these three requirements?

**PG: 6**

When we get to Section II, the focus of the narrative is on:

What is happening right now that creates the present danger threat?

When writing the narrative, you want to stay focused on the “here and now” and not get mired down with historical facts that are not relevant to the present danger threat. You want to be succinct and focused in your writing.

In other words, you have to answer two questions:

- 1) What is creating the danger right now?
- 2) What must you do to keep the child safe?

The key to the Present Danger Assessment narrative is that you are recording the here and now issue.

Just as a reminder, it is essential that you do not assume that the absence of a present danger threat equates to the absence of impending danger in the home as well. There may be factors that contribute to out of control family conditions that are more difficult to identify like the child is afraid to disclose abuse because of threats by parents, or the stigma of child abuse in general, co-dependency issues in the family, etc.). Remember, you should continually assess to what degree you have obtained sufficient information across all six information domains in order to accurately assess for impending danger.

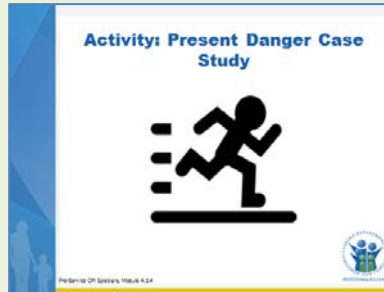


Are there any questions?



Activity: Present Danger Case Study – Did You See What I Saw?

Display Slide 4.1.4



Materials:

- **PG: 8-15, Case Studies**

Trainer Instructions:

- *Direct participants to **PG: 8-15**.*
- *Participants will work as a group to evaluate for the following:*
 - Is Present Danger Indicated –yes/no.
 - What is the Present Danger? (Identify, describe, using immediate, significant, clearly observable).
 - If there is not a present danger, participants will need to present their rationale.
- *Write a PDA narrative for each case.*

Scenario 1

**Reporter: Dr. Gary Jenkins
Vincent**

Case Narrative: Tuesday at 10:30 a.m. a call was received from a pediatrician regarding Phil and Clara Vincent and their 18-month-old daughter Sheila. Parents brought her in because of concerns of not eating, fever, and presenting listless. The examination revealed a current fracture that is a twist as well as two other older breaks that are at different stages of healing (calcification). Parents are unable to provide any explanation for any of the injuries. The parents are cooperative, concerned about their child, and seem to be open in discussions.

Trainer Note: The Present Danger is the unexplained injury. The injury is clearly observable and reportable by a physician. The unexplained injury as a present danger is worsened by an established history of injuries. This is a significant injury for a toddler. The fact that the injury is unexplained means

the danger has to be considered to be in process.

- Clearly observable child condition – Serious injuries, history of injuries, unexplained injuries, fever, not eating, listless.
- Clearly observable individual behavior – Someone has caused serious injuries and the parents are offering no explanation for the injuries.
- Significant – Serious injuries, assaultive behavior, out-of-control behavior.
- Immediate – Injuries have happened; a current injury exists; there is no way of knowing if additional injuries will follow; the lack of explanation results in a conclusion that danger is in process.

Is present danger indicated? Yes No

If yes, what is the danger threat (s)?

Immediate Significant Clearly Observable

If no, what is your rationale?

PDA Narrative

Scenario 2

**Reporter: Sherri Lott
Simmons**

Case Narrative: The Aunt has not seen the family, Jeronda Simmons, 26, for about six months. Jeronda has three children: Trey, 10; Carley, 5; and Devon, 2. Today Jeronda stated that she was in the neighborhood and went by the home to see how she was doing. Jeronda has a new boyfriend, John Walker. Jeronda stated that both of the adults in the home were acting strange and that Jeronda was acting out of character. After being there a while, John eventually stepped out. The Aunt asked questions about him and about his employment. Jeronda confided that he makes and sells drugs. The Aunt challenged Jeronda to prove it. She led her to a back bedroom and reporter observed what she believed to be the needed items and materials to manufacture meth. Carley’s bedroom and the bedroom that the boys share are right next to the room where the drugs are made. Jeronda stated that she has told John that she wants him to take that out of the house, but he refuses and becomes very angry and aggressive with her.

Trainer Note: The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child’s physical health. The existence and possible manufacturing of meth poses the Present Danger. This is significant given the toxic and combustible potential when manufacturing meth. This is a clearly observable, reportable family circumstance that is in the process of happening.

- Clearly observable child condition – Condition is situational. Children are living in proximity to dangerous activity and chemicals.
- Clearly observable individual behavior – Evidence exists indicating that John is manufacturing and selling meth; he intends to keep doing it; he does not accept the apparent danger to all living in the household; he holds no regard for the children’s safety.
- Significant – Dangerous people in the household, ingestion, serious injury or death.
- Immediate – Evidence exists indicating that the meth activity and intention of John are current.

Is present danger indicated? Yes No

If yes, what is the danger threat (s)?

Immediate Significant Clearly Observable

If no, what is your rationale?

PDA Narrative



Scenario 3

**Reporter: Camille Hanover (Paternal Grandmother)
Seaton**

Case Narrative: The grandmother stated that today she was at the home of her daughter-in-law, Teri Williams, 21. Her son is in the military and is currently deployed overseas and is due to return in six months. They have a son, Brent, 15 months. The Grandmother states that it well known that Teri

is very lazy and extremely dirty. The Grandmother stated that she has been getting more concerned recently because she believes that her son was the only one who would ever maintain and clean the house. This morning when she went to the home; the conditions were deplorable. She observed, “more animals in the home than she could count.” There was also a chicken living in the house; it had a broken neck, and Teri stated that one of the dogs had gotten after it and nearly killed it. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet apart. Dishes, beer cans, and full ashtrays were everywhere. The Grandmother stated that she observed Brent put two cigarette butts in his mouth and the mother did not respond. The Grandmother removed them each time from his mouth. They argued about the condition of the home, and the mother blames the grandmother for the agency involvement. The child is highly mobile, climbing all over the home. The child was dirty and he had a sagging diaper. The mother says that she has been sick and is very tired which she says explains the conditions of the home. The mother promised to clean up the home and to keep the home clean. She says that she can call on friends to help.

Trainer Note: The child’s physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger the child’s physical health. The living conditions pose a danger to the child. What is described goes beyond being a dirty home; there are clearly health hazards to the child given his mobility. While “deplorable” is a word that carries some value judgment, the facts that are observed and reported indicate direct danger to the health of a toddler.

- Clearly observable child condition – No apparent physical symptoms or reactions from home condition; however, age of child and mobility exposes him to health hazards (e.g., feces, ingestion of dangerous substances, etc.)
- Clearly observable individual behavior – Mother refuses to clean, is apparently lax in supervision of child, oblivious to implications for child’s health.
- Significant – Amount of feces, other health hazard conditions, injured animals, apparent life style unsuitable for an unprotected unsupervised child.
- Immediate – State of conditions existing over time, no indication of acknowledgement by the mother, no intention of the mother to accept conditions and change them, likely continuance of conditions is obvious.

Is present danger indicated? Yes No

If yes, what is the danger threat (s)?

Immediate Significant Clearly Observable

If no, what is your rationale?

PDA Narrative

Scenario 4

Reporter: Tammy Leiker, RN, Lovelace Home Health Care Baker

Case Narrative: A nurse practitioner has been working with Diane Baker, 40, and her child, Scott, 9, for about the last six months. Scott has type 1 diabetes. The nurse states that she has been working with the mother about the necessary care, monitoring, and medication management. She stated that this is the longest that she has ever had to work with a family before they were able to handle things on their own. She is unclear if the mother is limited cognitively, not taking this seriously enough, or simply does not care. Type 1 diabetes can have very serious implications which range from death, seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), and foot damage which could lead to toe, foot, or leg amputation. The nurse had taken enough medication to last a month when she saw the mother at her last home visit one month ago. This morning, when she made her monthly home visit, almost all of the insulin and meds were still there unused. The mother's explanation was nonchalant and stated that Scott was fine. He was at the home, on the couch, sweating, and stating that he felt nauseous. The nurse checked his blood sugar and it was dangerously low. He had to have an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized before the reporter left the home. Scott is not old/responsible enough to manage this on his own. The mother's brother, Brian, who began moving in with them on Wednesday, has Diabetes as well. CPI was not able to speak with him because he was driving back with the rest of his belongings and wouldn't be in until late Friday night. Diane stated that Brian often scolds her and Scott about Scott not taking his medicine. Brian is moving in with them to help the mother with

bills and to be a male figure for Scott; both seemed excited about this situation.

Trainer Note: Parent/legal guardian/caregiver is not meeting the child’s essential medical needs and the child is/has already been seriously harmed or will likely be seriously harmed. Child needs medical attention, child is unable to protect self, and caregivers are unable to perform essential parental responsibilities.

- Clearly observable child condition – Scott is a diabetic, type 1 who relies on insulin to live. Without consistent medical attention, Scott can become hypoglycemic which could result in death. When the nurse found Scott he was in need of medical attention. The need for medical attention for Scott remains, despite the nurse leaving the home.
- Clearly observable individual behavior – The mother is in denial and refuses to provide routine necessary treatment. Brian is moving into the home and appears to be responsible.
- Significant – While the child’s condition was serious at the time of the nurse’s visit, treatment has occurred and the child is stable at the time of contact, but the present danger remains as the child’s medical condition is immediate and is in need of attention that the mother is not meeting.
- Happening now – The child is in need of consistent and constant treatment of his diabetes, therefore present danger still exists.

Trainer Note: This is a hard judgment. However, strictly applying Present Danger criteria, Scott is in Present Danger. Arguably Scott was in Present Danger when the nurse showed up at the house, and remained in a state of danger when the nurse left the home. The thing about this case is that despite Scott being okay now, the lack of care could result in his becoming unstable again.

Is present danger indicated? Yes No

If answered yes, what is the danger threat (s)?

Immediate Significant Clearly Observable

If no, what is your rationale?

PDA Narrative



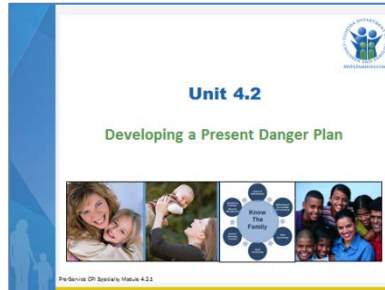
Are there any questions about these scenarios and the presence or absence of present danger??



I also need to note that if a parent refuses to speak with you and denies access to the child, you should immediately discuss with your supervisor and determine the most appropriate response. The typical process to request assistance from local law enforcement to assess the situation and take the child into protective custody if needed. The bottom line is that you have to assess the situation and ensure that the child is not in an unsafe situation.

Unit 4.2: Developing a Present Danger Plan

Display Slide 4.2.1



Time: 6 hours

Unit Overview: The purpose of Unit 2 is to identify the purpose of a present danger plan and the safety actions that are included in the development and implementation of the plan.

Display Slide 4.2.2



Review the Learning Objectives with the participants.



Learning Objectives:

1. Explain the purpose of a present danger plan.
2. Explain safety actions available to manage the child’s safety, opting for the “least-intrusive” path first as it relates to investigations where presents danger exists.
3. Evaluate identified safety action to determine whether or not the present danger plan is the least intrusive/most-family-centered possible to keep the child safe.
4. Develop a present danger plan that is the least restrictive to manage a child’s safety and addresses the present danger identified by the investigator.

5. Explain the FSFN requirements for present danger plan documentation.
6. Complete documentation for the present danger plan.
7. Determine when consultation with CLS may be required or beneficial (before removal) to confirm probable cause for removal or identify potential sources for admissible evidence to support a finding of probable cause.

**PG: 16**

Once you have determined that a present danger threat exists, you have no choice but to assure protection against any further abuse or neglect. This means that you must take protective actions prior to leaving the home in order to keep the child from being harmed. In other words, you have to control for safety.

Keep in mind that there may also be times when protective actions need to be taken by you immediately upon arrival at the home. For example, you arrive at the home to find the parents actively engaged in a domestic violence incident in front of the children. If the parent is violent and/or out of control, you may have to take protective actions and leave the home with the child in custody.

In this scenario, you may not have time to gather more information but you still have to develop and implement an out of home safety plan to control or manage the identified threat in the home.

Development of a Present Danger Safety Plan in the early stages of the case is your attempt to create a “safety bubble” around the children in the home.

The present danger plan also gives you additional time to collect sufficient information on the family, which in turn will lead to decisions related to whether or not you need to implement on-going protective actions and safety management services and support.

Remember that present danger plans are short-term, meaning they are only in place until the Family Functioning Assessment is complete and only last as long as it takes to complete the investigation. If there is a Present Danger Plan in place, the Family Functioning Assessment should be completed within 14-days.

This means that you should work expeditiously to complete the investigation and FFA process as soon as possible. You must have a sense of urgency because families are waiting for you to determine how the case will proceed.



Are there any questions or comments you have about this section?

Display Slide 4.2.3 (PG: 16-17)



The ability to develop and implement an effective safety plan when a child is in need of immediate protective action (Present Danger) or on-going safety management (Impending Danger) is the most important aspect of child protection.

Your number one priority is to keep children safe which means that you will need to fully assess the need for safety actions as well as craft a plan which the family buys into and can be quickly implemented and easily monitored.

As you recall, Florida's Child Welfare Practice Model is based on Federal and State laws as well as family centered practice. Safety interventions with families in a family-centered practice model should be the least restrictive and least intrusive as possible.

What this means is that you have no other safety option but to consider using an “in-home” safety plan first. If it is determined that an in-home plan will not keep the child safe, then you pursue an “out-of-home” placement and plan.



What is the purpose of safety plans?

Trainer Note: Allow multiple responses to this question and exchanges of ideas. Safety plans are designed to control danger threat(s) that impact child safety.

Display Slide 4.2.4 (PG: 17)



There are three ways that safety actions can be developed, implemented and monitored:

1. Use of family-made arrangements.
2. Non-Judicial protective interventions.
3. Judicial protective interventions.



Who can tell me what family-made arrangements are?

PG: 17

“Family-made arrangements” are those arrangements made by a parent or legal guardian and approved by the Department. Refer participants to Safety Methodology Practice Guidelines, All Staff and review the requirements of Family-Made Arrangements.

**PG: 18**

Safety Actions are implemented based on how the danger threats are manifesting in the home. There are four possible safety actions that involve the use of an In-Home Safety Plan:

1. A responsible adult moves into the home 24/7.
2. A responsible adult is in the home periodically.
3. A responsible adult routinely monitors the home.
4. Either the alleged perpetrator temporarily leaves the home or the non-maltreating parent will temporarily leave the home with the child/children.

There are three more possible safety actions that involve the use of an Out-of-Home Safety Plan

1. The child temporarily lives with someone in the family network known as a family made arrangement.
2. Child is removed and placed with a relative or non- relative
3. Child is removed and placed in a licensed emergency shelter or foster care placement



How do you determine that a person is a responsible adult and can be a safety service provider?

Endorse:

- **Person is willing and able**
- **Understands and believes the danger threat**
- **Is aligned with the plan and the child**



This brings us back to the word sufficiency. You must sufficiently determine and document that:

- The family and informal support network can sufficiently manage the identified danger threat on its own; and
- The non-maltreating caregiver has the capacity and willingness to protect.

To ensure sufficiency during a family made arrangement, you will have to assess whether or not the responsible adult providing the temporary care of the child is fully aligned with the plan and child and following through with safety activities as agreed upon.

Since family-made arrangements are designed to be temporary, you may not close an investigation in which family-Made arrangements are in place unless:

- The child has been re-assessed as safe and the safety plan has been discontinued, OR
- A case transfer conference has been conducted and responsibility for safety management has been transferred to a contracted service provider for ongoing case management.

Since family-made plans are heavily dependent upon the parent’s level of cooperation and willingness to comply with the agreed upon tasks without court oversight or accountability, you will have the primary responsibility for monitoring the safety plan to ensure the family’s compliance with the agreed upon safety actions.



What would be an example of family-made arrangements that would not ensure safety?

Are there any questions?



PG: 18-19

The next level of safety action is called “Non-Judicial Protective Intervention.”

The purpose of non-judicial protective interventions are to stabilize the household by providing ongoing case management services and supervision from the Department or contracted service provider without court ordered supervision.

Non-judicial protective interventions are used when the current family resources are compromised or insufficient to perform the activities or tasks required to ensure the child’s safety.

Non-judicial protective interventions are not court ordered, however they should be approached, discussed and initiated as

non-negotiable elements of the plan. It is your job to balance the non-negotiable aspects of the plan with the family centered practices of empowerment and teaming. This means that whenever possible you should give the family the opportunity to weigh-in or be part of the development of the safety plan.



Why do we want to approach non-judicial protective interventions as non-negotiable?



Are there any questions about the distinction between Family Designated Arrangements and Non-Judicial Protective Interventions?



So if you think in terms of a hierarchy of least intrusive/restrictive to most intrusive/restrictive, you would start at family designated arrangements, then move to non-judicial interventions then to what we call Judicial Protective Interventions.

Judicial Protective Interventions are ongoing case management services and supervision from the Department or contracted service providers aimed at stabilizing the household with court ordered supervision.

For some families, having the court involved may be the only effective course of action to motivate and/or influence the parents to cooperate with or participate in the safety management process.

What is important to remember is that even if the court is involved, it is your responsibility to continually engage with, and motivate and monitor the family outside the courtroom. You will have the most contact with the family so you are the eyes and ears for the court.

It is also important to remember that if you are in court, you have exhausted the other safety options. This may mean that the family actually needs more from you, not less, because of the

court involvement.



Are there any questions?

Display Slide 4.2.5 (PG: 19)



Remember, the purpose of safety planning is to control the behaviors, emotions, or conditions that result in a child being in present danger. You may use informal safety service providers such as family members and family-made arrangements with a responsible adult caregiver. You can also use formal providers or services such as:

- Crisis Management such as same day counseling (problem solving and crisis resolution).
- Behavior Management such as stress reduction and/or behavior modification.
- Social Connections such as home visitors/home visiting programs to reduce isolation and increase social supports; basic parenting assistance.
- Resource Support such as locating and acquiring resources the family needs such as transportation, employment assistance, housing assistance, general health care, food and clothing, essential home furnishings.
- Separation activities that are planned separation activities for designated periods of time such as respite care, childcare, after school care.

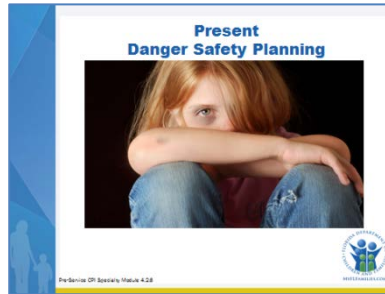
Using formal and informal safety providers and services gives you an added layer of supervision and monitoring, but it is

ultimately your responsibility to ensure that those services are in place and are effective.



Are there any questions about informal and formal safety providers and services?

Display Slide 4.2.6



Activity: Safety Planning

Materials:

- **PG: 20-23, Case Scenarios**

Trainer Instructions:

- *This exercise is concerned with conceptualizing what is required when considering a present danger plan.*
- *The CPI's role during present danger planning is to ensure that the plans that are developed with families are sufficient. In order to ensure sufficiency, workers must be aware of the danger, be able to critically analyze what it will take to ameliorate it and what is required to establish a present danger plan.*
- *Assign one of the scenarios in the PG to each participant and have them read the scenario and answer the following questions: What is the present danger? What questions do you have to inform the level of intrusiveness needed to control for safety for the child? In-home or out-of-home? What would be needed to keep the child in the home safely? What would be the necessary actions, tasks, or services that would be needed to control the present danger, for in-home or out-of-home.*
- *Go over each scenario as a large group with those assigned answering their questions.*
- *Debrief as necessary.*

Scenario 1**Reporter: Camille Hanover (Paternal Grandmother)****Seaton**

The initial contact occurred at 2:00 pm on Wednesday. The CPI interviewed the mother, Teri Williams (21). Teri's husband is in the military and is currently deployed overseas and is due to return in six months. Teri has a son, Brent (15-months). The report had indicated that Teri is very lazy and extremely dirty. The grandmother expressed concern because she believes that her son was the only one who would ever maintain and clean the household. At the initial contact, the home was as it had been described in the report. Conditions were deplorable. There were several dogs and cats, chickens and chicks, and a goose, which Teri put out of the house because it became aggressive during the home visit. There was a dead chicken near the entryway. The house reeked of animal urine and feces. The piles of fecal matter were about every 2-3 feet. Dishes, beer cans, and full ashtrays were everywhere. Brent was highly mobile and was crawling and walking all over. He was dirty and appeared to have a dirty diaper on. Teri was belligerent from the beginning. Her wrath was mainly directed at her husband's mother who she accused of reporting her. She referred to her mother-in-law as a meddler. She complained about how hard her life is with her husband being gone and how only military families are suffering or "paying dues" because of the war. She said she has been sick and is very tired which explains the condition of the home. She promises to clean the home up. She says she will call on her friends and may even ask her mother-in-law and father-in-law to help out.

1. What is the Present Danger?

The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.

2. What questions do you have to inform the level of intrusiveness needed to control for safety for the child? In-home or out-of-home? What would be needed to keep the child in the home safely?

Is the home such that no person can come into the home?

What are the resources/supports that the mother has—military supports?

Is there anyone that the mother has identified that can care for the child?

Intrusiveness depends on the severity of the home environment—if it is so bad that no one should be living there, then you will have to look at an out-of-home present danger plan—or a plan for both mother and child to leave the home.

3. What would be the necessary actions, tasks, or services that would be needed to control the present danger, for in-home or out-of-home?

For an in-home—we need someone there that is going to supervise the child.

We need someone that is going to take action to keep the child from getting into the hazardous conditions.

For an out-of-home—we need someone that will care for the child—supervise the child.

Scenario 2

Reporter: Tammy Leiker, RN, Lovelace Home Health Care Baker

The report was received at 1:00 pm on Friday; the initial contact occurred at 2:30 pm. RN Leiker was present for the initial contact. She has been working with Diane Baker (40) and her child, Scott (9), for the last six months. Scott has type 1 diabetes. RN Leiker indicated she works with Diane on the necessary care, monitoring, and medication management for Scott. RN Leiker stated that 6 months is the longest she has ever had to work with a family before they were able to handle things on their own. During the initial contact, Diane seemed listless and disinterested. She doesn't believe there is a problem in how she manages Scott's medical care. It was unclear if Diane is limited cognitively, not taking this seriously enough, or simply does not care. Unmanaged Type 1 diabetes can have very serious medical complication which can include: seizures, heart and blood vessel disease, nerve damage, kidney failure, retinal eye damage (blindness), foot damage which could lead to toe, foot, or leg amputation and a possibly death. It was confirmed that Diane has a month's worth of medication, which means she has provided Scott with virtually no medication since RN Leiker's last visit. Diane's explanation was nonchalant. She said that Scott was fine. Diane appears to not perceive or understand the acute seriousness of the situation. Scott was at the home during the initial contact. He was lying on the couch, sweating, and stating that he felt nauseous. RN Leiker checked his blood sugar and it was dangerously low. She gave him an emergency injection of glucagon, a hormone that stimulates the release of sugar into the blood. He stabilized within minutes. Scott is not old/responsible enough to manage this on his own. Diane's brother, Brian, who began moving in with them on Wednesday, has diabetes as well. Brian was not available to be interviewed because he was driving back with the rest of his belongings and wouldn't be back until late Friday Night. Diane stated that Brian often scolds her about Scott not taking his medicine. Brian is moving in with them to help Diane with bills and to be a male figure for Scott; both seemed excited about this situation.

1. What is the Present Danger?

Parent/legal guardian/caregiver is not meeting the child's essential medical needs AND the child is/has already been seriously harmed or will likely be seriously harmed.

2. What questions do you have to inform the level of intrusiveness needed to control for safety for the child? In-home or out-of-home? What

would be needed to keep the child in the home safely?

What are the medical needs of the child? Who can meet them? How are they met?

Is there anyone that can be in the home to provide this care on a consistent basis?

3. What would be the necessary actions, tasks, or services that would be needed to control the present danger, for in-home or out-of-home?

Child needs medical attention that is consistent and that a person can take the necessary action to ensure that the child's needs are met.



Activity STOP



Activity: Safety Plan Writing

Display Slide 4.2.7



Materials:

- **PG: 24, Safety Plan Writing worksheet**
- **PG: 25, Blank Present Danger Safety Plan**

Trainer Instructions:

- *Have Participants complete a present danger safety plan on the case that they reviewed in the previous exercise.*



Activity STOP

FLORIDA SAFETY DECISION MAKING METHODOLOGY
Present Danger Safety Plan

Case Name: _____	Intake/Investigation ID: _____
Worker Name: _____	Effective Date: _____
Safety Plan Type: <input type="radio"/> In-Home <input type="radio"/> Out-of-Home	

Child Name	Date of Birth	Age

A. DANGER THREAT(S) DESCRIPTION (Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

B. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for Each Task?	Begin Date	Resources or People Who Will Help	Frequency of Intervention	Who is Responsible for Monitoring	Target/ Follow-up Date

C. TERMINATION

Termination Date: _____

Explanation: _____

D. SIGNATURES

Caregiver	Date	Other	Date	Child Protective Investigator	Date
Caregiver	Date	Other	Date	Supervisor	Date
		CPI will provide a copy to persons included in the plan to ensure child safety.			

Original: Caregiver

Copy: File _____



FLORIDA SAFETY DECISION MAKING METHODOLOGY
Child Safety Plan

Case Name:	Croft, Amy	Intake/Investigation ID:	2013-622805-01
Worker Name:	Martin, Allison	Effective Date:	1/6/13
Safety Plan Purpose:	Present Danger		

Child Name	Date of Birth	Age
Thomas, Micah	7/11/2011	33 months (2 1/2 years)
Thomas, Makenzie	4/7/2004	9
<i>If there are more than five children, please list all remaining children in this row:</i>		

I. DANGER THREAT(S) DESCRIPTION

Specific Threats to Child Safety – Describe safety concerns that would pose present or impending danger

Amy Croft and Blake Thomas are both incarcerated. Mr. Thomas was incarcerated several months ago and has not been providing for care of his children since that time. Ms. Croft was providing for care of Micah and Makenzie, however was arrested this afternoon for manufacturing and distribution of methamphetamine. Ms. Croft has been leaving Micah and Makenzie with Donna Hamilton, a person who is also on probation for manufacturing and distribution of methamphetamine. In addition, Micah has been frequenting the home in which Amy has been manufacturing and distributing methamphetamine.

At this time there are no available careproviders for Micah and Makenzie, as both parents are incarcerated. The arrangements that Ms. Croft made with Ms. Hamilton cannot be approved as a safe placement for the children. The maternal grandparents of Micah and Makenzie are not able to provide for care of the children as they are caring for their sister under a Power of Attorney from the mother that has

Worker will provide a copy to persons included in the plan to ensure child safety
Original: Caregiver
Copy: File

Page 1 of 4
Version 1.0
07/01/2013



FLORIDA SAFETY DECISION MAKING METHODOLOGY

Child Safety Plan

been in place for the past year. The paternal great grandmother is also not available to care for the children as she is currently in a nursing home.

Mr. Thomas and Ms. Croft were in agreement with placement of Micah and Makenzie in foster care as they were not able to identify any other immediate and appropriate resources.

II. SAFETY PLAN

Actions to Keep Child Safe	Who is Responsible for the Action?	Resources or People Who Will Help	Freq. of Intervention	Who is Responsible for Monitoring
Children will be placed in temporary foster care due to no available care provider.	DCF CPI Allison Martin and Foster Parents	Foster Parents	Daily	DCF CPI Worker, Allison Martin

Worker will provide a copy to persons included in the plan to ensure child safety
 Original: Caregiver
 Copy: File

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Activity: Safety Plan Evaluation

Display Slide 4.2.8



Materials:

- **PG: 26, Safety Plan Evaluation worksheet**

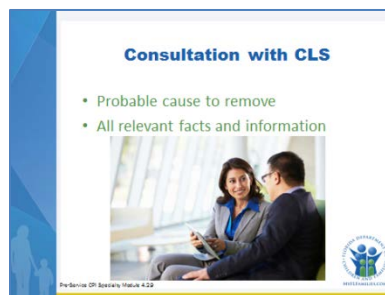
Trainer Instructions:

- *Have participants pair-up and exchange their safety plans for review by the other person. Instruct participants to assess for least intrusive/restrictive safety actions and to make recommendations for improvement.*
- *Collect the plans to review.*
- *Debrief the exercise.*



Activity STOP

Display Slide 4.2.9 (PG: 27)



In most situations, you will staff a case with your supervisor and the Children’s Legal Services attorney (or AG/SAO legal counsel) prior to the removal of a child, but in some circumstances the immediate danger to the child is so great that you will need to

take the child into custody prior to consulting with the attorney. In all cases, you must ensure that reasonable efforts were made to prevent removing the child from the home. Of course, if there is nothing available that can alleviate the substantial and immediate danger to the child you must take them into custody.

When you go to legal staffing, you must be prepared to discuss all of the relevant facts and information so that the attorney can determine whether or not there is available and admissible evidence to establish probable cause to remove the child. The attorney is responsible for preparing any court petitions and presenting the case at the shelter hearing. You are expected to be adequately prepared for and available to testify at the shelter hearing.

To ensure reasonable efforts have been made to prevent removal of the child from their household, you will need to:

- Show reasonable diligence in offering, arranging, and providing all needed services.
- Document all services that were offered, arranged, or provided for the child and family in order to prevent removal of the child or that no services were available to ensure safety.

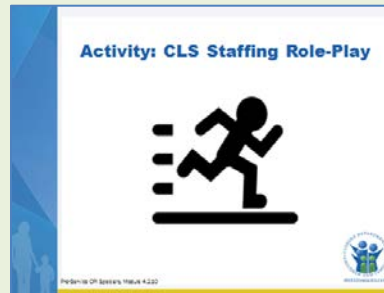
Please turn to Seeking Court Supervision and Demonstrating reasonable efforts in your Safety methodology Practice Guidelines, All Staff and let's look at services that you should consider.

Trainer Note: Be prepared to identify specific service providers in your area if possible. Encourage participants to note them in their manual or if your locale has a 211 guide, hand them out or give them the website or explain the 211 system. You may want to log in so that you can show them how to utilize the system. Also, if you know who the contracted providers are, provide that information as well. Encourage participants to share any local services that they may know of.



Activity: CLS Staffing Role-Play

Display Slide 4.2.10



Materials:

- **PG: 27, CLS Staffing Role-Play worksheet**
- Case scenarios from previous exercise

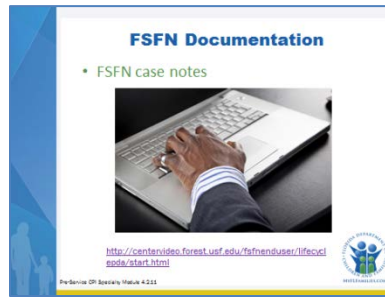
Trainer Instructions:

- *Have selected participants staff the cases they reviewed in previous exercises with you acting as the CLS attorney. If possible, have CLS attorneys come in to participate and talk to the class.*
- *You will role-play the role of the CLS attorney while the participant presents their case to you. Assign one person from each group to be the CPI and one to act as the supervisor.*
- *Give the groups time to put together a list of information that they would present. Your job is to ask them about the relevance of the information as well does it meet present danger criteria.*
- *Debrief the group.*



Activity STOP

Display Slide 4.2.11 (PG: 28)



Everything that you have done to this point must be in FSFN. This includes any staffing's with CLS. You must also provide and document any information regarding reasonable efforts to prevent removal of the child. We are now going to watch how you document the PDA in FSFN.

Trainer Note: Locate the following link and show to the class followed by a question/answer period. Remind participants that they have access to this online training and they should consult their supervisor when they have questions.

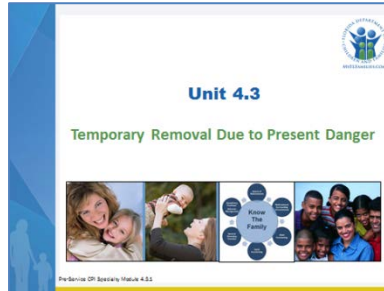
<http://centervideo.forest.usf.edu/fsfnenduser/lifecyclepda/start.html>



We are now going to move into the next unit, which will look at removals due to present danger. But before I go on are there any questions?

Unit 4.3: Temporary Removal Due to Present Danger

Display Slide 4.3.1



Time: 4 hours

Unit Overview: The purpose of Unit 3 is to identify the legal basis for a temporary removal due to present danger.

Display Slide 4.3.2



Review the Learning Objectives with the participants.



Learning Objectives:

1. Identify the legal basis for emergency separations, through present danger plans, under Chapter 39, Florida Statutes.
2. Determine when emergency removal/separation is warranted and considered the least-intrusive/most-family-centered way to keep the child safe. Provide justification for your recommendation.
3. Describe the actions to be taken by the investigator when the safety action required within the present danger plan involves taking legal action to ensure the child's safety is managed through an involuntary out of home present danger plan.

4. Describe the legal activities required should an emergency removal/separation be needed.
5. Describe the legal activities required while the FFA is being completed and if a present danger plan requires out of home placement.
6. Explain how to create the required legal documents in FSFN for removal.
7. Create the required legal-related documentation in FSFN, if there is sufficient information warranting legal involvement and a separation is warranted.

Display Slide 4.3.3 (PG: 29)



When you get to the point of removal, you have made reasonable efforts to prevent the removal of the child, established probable cause and you have documented your efforts in FSFN.

Section 39.402, F.S., should be your reference for what requirements must be met before you can remove a child and shelter them.

Chapter 39.402, F.S., states that a child taken into custody shall not be placed in a shelter prior to a court hearing unless there is probable cause to believe that:

1. The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment;
2. The parent or legal custodian of the child has materially violated a condition of placement imposed by the court; or
3. The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide

supervision and care.

When you remove a child from the home, you must have the case heard before the court within twenty-four (24) hours of the removal. This twenty-four (24) hour timeframe starts from the time of the actual removal.

Twenty-four hours is not that much time. This is the reason that you must demonstrate that you have made reasonable efforts to keep the child in the home, documented your efforts and consulted with your supervisor and CLS. You must be ready to show the court that there is probable cause to remove the child.



Who can tell me the three safety actions or options for out-of-home safety plans?

PG: 29

Endorse the following actions:

1. The child temporarily lives with someone in the family network.
2. The child is placed with a relative after background checks have been completed and the home study initiated.
3. No appropriate relative or non-relative placement is known or available and the child is placed in a licensed emergency shelter/foster care placement.



Whenever there is an emergency placement, you must complete a unified home study (UHS).

Trainer Note: Review the protocol for the Unified Home Study for emergency placements outlined in UHS User Guide located at:

<http://centerforchildwelfare2.fmhi.usf.edu/kb/FSFN/UnifiedHomeStudyGeneralInstructions-Mar2013.pdf>



Are there any questions?



Activity: Determining Emergency Separation/Removal

Display Slide 4.3.4



Materials:

- **PG: 30-31, Case Study**

Trainer Instructions:

- *Present the cases to the class and lead a discussion on whether or not there was a present danger and if removal was the least intrusive, family centered safety action.*
- *Have participants give rationale for response as well as actions that could have been taken.*

Activity: Determining Emergency Separation/Removal

Instructions:

- *Read the case scenarios below and determine if the removal was warranted and the least intrusive, most family-centered way to keep the family safe.*

Activity Notes:

A concerned neighbor alleges that a mother left her 2-year-old daughter and 15-year-old son home alone. She alleges that the mother has a long history with the Department and her older son is living with his grandmother now. The caller also states that the mother is “crazy” and she thinks that she may be in the woods behind the house. She has not seen the mother for days and has not heard the baby cry for at least two nights. The 15-year-old has had several friends coming and going all hours of the night.

Upon arriving at the home, you see numerous cars at the home and eight males in the front yard ranging in age from what appears to be 12-years-old

to early 20's. There is a strong odor of marijuana in the air.

When the CPI gets to the door, she is greeted by the mother who appears to be intoxicated because of the smell of liquor on her breath. The house is very dirty and the 2-year-old is only in a diaper. She appears to be adequately nourished and clean however there are bruises on her thighs and arms. The 15-year-old son reports that he watches the baby most of the day while his mother sleeps. He has not attended school in over two weeks and is very guarded with his answers and denies any kind of abuse or neglect. The mother's boyfriend recently left the home.

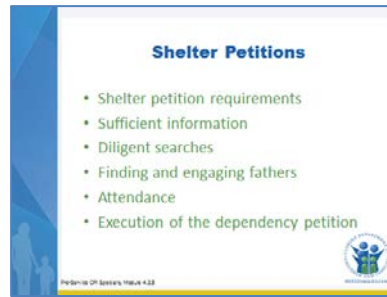
An anonymous call to the hotline alleges that there are two children are under the age of four who are living in a "house from hell." The caller alleges that the stench from the house is so awful that she can't go outside. She also alleges there are always a lot of people in and out of the house. The caller reported that the children are outside sometimes until 9:00 or 10:00 pm without shoes on and sometimes the little one only has a diaper on. The caller believes that the mother may be pregnant.

When you are walking up to the door, you smell a very strong odor but do not not what the odor is. The house has all of the blinds closed and there is only one vehicle in the driveway. The neighborhood is a low-income neighborhood known as a high drug and crime area.

The mother becomes belligerent with you when you introduce yourself and tell her the allegations. She tells you the children are two and 4-years-old. You observe that the children are in dirty clothes and the 4-year-old is not potty trained. The children have what appear to be bites on them. The mother reports that the children are outside all of the time and they are mosquito bites. Both children come up to you without hesitation with the two-year-old putting his arms up to be held. The four-year-old has very poor language skills and his brother did not speak any words at all. The children were did not engage with their mother at all. Open beer cans were observed throughout the house. The mother states that she is 22-year-old and does not have family in the area. She knows the names of both fathers of the children but does not know where they are located. The mother admits to feeling overwhelmed with the children.



Activity STOP

Display Slide 4.3.5 (PG: 31)**PG: 31-32**

Trainer Note: The shelter petition provisions are presented in this section. You can have participants go over them in Chapter 39, F.S. Be sure to highlight the following. Florida's of Juvenile Procedures.

So now we are at the point where we have removed the child and will be going to court in 24-hours. Chapter 39.402 and Florida Rules of Juvenile Procedure 8.305 guides what must be in a shelter petition. CLS will file the petition and it should contain the following:

- Specify the name, address, date of birth, and sex of the child or, if unknown, designate the child by any name or description by which he or she can be identified with reasonable certainty. Rule 8.305(a)(1).
- Specify the name and address, if known, of the child's parents or legal custodian and a description of your efforts to notify them of the shelter hearing. § 39.402(8)(b); Rule 8.305(a)(2).
- If the child has been removed from the home, state the date and time of the removal. Rule 8.305(a)(3).
- Provide probable cause that reasonable grounds for removal exist and that the provision of appropriate and available services will not eliminate the need for placement. § 39.402(8)(d)1.
- Specify that the child is of an age subject to the jurisdiction of the court. Rule 8.305(a)(4).
- State the reasons why the child needs to be placed in a shelter. Rule 8.305(a)(5).
- List the specific reasonable efforts, if any, which were made by the CPI to prevent or eliminate the need for the removal or continued removal of the child from the home or, if no such efforts were made, a description of the emergency that existed and prevented these efforts. s. 39.402(8)(h)5 F.S.; Rule 8.305(a)(6).
- State that placement in shelter care is necessary based on the criteria in ss. 39.402(1)-(2). and 39.402(8)(h)1, F.S.

- State that placement in shelter care is in the best interest of the child. s 39.402(8)(h) 2, F.S.
- State that continuation of the child in the home is contrary to the welfare of the child because the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety that cannot be mitigated by the provision of preventive services. s. 39.402(8)(h)3, F.S.
- State that, based upon the allegations of the petition for placement in shelter care, there is probable cause to believe that the child is dependent. s. 39.402(8)(h)4, F.S.
- Recommend where the child is to be placed or whether the CPI is to be responsible for placement. Rule 8.305(a)(7).
- The petition should be signed by the petitioner and, if represented by counsel, by the petitioner's attorney. Rule 8.305(a)(8).



Are there any questions about what is in the shelter petition?



It is important to note that under Chapter 39, F.S., you are required to give a responsible adult relative or the adoptive parent of the child’s sibling shall be given placement priority consideration over a licensed placement. s. 39.401(3)(b), F.S.



Why do we give priority to placing with relatives?

Follow-up—What if the family designates a non-relative? For example a friend or neighbor?

Endorse:

Statutory requirements and best interest of the child take precedence.



Who can tell me what the probable cause criteria are?

Endorse:

- The child has been abused, neglected, or abandoned, or is suffering from or is in imminent danger of illness or injury as a result of abuse, neglect, or abandonment;
- The parent or legal custodian of the child has materially

violated a condition of placement imposed by the court; or

- The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.



A child taken into custody may be placed or remain in a placement only if one or more of the conditions we just discussed applies and the court has made a specific finding of fact regarding the necessity for removal of the child from the home and has made a determination that the provision of appropriate and available services will not eliminate the need for placement.

Whenever a child is taken into custody, you will need to:

- Notify the parents/caregivers,
- Provide the parents/caregivers with a statement setting forth a summary of procedures involved in dependency cases, and
- Notify parents/caregivers of their right to obtain their own attorney.



Why do we want to take these steps?

Endorse:

It is required by statute and it ties into the practice model. You want the parents/caregivers involved in the process.



PG: 33-34

If the child is sheltered, you will need to give notice to the parents or legal custodians of the child. If the parents or legal custodians are outside the jurisdiction of the court, are not known, or cannot be located or refuse or evade service, they shall be given such notice as best ensures their actual knowledge of the date, time, and location of the shelter hearing.

If you are providing or attempting to provide notice to the

parents or legal custodians and they are not present at the hearing, you must advise the court either in person or by sworn affidavit of the attempts you made to provide notice and the results of those attempts.

You are required to give the parents or legal custodians written notice that:

- They will be given an opportunity to be heard and to present evidence at the shelter hearing; and
- They have the right to be represented by counsel, and, if indigent, the parents have the right to be represented by appointed counsel, at the shelter hearing and at each subsequent hearing or proceeding, pursuant to the procedures set forth in s. 39.013, F.S.
- If the parents or legal custodians appear at the shelter hearing without legal counsel, then, at their request, the shelter hearing may be continued up to 72-hours to enable the parents or legal custodians to consult legal counsel.
- If the parents or legal custodians request a continuance, the child shall be continued in shelter care for the length of the continuance, if granted by the court.

Remember with the least intrusive, family centered approach, a child may not be removed from the home or stay out of the home if appropriate services in the home would mean that the child could safely remain there.

If the child has been removed from the home and the reasons for his or her removal have been remedied, the child may be returned to the home

At the shelter hearing, the court will

- Appoint a guardian ad litem to represent the best interest of the child, unless the court finds that such representation is unnecessary;
- Inform the parents or legal custodians of their right to counsel to represent them at the shelter hearing and at

- each subsequent hearing or proceeding,
- Give the parents or legal custodians an opportunity to be heard and to present evidence.

At the shelter hearing, the Children's Legal Services attorney will represent the department, but will be depending on you to provide them with documentation and recommendations. The court will need copies of any available law enforcement, medical, or other professional reports, and copies of abuse hotline reports pursuant to state and federal confidentiality requirements.

DCF will also inform the court of:

- Any identified current or previous case plans negotiated in any district with the parents or caregivers under this chapter and problems associated with compliance.
- Any adjudication of the parents or caregivers of delinquency.
- Any past or current injunction for protection from domestic violence
- All of the child's places of residence during the prior 12-months.

At any shelter hearing, recommendations for scheduled contact between the child and parents, if appropriate will be made to the court. The court determines whether or not visitation is in the best interest of the child. Any order for visitation or other contact must conform to the provisions of s. 39.0139, F.S.

If visitation is ordered it should begin within 72-hours by statute. In visitation cannot commence within 72-hours of the shelter hearing, the Department will need to provide justification to the court.



Why do we want visitation to start within 72-hours?

Endorse:

Reduce the trauma of removal and continuity for the child and family should be part of the responses.



There is a time limit for children remaining under shelter status. A child may not be held in a shelter under an order for more than 60 days without an adjudication of dependency. Additionally, a child may not be held in a shelter for more than 30-days after the entry of an order of adjudication unless the court has entered an order of disposition.

Time is of the essence for the best interests of children. Time limitations are a right of the child, which may not be waived, extended, or continued unless there is a warranted reason why.

At the conclusion of the shelter hearing, you must provide referral information to parents or legal custodians if they are seeking voluntary services.

PG: 35

At the conclusion of a shelter hearing, the court will:

- Inquire as to whether or not the parent has relatives who might be considered as a placement for the child. The parent will be instructed to provide to the court and all parties identification and location information regarding the relatives.
- Advise the parent that the parent has a continuing duty to inform the department of any relative who should be considered for placement of the child.
- Notify all parties in writing of the next scheduled hearing to review the shelter placement.

The hearing can be held no later than 30-days after placement of

the child in shelter status, in conjunction with the arraignment hearing.



Are there any questions?

Trainer Note: Acknowledge that this was a lot of information and reiterate that participants will need to refer to the statutory requirements and seek supervisory consultation to ensure that they have met all timelines and procedural requirements.



Activity: Shelter Protocol

Display Slide 4.3.6



Materials:

- **PG: 36, Shelter Protocol worksheet**
- Case scenarios from previous activities

Trainer Instructions:

- *Have participants identify the protocol they would use to shelter the children in the previous activity. Make sure that they know what information they need for the CLS staffing and that they have staffed with their supervisor.*



Let's review. You must make sure that sufficient information has been gathered to enable CLS to file the shelter petition or if legal intervention is not necessary, provide sufficient information to enable a decision to have the child(ren) returned home.

You must show that you made reasonable efforts to keep the

children in the home and that you have probable cause to remove the children. If the children have been removed or will be removed, you must make diligent searches for parents and relatives who can potentially care for the child(ren).

Refer participants to 39.402(8)(h)5.

(h) The order for placement of a child in shelter care must identify the parties present at the hearing and must contain written findings: 5. That the department has made reasonable efforts to prevent or eliminate the need for removal of the child from the home. A finding of reasonable effort by the department to prevent or eliminate the need for removal may be made and the department is deemed to have made reasonable efforts to prevent or eliminate the need for removal if:

- a. The first contact of the department with the family occurs during an emergency;
- b. The appraisal of the home situation by the department indicates that the home situation presents a substantial and immediate danger to the child's physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services;
- c. The child cannot safely remain at home, either because there are no preventive services that can ensure the health and safety of the child or because, even with appropriate and available services being provided, the health and safety of the child cannot be ensured; or
- d. The parent or legal custodian is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights in s. 39.806(1)(f)-(i).

PG: 36-37



Once the child is sheltered, you should continue collecting information in the six domains for the FFA, keeping in mind that you may also need to obtain supporting documents for subsequent hearings and reviews (i.e. police reports, court documents from criminal and civil cases; CPT reports, medical records, etc.).

During the course of information collection for the FFA, you will want to also keep in mind the names and addresses of anyone who can act as a witnesses if need be. You will need to attend

case planning staffings, mediations, as well as the arraignment hearing, so you want to make sure that you are prepared.

You will also need to think about how you will engage fathers who may or may not have been present in the home in the safety planning process and consider them as potential placements for the child.



Why do you need to involve the father at the investigative stage?

What if the father has not been involved with the child or worse case scenario does not even know he has a child?

Trainer Note: Let this discussion go as long as needs to help participants understand that fathers play a vital role in their children's lives and the practice model may encourage them to become more involved in their children's lives.



As we stated in the previous section, parents are required to give the names of potential placements for the child. You must be diligent in attempting to identify and engage fathers who may or may not have been active in the child's life. You simply cannot discount them if they have not been active in the child's life.

When a child has been placed in shelter care, there are also (72-hours) requirements for medical evaluations and health screens that you must consider.

You may also request a psychological evaluation of a child or family member from CPT so that you will have a comprehensive assessment of emotional, behavioral, psychological or intellectual functioning.



Why would this information be important to you as an investigator?

Endorse:

It would assist with making the correct placement, maintaining that placement and getting the correct services support in the home in place.



When any child is removed from the home and maintained in an out-of-home placement, the department is authorized to have a medical screening performed on the child without authorization from the court and without consent from a parent or legal custodian (72-hours). The medical screening should be performed by a licensed health care professional. The purpose of the screen is to examine the child for injury, illness, and communicable diseases and to determine the need for immunization.

Invasive procedures or Psychotropic medications require either:

- A consent for medical treatment shall be obtained from a parent or legal custodian of the child.
- A court order if a parent or legal custodian of the child is unavailable and his or her whereabouts cannot be reasonably ascertained.

If a parent or legal custodian of the child is available but refuses to consent to the necessary treatment, including immunization, a court order shall be required unless the situation meets the definition of an emergency in s. 743.064 F.S., or the treatment needed is related to suspected abuse, abandonment, or neglect of the child by a parent, caregiver, or legal custodian. In such cases, the department shall have the authority to consent to necessary medical treatment. This authority is limited to the time reasonably necessary to obtain court authorization. In no case shall the department consent to sterilization, abortion, or termination of life support.



Are there any questions about how to access medical evaluations/treatment?



Who can tell me what psychotropic medications are and why they are used?

Endorse:

Psychotropic medications are used to treat mental health disorders such as depression, schizophrenia, bipolar and ADHD.

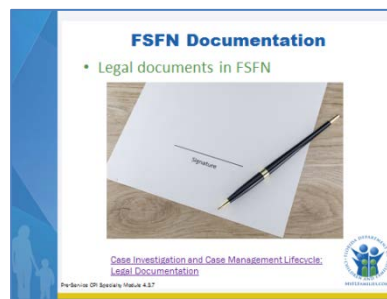
If a child who is removed from the home under s. 39.401 F.S., is receiving prescribed psychotropic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the Department may take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current prescription for that child and the medication is in its original container.

If the Department continues to provide the psychotropic medication to a child when parental authorization cannot be obtained, the Department shall notify the parent or legal guardian as soon as possible that the medication is being provided to the child. You must document the reason parental authorization was not obtained and an explanation of why the medication is necessary for the child's well-being.



Activity STOP

Display Slide 4.3.7

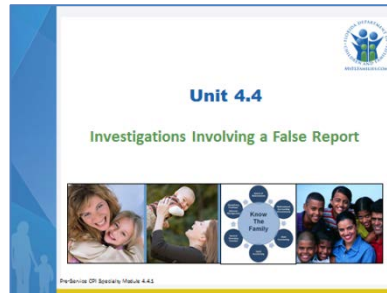


We are now going to watch the training video on legal documentation when there is a removal.

<http://centervideo.forest.usf.edu/fsfnenduser/lifecyclelegdoc/start.html>

Unit 4.4: Investigations Involving a False Report

Display Slide 4.4.1



Time: 30 minutes

Unit Overview: The purpose of Unit 4 is to identify the specific practice and procedural requirements for discontinuing an investigation involving a false report.

Display Slide 4.4.2



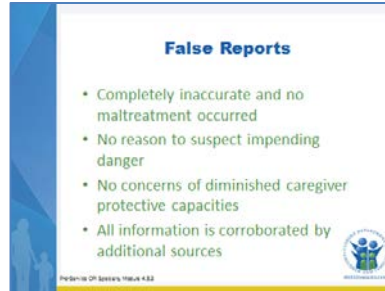
Review the Learning Objectives with the participants.



Learning Objectives:

1. Define "false reports."
2. Describe the procedural steps an investigator must take to discontinue investigative activity due to a false report.

Display Slide 4.4.3 (PG: 38-39)



We are going to divert a little bit here and talk about when you can discontinue an investigation. We have discontinuation of the investigation in this position in the curriculum because you want to be absolutely sure that there is not a safety issue that you need to address.

You cannot discontinue the investigation without first having a consultation with your supervisor to determine if sufficient information has been collected to support the determination of a false report.

These are the four safety considerations that you need to determine before you discontinue a case:

1. That the information reported was completely inaccurate and no maltreatment occurred, and;
2. No reason to suspect impending danger threats are identified, and;
3. There are no concerns over diminished protective capacities in the caregiver;
4. All information collected from subject and collateral contacts is completely consistent (i.e., corroborated by more than one source and no discrepancies in what is reported) or additional information is provided by the investigator to reconcile any apparent discrepancies in the reported information.



Did anyone have any experience with a false report while they were in field that would like to share their experience?

What do you think the reasons are for calling in a false report?

Endorse:

Under s. 39.01(27), F.S., a false report is defined as a report of abuse, abandonment, or neglect of a child made to the central abuse hotline, which is maliciously made for the purpose of:

- Harassing, embarrassing, or harming another person
- Personal financial gain for the reporting person
- Acquiring custody of a child
- Personal benefit for the reporting person in any other private disputes involving the child



How do you think you become aware of a potentially false report?

Endorse:

Typically someone is going to tell you that the report is false and have a reason why. “We are in the middle of a divorce and she will do anything to make sure I do not get shared custody.” Correct response should include through interviews and/or observations or through a complaint submitted by the subject of the false report.



If you suspect that a false report was made, you will flag the report indicating a suspicion that the report is potentially false. Once a report is identified as a potential false report, a course of action will be decided with you and your supervisor. Approval of this closure type is dependent upon a supervisory consultation. The supervisor must concur that sufficient investigative activities were conducted to provide sufficient information to justify discontinuing the investigation.

If the investigation is discontinued with supervisory concurrence, you will refer the report to law enforcement for possible criminal

investigation and/or to the Office of General Counsel for consideration of levying an administrative fine in accordance with s. 39.206, F.S.

So let's recap:

- You should not use this closure type when you simply "suspect" a false report.
- You must have sufficient evidence or information to warrant the necessary and required concurrent action of referring the case to law enforcement.
- Every report using this closure type should have a subsequent referral to law enforcement documented in the file.



Are there any questions?

Unit 4.5: Patently Unfounded Investigations

Display Slide 4.5.1



Time: 30 minutes

Unit Overview: The purpose of Unit 5 is to identify the specific practice and procedural requirements for discontinuing patently unfounded investigations.

Display Slide 4.5.2



Review the Learning Objectives with the participants.



Learning Objectives:

1. Define the term “patently unfounded.”
2. Identify the criteria and the procedural steps an investigator must take to discontinue investigative activity due to a patently unfounded report.

Display Slide 4.5.3 (PG: 40)



The other situation that may arise is when a report is made in good faith and is patently unfounded.

“Patently Unfounded” means that the information reported was completely erroneous and inaccurate and no maltreatment occurred, there is no other identified present danger threats, and there are no reported or observed concerns about the parent, legal guardian, or caregiver’s diminished capacities.

Patently unfounded closures may not be used in reports involving sexual abuse allegations or when you observe an actual physical injury to the child regardless of the child or parents explanation for the cause of the injury.



Why does it make sense that we don’t want to discontinue an investigation on sexual abuse allegations or where you see an actual physical injury to the child?

Endorse:

Sexual abuse cases are very difficult to investigate and often times there is associated secrecy, shame and guilt. If there is a physical injury, it cannot be patently unfounded—the word patently means or obvious—in these two types of case it is not apparent or obviously unfounded.



Just as in cases with a false report, you must have a consultation with your supervisor to determine if sufficient information has been collected to support the determination of a patently

unfounded report.

You may close the investigation with no further investigative activities recommended, with a closure reason of patently unfounded.

Trainers Note: Make sure participants can differentiate patently unfounded from False Reports. Give examples if necessary.

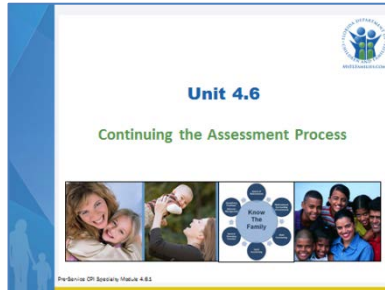
1. To recap, patently unfounded closures are made when:
2. The information reported was completely inaccurate and no maltreatment occurred,
3. No other identified present danger threats are identified, no concerns for impending danger and;
4. There are no concerns over diminished protective capacities in the caregiver responsible for the child's welfare, and;
5. All information collected from subject and collateral contacts is completely consistent or you provide additional information to reconcile any apparent discrepancies in the reported information.



Are there any questions?

Unit 4.6: Continuing the Assessment Process

Display Slide 4.6.1



Time: 1 hour

Unit Overview: The purpose of this unit is to assist CPI's with identifying the gaps in information collections and determining sufficiency to make sound safety determinations.

Display Slide 4.6.2



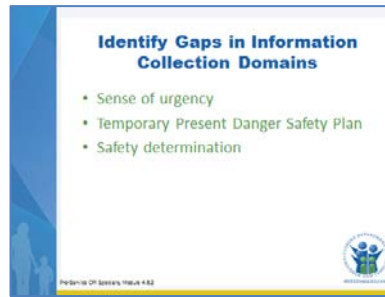
Review the Learning Objectives with the participants.



Learning Objectives:

1. Explain the next actions associated with the family functioning assessment-investigations in terms of information collection.
2. Determine which information is still needed to sufficiently complete a FFA-Investigation in order to make a safety determination.

Display Slide 4.6.3



At this point in the investigation, we have completed the pre-commencement activities, made initial contact, completed the Present Danger Assessment, a present danger safety plan, and have been to the shelter hearing if removal was warranted.

You will now need to identify gaps in the information collection domains complete FFA-Investigations.



Activity: Minute to Win It

Display Slide 4.6.4



Materials:

- **PG: 41, Minute to Win It worksheet**
- Sticky Notes
- Watch or timer

Trainer Instructions:

- *Each table group will use their sticky note pad to write down as many things as they can recall from Core about the FFA in one minute.*
- *Present to the large group.*



Activity STOP



The FFA-Investigations should be completed with a “sense of urgency” which means as soon as possible but no later than 14 days from the date present danger is identified.

The temporary present danger safety plan that you developed and implemented with the family is designed to provide a two week “window” to gather sufficient information to complete the assessment process.



Why should you feel a sense of urgency-why only 2 weeks from the present danger safety plan?

Endorse:

Present danger safety plans are designed to be temporary. The 14-day window ensures that the CPI be working the case to alleviate the present danger and to get the correct services in place and hopefully place the child back in the home.



At the end of the 14-day window and completion of the FFA, you should know whether or not each child in the home safe or unsafe.

Trainer Note: Below is a critical thinking series of questions about the domains. The goal is for the participants to think through the importance of sufficient information, reconciliation, and verification.



What are the six domains? How do you know when you have sufficient and reliable information in each of the domain?

What is the danger of not gathering sufficient information in each domain?



This brings us to the end of Module 4. Turn to your guide and locate the practice model flowchart. Let’s talk about where we

have been.

Trainer Note:

- Review the significance of pre-commencement, commencement, identification of present danger, and present danger planning.
- Seek to clarify any questions the group may have or address any training considerations during this time.
- Provide the visual of “you are here” within the case decision making flow chart as a point of reference for participants.

In Module 5 we will move into the FFA Investigations.



Any questions?

Transition to Module 5.