



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

DATE: January 9, 2015

TO: Regional Managing Directors
CPI Sherriff's Offices
Family Community Services Directors

THROUGH: Janice Thomas, Assistant Secretary for Child Welfare *JST*
Pete Digre, Deputy Secretary *Pete Digre*

FROM: Traci Leavine, Director of Child Welfare Practice *TL*
Kellie Sweat Darnell, Director of Child Welfare Operations *KSD*

SUBJECT: Update to Maltreatment Index

PURPOSE: The purpose of this memorandum is to outline the Department's response when information is received that alleges a parent is demonstrating psychotic, delusional or dangerous behaviors. The definition below of Inadequate Supervision supersedes the definition in the current Maltreatment Index.

BACKGROUND: Effectively immediately, all calls to the Florida Abuse Hotline that are accepted as reports alleging inadequate supervision when a caregiver is present shall be coded as an immediate response priority when the circumstances present are significant, clearly observable and actively occurring. In addition, the hotline will transfer the caller to the appropriate law enforcement agency and request a well-being check of the child.

ACTION REQUIRED: Please send this policy to all Hotline and CPI staff accepting calls at the abuse registry or conducting child protective investigations. DCF staff are required to complete the E-Acknowledgement of the Update to Maltreatment Index by **January 23, 2015**. The Office of Child Welfare and Substance Abuse and Mental Health Office will be contacting each region in the near future to follow up on additional training needs and to gather feedback regarding screening questions.

How to Complete This E-Acknowledgement

- I. Log in to the DCF Web Portal using your LDAP login and password.
<http://apps1.dcf.state.fl.us/WebSecurity/login.aspx>
- II. Click on Human Resources Tracking System (HRTS).
- III. On the left side of the page, select My Transcript.
- IV. Click on e-Acknowledgement RECEIPT OF THE MEMORANDUM - UPDATE TO MALTREATMENT INDEX (JANUARY 9, 2015).

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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

CONTACT INFORMATION: For additional information, please contact Alissa Cross at 850-717-4653 or email at Alissa.Cross@myflfamilies.com

Attachment

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Inadequate Supervision

F.S. 39.01(a) (3)

Definition:

A parent/caregiver leaving a child without adult supervision or arrangement appropriate for the child's age or mental or physical condition, so that the child is unable to care for the child's own needs or another's basic needs or is unable to exercise good judgment in responding to any kind of physical or emotional crisis. There is no age stated in Florida Statute at which a child can be left unattended or alone. There are also no established time frames for how long a child of any given age can be left alone. These are primarily parental decisions and as such, each situation must be assessed focusing on:

- The specific child, caregiver(s), and incident factors appropriate for the child's age or mental or physical condition;
- The child's ability to care for his/her own needs or another's basic needs; and
- The child's ability to exercise sufficient judgment in responding to any physical or emotional crisis.

This maltreatment would also apply when a parent/caregiver is present but has history of or is currently exhibiting signs of mental health issues, delusional behavior, immaturity, developmental delays other limitations that have resulted in harm or pose a threat of harm to a child.

Examples of Inadequate Supervision:

- A caregiver leaving their 6 month old home alone while they go grocery shopping.
- A caregiver leaving their toddler alone in a car.
- A caregiver leaving a young child alone in a bathtub while they go to the other room to talk on the phone.
- A caregiver leaving their child in the care of a registered sex offender.
- A caregiver whose mental health issues have caused them to not attend to a child's daily needs.
- A caregiver who is exhibiting serious signs of mental health issues or cognitive delays while acting as a caregiver.

Assessing for Maltreatment:

Factors to Consider in Assessment of Maltreatment:

- Is the child currently without supervision? How long the child has been left without supervision and location of child at the time?
- Assess the child's age, maturity, and developmental stage. Consider the child's ability to make judgments regarding safety.
- What is the frequency, and time of day(s), and duration of the inadequate supervision?
- Where are the parents located when not providing for supervision? What is/was their anticipated return?
- Is the parent's/legal guardian or caregiver's contact information available to the child and the child has ability to access parent/legal guardian or caregivers?
- What is the child's ability to respond in an emergency?

- Are the caregiver(s) accessible by telephone and is child mature enough to know when and how to use the telephone to contact the caregiver(s)?
- How accessible are the caregiver(s) to the child? Can the caregiver(s) see and/or hear the child?
- Have sufficient food and provisions been left for the child?
- Are the caregiver(s) out of direct supervision of the child and there are factors that create risk based on the age, developmental level, or disabilities of the child (for example, riding a bicycle in the street after dark or infant in bathtub)?
- Has a child been left alone when s/he has a condition that requires close supervision, such as a medical condition, behavioral, mental or emotional problems, developmental disabilities, or physical disabilities?
- Has the child been left at home alone or unattended in a place which is unsafe?
- Is the child on medication that cannot or should not be self-administered by a child?
- Has the caregivers arranged for inappropriate or inadequate secondary caregiver(s) with a known history of violence, substance abuse, emotional instability, immaturity, age, or other limitations which affect their ability to care for the child?
- Were potentially dangerous objects (unsecured weapons, medications, etc.) left accessible to the child?
- Was the child injured as a result of inadequate, negligent supervision?

If someone is currently with the child:

- Who is taking care of the child?
- Can the child remain with this adult or person or is intervention needed now? Why?
- How often is the child left alone and when does this usually happen?
- Does someone check on the child when alone? Who and how can we contact him/her?
- Does the child or adult sitter/care provider know how to contact a parent? Does the child or adult sitter/care provider have the means to do so (phone, email, etc.)
- How did the adult come to be responsible for watching this child (informal arrangement, circumstances dictated for child safety – adult saw young infant by side of road, etc.)?

If the caregiver is present but appears delusional or psychotic:

- If the parent is present and there are concerns for supervision due possible diminished capacities of the parent, describe the behavior, actions and statements that the caregiver has made.
- Is the caregiver making irrational comments?
- Does the caregiver have an untreated serious and persistent mental health diagnosis that prevents them from providing adequate care and supervision for the child?

Screening questions that must be asked by the hotline counselor or child protective investigator:

Screening Questions

- 1. Are there behavioral indicators you have witnessed or that have been reported to you about the caregiver?** (delusions, hallucinations, disorganized thinking, disorganized speech, paranoia, flat affect, major depression, manic episodes)
 - Delusions-false beliefs that are not part of the person's culture and do not change (neighbors can control his or her behavior; people on television are directing special messages to him or her).
 - Hallucinations-things a person sees, hears, smells, or feels that no one else can see, hear, smell, or feel. (He or she may hear voices that talk to them, tell them to do things, or the voices may talk to each other).
 - Disorganized thinking-when a person has trouble organizing his or her thoughts or connecting them logically (the person may talk in a jumbled way that is hard to understand)
 - Disorganized speech-when a person's thought process is disorganized and therefore it can be difficult for the individual to express their thoughts clearly. (rambling responses unrelated to the question asked)
 - Paranoia-preoccupation with one or more delusions (a person may think someone is following them, thinking their phone has been bugged).
 - Manic Episodes-excessive energy, euphoria, over activity (talking very fast, being easily distracted, increasing activities, sleeping little or not being tired, behaving impulsively).
- 2. If so, do you feel these behavioral indicators/observations may place the child at risk of harm?**
- 3. What has the person said or done to indicate a serious mental health/behavioral concern?**
- 4. Has the person made statements that they plan to harm the child, themselves, or others? Do they have the means to carry out the plan?**
- 5. Is there a history of any of these behaviors or mental health concerns in the past? (If so-what are the details?)**
- 6. Is the child currently in the care of the individual demonstrating the concerning behavior? Is the person the primary caregiver?**
- 7. When did this occur? (current, past, and frequency/pattern of behavior)**

Source: ¹ National Institute of Mental Health. Retrieved January 9, 2015, from <http://www.nimh.nih.gov/index.shtml>; American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

Frequently Associated Maltreatments:

- When there is an allegation of inadequate supervision due to alcohol or substance abuse assess for the “Substance Misuse” maltreatment also.

Excluding Factors:

- A situation where the only allegation is that the caregiver(s) are late picking up the child from school, daycare, or parental custody exchange does not constitute “Inadequate Supervision”.
- Situations concerning licensing violations, such as overcrowding, poor sanitation, inadequate staffing ratios, and lack of a fire sprinkler system does not constitute “Inadequate Supervision” *FAC 65C-29*
- Situations of school truancy do not constitute “Inadequate Supervision”. These complaints shall be directed to the local school board. *FAC 65C-29*
- Contacts from service workers regarding the placement disruption of a child in out of home care, whether the child is in a licensed or non-licensed relative or non-relative placement does not constitute “Inadequate Supervision”. *FAC 65C-29*
- Calls or disputes concerning child custody and visitation issues does not constitute “Inadequate Supervision” *FAC 65C-29*
- Complaints of withholding or misuse of child support does not constitute “Inadequate Supervision” *FAC 65C-29*
- Complaints concerning infants or children in automobiles who are not in legally required child restraint devices does not constitute “Inadequate Supervision” *FAC 65C-29*
- A situation concerning children running away from parents or legal custodians; persistently disobeying reasonable and lawful demands of parents or legal custodians; and being out of control is not in and of itself Inadequate Supervision. Counselors and Investigators must fully assess situations in which the parent, legal custodian or caregiver has locked an older child out of the home due to these behaviors or is refusing to pick up a child who has been placed in a facility for those behaviors. If a child in this situation is involved with DJJ, the Hotline, pursuant to the Interagency Agreement between DJJ and DCF, shall refer these children to DJJ for their due diligence related to placement and services. *FAC 65C-29*

Assessing for Maltreatment Finding:

Information Necessary to Support a Verified Finding:

In order to verify this maltreatment the preponderance of credible evidence will establish that the child was in a situation where they would have to meet their own basic needs and based on their specific vulnerabilities, they were unable to do so. This can be confirmed by the following:

- Interview of Parents/Legal Guardians/Alleged Perpetrator
- Interview of the Victim
- Interview of Household Members/Witnesses/Collaterals
- Analysis of reports and interviews from Law Enforcement, including calls for service.
- Prior history with the family as it relates to the current maltreatment and family conditions.

- Investigator's observations and assessment of the child and environment, demonstrated ability to provide for reasonable self-care, access to others, etc.
- Documentation of harm that occurred or was likely to occur (present or impending danger) based upon the totality of circumstances and history.
- Assessment of the impact of alcohol or drug use on the adult caregiver's ability to provide appropriate or safe supervision of the child.
- Assessment of the impact of the adult caregiver's mental health and how it impacts their ability to provide appropriate or safe supervision of the child.
- Assessment and evaluation of severity, duration, and pattern in direct relation to the child's ability and functioning.
- Documentation of the environment which may include photographic evidence.
- Consider patterns of similar incidents involving concerns related to supervision involving the caregiver(s).
- Circumstances which may be contributing the caregiver's ability to supervise the child with significant impact or impending danger to the child.

NOTE: If the parent is experiencing delusional or psychotic behaviors, in areas where mobile crisis teams exist, the child protective investigator will request an immediate response upon receipt of the report. Contact your regional Substance Abuse and Mental Health Director for a list of your local crisis teams.