



**State of Florida
Department of Children and Families**

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

DATE: February 1, 2022

TO: Regional Managing Directors
Sheriff Offices Conducting Child Protective Investigations

THROUGH: Taylor Hatch, Deputy Secretary

FROM: Jess Tharpe, Assistant Secretary for Child Welfare
Sharron Washington, Assistant Secretary for Operations

SUBJECT: Updates to CFOP 170-5, Chapter 4: Investigations Types and Use of the Family Functioning Assessment (FFA) and Chapter 21: Assessing and Responding to Risk

PURPOSE: The purpose of this memorandum is to provide notification of policy updates to CFOP 170-5, Chapter 4: Investigation Types and Use of the Family Functioning Assessment (FFA), specifically introducing the Safe FFA-I and Unsafe FFA-I documentation protocol, formerly referred to as the Streamline FFA Documentation protocol; and Chapter 21: Assessing and Responding to Risk, incorporating changes to when the risk assessment shall be completed.

BACKGROUND: As part of the 2019 CPI Efficiencies Project, the policy and practice surrounding our documentation in the FFA-Investigation (FFA-I) were carefully reevaluated for consideration of modified guidelines to create more time for child protective investigations staff in the field to work with Florida's families rather than spend it on documentation obligations. As a result, a streamlined documentation approach was created and implemented utilizing core criteria and internal processes that allow for time-saving efficiencies while still ensuring a full focus on child safety and care coordination for our families. Following implementation of this new Streamline FFA Documentation protocol, Secretary Shevaun Harris and representatives from around the state recently reconvened in an FFA Project workgroup to further analyze and evaluate workload challenges and consider additional opportunities for efficiencies. Further feedback also revealed a need to rename and rebrand this modified documentation protocol, resulting in the Safe FFA-I and Unsafe FFA-I documentation procedures.

NEW INFORMATION: The FFA Project workgroup developed some short-term recommendations, to include expanding the Streamline FFA-I Documentation protocol to allow for all investigations where the children have been determined to be safe (no impending danger threats identified) to be documented utilizing the streamline FFA-I documentation protocol as outlined in CFOP 170-5, Chapter 4. This new documentation protocol will require a fully documented FFA-I only in investigations where impending danger has been identified and a child has been deemed unsafe, regardless of the type of safety plan or level of intrusiveness (out-of-home, in-home, judicial, or non-judicial). Going forward, operating procedure will outline that all investigations involving safe children will be documented utilizing the streamline FFA-I documentation protocol and all investigations involving unsafe children will be documented

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utilizing a full documented FFA-I. All investigations will still require a full investigative response and all associated investigative actions; however, the new policy and practice will allow for streamlined documentation of the FFA-I on a larger subset of investigations.

This new practice expanding the streamline FFA-I documentation protocol is scheduled to launch statewide on February 1, 2022; and updated operating procedures will be released at that time.

All previous versions of the streamline documentation process resulting from prior efficiencies projects are rescinded, and the only accepted modified documentation process in effect is that as outlined in CFOP 170-4, Chapter 4, effective the date of this memo (2/1/2022).

Regarding risk assessments, insight and feedback from field staff have revealed challenges regarding the ability to engage families in family support services or prevention efforts at the conclusion of an investigation, often resulting in families not being connected to the appropriate prevention services. Furthermore, many questions contained in the risk assessment can be answered through historical information available at the onset of the investigation and through information collection during an investigation. While the risk assessment should not be used to guide child safety decisions, having information available on the propensity of future abuse and neglect early on and throughout an investigation can help guide family and child service needs as well as engagement strategies in prevention efforts.

The updated Chapter 21 requires a risk assessment to be completed on all In-Home investigations and rescinds the previous guidance allowing the risk assessment to be closed as “unable to assess-no jurisdiction” when the children are determined to be unsafe. This workaround did not conform with FSFN functionality and resulted in discrepancies in data collection when cases were closed. In addition, the changes direct the Child Protective Investigator to initiate the Initial Family Risk Assessment of Child Abuse/Neglect at the onset of the investigation, during pre-commencement activities, and update the assessment throughout the investigation as information becomes known or available.

ACTION REQUIRED: Please share this memorandum with all child protective investigators, sheriff offices conducting child protective investigations, case managers, and other child welfare professionals as appropriate.

CONTACT INFORMATION: If you have any questions regarding these procedures, please contact Kristen Puckett, CPI Specialist, at Kristen.Puckett@myflfamilies.com or Brooke Bass, CPI Practice and Policy Manager, at Brooke.Bass@myflfamilies.com.

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Chapter 4

INVESTIGATION TYPES AND USE OF THE FAMILY FUNCTIONING ASSESSMENT (FFA)

4-1. Types of Investigations. There are three investigation types in which a child has been alleged to be maltreated: “In-Home,” “Other,” and “Institutional.” The main determinants in identifying the type of investigation are the alleged maltreater’s relationship to the alleged child victim(s) and the setting or location at which the alleged maltreatment occurred.

4-2. Definitions.

a. An “In-Home” investigation is an intake in which the child’s parent, legal guardian (i.e., both permanent guardianship through section [39.6221](#), F.S., and temporary custody of a minor through Chapter [751](#), F.S.), paramour (residing or frequenting the home) and/or other adult household member with significant caregiver responsibility for care and protection of the child is the alleged person responsible for the maltreatment. The child victim may reside in the household on a full or part-time basis. If the child’s parents or legal guardians have established separate households through divorce or separation, only the household in which the abuse is alleged to have occurred is assessed for danger threats and family functioning.

b. An “Other” investigation is an “In-Home” subtype which involves alleged abuse by a relative, non-relative, paramour, or adult babysitter temporarily entrusted with a child’s care who does not reside in the home with the parent and child. Similarly, human trafficking involving a non-parent as the alleged perpetrator is an “Other” investigation. When a parent is the alleged trafficker however, an “In-Home” investigation is required even though the parent may be trafficking the child at a location away from parent’s household. An “Other” investigation does not require a Family Functioning Assessment (FFA)-Investigation, but does require a Present Danger Assessment. The investigator’s responsibility in this type of investigation is to determine the appropriate maltreatment findings and assess whether or not the parent or legal guardian will take appropriate protective actions if the maltreatment is verified (i.e., change babysitter, not allow the relative to be in a caregiver role in the future, etc.).

c. An “Institutional” investigation involves alleged abuse by an “Other Person Responsible for a Child’s Welfare” (as defined in section [39.01](#), F.S.) which typically occurs in institutional settings such as schools, daycares, foster care, residential group care or facilities. Family Functioning Assessments (FFAs) are not completed in Institutional investigations because the alleged maltreatment does not involve the child’s parent(s) or legal guardian.

4-3. Purpose of the Family Functioning Assessment. The Family Functioning Assessment (FFA) is the process by which investigators apply critical thinking skills to guide decision-making regarding child safety and risk based upon having an extensive and comprehensive knowledge of the individual and family conditions in the home. This process is summarized in six information domains and is essential to the investigator being able to accurately identify impending danger threats, assess the sufficiency of caregiver protective capacities, complete a safety analysis, implement a safety plan (as appropriate), and determine the risk for future maltreatment to the child(ren).

4-4. Required Use of the Family Functioning Assessment. An FFA-Investigation (FFA-I) is required for all In-Home investigations except when the report is being closed out as a “Duplicate,” “No Jurisdiction,” “Patently Unfounded,” “False Report,” or when the subtype is determined to meet the criteria for and is changed to “Other.” Since Special Condition Referrals only involve problematic circumstances (e.g., parent hospitalized, Parent Needs Assistance, etc.) with no allegations of maltreatment, FFAs are not completed in those circumstances either.

a. Safe Family Functioning Assessment (SFFA-I).

(1) A Safe FFA-I must be completed when there is no impending danger identified and the child(ren) are determined to be **safe; or**

(a) When the family is **currently** open to ongoing case management services. Although this criterion requires an unsafe safety determination, a Safe FFA-I must be completed. This criterion requires a multidisciplinary team staffing prior to closure.

(b) When a new child (infant or otherwise) enters a household that is **open** to ongoing case management services. This criterion requires an unsafe safety determination if the new child is unsafe and is being added to the FFA-Ongoing (FFA-O) and/or progress update, but a Safe FFA-I can be completed if, during the required multidisciplinary team staffing, case management agrees to add the new child to the FFA-O and/or progress update.

(2) Requirements for Safe FFA.

(a) The investigator will determine appropriate finding(s) upon completion of the investigation, including presentation and documentation of credible evidence which supports or refutes child maltreatment for each alleged victim (as set forth in CFOP 170-5, [Chapter 22](#), Determination of Findings).

(b) These findings will be sufficiently documented in FSN in the Maltreatment/Nature of Maltreatment domain by using typed chronological notes accordingly.

b. Documentation. The following documentation activities must occur in all In-Home investigations with a safe determination.

(1) The investigator will document the Present Danger Assessment, compelling evidence, and corroborating information using FSN functionality contained in case notes, per requirements for an In-Home investigation.

(2) All information regarding investigative activities must be thoroughly documented in **typed** chronological notes. The completion and sufficiency of this information and its documentation must be confirmed by the reviewing supervisor prior to investigation closure.

(3) The investigator will launch the “In-Home” investigative subtype in FSN, launch the Family Functioning Assessment, and document the assessment in the body of the first domain section, titled “Maltreatment.” The summary should contain, at a minimum:

(a) Type, Severity, Duration, and History of the maltreatment. Patterns of functioning leading to or explaining the maltreatment. Parent/legal guardian or caregiver intent concerning the maltreatment, assessment of intent (re: parenting/discipline vs. intent to harm), and unique aspects of the maltreatment, such as whether weapons were involved. Explanations for the maltreatment and attitudes and acknowledgement about the maltreatment. Description of specific events and emotional and physical symptoms. Condition of the child.

(b) An explanation of the household composition, including the relationship of the alleged maltreating caregiver(s) and victim(s).

(c) A concise summary of investigative tasks that directly impact the findings and safety outcome of the case including, but not limited to:

1. Interview(s) with household members including the child(ren) and adult(s);

2. Overview of information provided by collateral contact(s), prior history, criminal history, callouts, etc. (if relevant or impactful), or the absence of concerning or related history; and,

3. Completion of any required staffings and outcomes, when available, including Child Protection Team (CPT), law enforcement, multi-disciplinary team staffings, subject matter expert (SME) consultations, etc.

(d) Documentation of maltreatment findings.

(e) Final safety determination for each child (the safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

(f) Summary of any referral(s) completed for the family and discussion of the family's engagement.

(4) The investigator should document "See Chronological Notes" in the following FFA sections:

(a) Child Functioning.

(b) Adult Functioning.

(c) Parenting/Behavior Modification.

(5) The investigator should document "See Maltreatment Domain" in the Child Safety Analysis Summary section of the FFA.

(6) The following should be utilized for radio button selections on the FFA:

(a) "No" for all listed danger threats (unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the appropriate danger threats will be identified, the safety determination for these children will remain unsafe, and an accompanying safety plan will be required).

(b) Accurate determination and radio button selections should be made surrounding the "caregiver protective capacities."

(c) "Yes" for "Parent/Legal Guardian protective capacity determination summary."

(d) “Safe” for “Child Safety Determination.” The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-4a(1) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required.

(7) The investigator will complete the “Results-Determination” drop down selection as appropriate.

c. Unsafe Family Functioning Assessment.

(1) An Unsafe FFA-I will be completed for any investigation where impending danger is identified and an unsafe safety determination has been made.

(2) Complete required documentation in all six domains in the FFA-I.

4-5. Conditions Generating a Separate In-home Investigation. The investigator will need to contact the Hotline and generate a separate, subsequent “In-Home” investigation because of information obtained during an “Other” or “Institutional” investigation under the following conditions:

a. A child victim or collateral source interviewed in an Other or Institutional report also alleges maltreatment in the home setting by his or her parent or legal guardian.

b. The investigator determines a parent or legal guardian failed to act with due diligence to protect his or her child from maltreatment despite the parent having prior knowledge that an adult sitter or relative in an Other investigation, or Other Person Responsible for the Child’s Welfare in an Institutional investigation, was abusing or neglecting the child.

c. An investigator determines during an Other or Institutional investigation that a parent or legal guardian does not recognize that the maltreater’s ongoing access to the child represents an active danger threat and the parent or legal guardian refuses to take sufficient protective actions to ensure the child’s safety despite being fully informed of the danger threat(s) posed by the person responsible for the maltreatment (in the Other or Institutional investigation).

d. There is reason to suspect that the individual responsible for maltreatment in an Other or Institutional report is abusing his or her biological or adopted children as well.

4-6. Relationship of Maltreating Caregiver to Child. The following additional situations involving a biological parent or legal guardian should also be treated as an “Other” report:

a. Permanent Guardianship cases in which the alleged maltreating caregivers were formerly the child’s parents but no longer have legal custody and a new report is received alleging the child has been re-abused in that caregiver’s custody (e.g., during visitation or the legal guardian has returned the child to the parent’s home without a legal change in custody).

b. Permanent Guardianship cases in which the investigator determines the documented maltreatment involves one or more of the following conditions:

(1) The guardian’s conduct toward the child or toward other children demonstrates that the continuing involvement of the guardian in the child’s life threatens the life or safety of the child irrespective of the provision of services.

(2) The guardian’s conduct is so egregious (e.g., deplorable, flagrant, or outrageous by a normal standard of conduct) as to threaten the physical, mental, or emotional health of the child.

(3) The guardian has subjected the child or another child to aggravated child abuse as defined in section [827.03](#), F.S., or sexual battery or sexual abuse as defined in section [39.01](#), F.S.

c. The maltreating parent resides out of state.

d. Child trafficking-by a non-caregiver (i.e., not biological parent or child's legal guardian).

4-7. Supervisor. When initiated, the pre-commencement supervisor consultation will affirm the investigator has sufficiently reviewed, to the extent possible, the roles and relationships in the investigation to determine the focus household and validate the type of report (i.e., In-Home, Other or Institutional) initiated by the Hotline.

a. Supervisory and Second Tier Consultations required as part of the standard investigation review process (as outlined in CFOP 170-5, [Chapter 26](#) and [Chapter 27](#)) must be completed for all applicable investigations.

b. Additionally, a closure review must be completed for all investigations with a Safe FFA-I and must include, at a minimum, verification of required investigative tasks, confirmation of typed chronological notes containing sufficient information to support the safety determination, and agreement with the final safety decision.

4-8. Streamline FFA Documentation for In-home Investigations. The following criteria must be met in order to utilize the streamline FFA documentation process, procedures, supervisor consultations, and documentation in Florida Safe Families Network (FSFN).

a. Criteria. Use of the full Family Functioning Assessment to document the information obtained by the child protective investigator is not required when the following criteria have been validated:

(1) There are no children in the household of focus (whether notated as a victim or child) age 12 months or less. The presence of any child as an established household member who is 0-12 months of age requires the completion of the full FFA-Investigation.

(2) The investigation does not contain a child age 3 years or under (victim or child in the home) with a substance related maltreatment (substance misuse, substance exposed newborn, substance misuse-alcohol, substance misuse-illicit drugs, and/or substance misuse-prescription drugs).

(3) Present danger *has not* been identified at any time during the life of the investigation.

(4) Impending danger *has not* been identified and all children have been determined to be safe (unless criterion 5 applies below).

(5) Cases involving a new investigation in an *open*, ongoing case management services case (either non-judicial or judicial) when a multi-disciplinary staffing with the Community-Based Care (CBC) Case Management Organization (CMO) has been held prior to closure and documented in the "Meetings" tab in FSFN. However, if the case involves adding a new baby or child to the household, the CBC/CMO agency must also agree to add the infant/new child to the FFA-Ongoing. (Cases meeting this criterion will require the children to be unsafe if already open to ongoing case management or if the new child is being added to the FFA-Ongoing and will require an accompanying safety plan.)

(6) Investigations involving the death of a child in which there are no surviving children in the home.

b. Requirements. The following investigative tasks must be completed for in-home investigations that meet the streamline documentation criteria:

(1) The investigator must complete the pre-commencement activities (as outlined in CFOP 170-5, [Chapter 6](#)).

(2) The investigator must complete the Present Danger Assessment (as outlined in CFOP 170-5, [Chapter 13](#)) and document that no present danger threats have been identified in the home. Identification of present danger requires completion and documentation of the FFA-Investigation and precludes the use of streamlined documentation.

(3) All investigative activities outlined in CFOP 170-5, Chapters 14-19 (Initial Contacts and Interviews, Interviewing Children, Interviewing the Non-Maltreating Caregiver and Household Members, Interviewing the Alleged Maltreating Caregiver, Interviewing Collateral Contacts, and Observing Family Interactions respectively) must be completed and sufficiently documented in FSFN with the use of typed chronological notes accordingly.

(4) Information from all interviews must be typed and thoroughly documented within a FSFN chronological note type utilizing the established interview guide for sufficiency of information for any individuals that would be included on the full FFA. These interview notes may not be uploaded as attachments to ensure information is fully entered into the electronic record. Multiple participant interviews completed at the same date/time/location can be included in a shared FSFN note with sections delineated for each.

(5) The investigator, in conjunction with a supervisory consultation, must determine the safety of the child(ren) in the home, utilizing the information gathered over the course of the investigation, and sufficiently documented in FSFN with the use of typed chronological notes accordingly. The safety determination must be based on the application of the core safety concepts and the totality of the conditions within the household including, but not limited to, the overall well-being of the child(ren) in regards to their mental health, emotional, educational, and medical needs; the presence or absence of any danger threats; vulnerabilities of the child(ren); protective capacities of the caregiver(s); and, threshold criteria. This determination shall be documented within the first domain section, titled "Maltreatment and Nature of the Maltreatment," be confirmed by the reviewing supervisor prior to investigation closure, and documented in a closure supervisory consultation note.

(6) The investigator will determine appropriate finding(s) upon completion of the investigation, including presentation and documentation of credible evidence which supports or refutes child maltreatment for each alleged victim (as set forth in CFOP 170-5, [Chapter 22](#), Determination of Findings). These findings will be sufficiently documented in FSFN with the use of typed chronological notes accordingly.

c. Supervisor Consultation. Supervisory and Second Tier Consultations required as part of the standard investigation review process (as outlined in CFOP 170-5, [Chapter 26](#) and [Chapter 27](#)) must be completed. Additionally, a closure supervisory consultation must be completed and the closure consultation must include, at a minimum, verification of required investigative tasks, confirmation that typed chronological notes containing sufficient information to support the safety determination were included in the electronic file, and agreement with the final safety decision and usage of the streamline documentation process. The CPI Supervisor or Second Tier Reviewer may require a full FFA at any time during the investigation.

d. Documentation. The following documentation activities must occur in all in-home investigations that meet criteria for streamline documentation application.

(1) The investigator will document the Present Danger Assessment, compelling evidence, and corroborating information using FSFN functionality contained in case notes, per requirements for an in-home investigation.

(2) All information regarding investigative activities must be thoroughly documented in typed FSFN chronological notes. The completion and sufficiency of this information and its documentation must be confirmed by the reviewing supervisor prior to investigation closure and documented in a closure supervisory consultation note.

(3) The investigator will document all contacts and information obtained through interviews in case notes within two business days.

(4) The investigator will launch the “In-Home” investigative subtype in FSFN, launch the Family Functioning Assessment, and document the streamlined assessment in the body of the first domain section, titled “Maltreatment and Nature of Maltreatment.” The summary should contain, at a minimum:

(a) An explanation of the household composition, including the relationship of the alleged maltreating caregiver(s) and victim(s).

(b) A concise summary of investigative tasks that directly impact the findings and safety outcome of the case including, but not limited to:

1. Interview(s) with household members, including the child(ren) and adult(s);

2. Overview of information provided by collateral contact(s), prior history, criminal history, callouts, etc. (if relevant or impactful), or the absence of concerning or related history; and,

3. Completion of any required staffings and outcomes, when available, including Child Protection Team, law enforcement, multi-disciplinary team staffings, subject matter expert staffings, etc.

(c) Documentation of maltreatment findings.

(d) Final safety determination for each child. The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-8a(5) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required.

(e) Summary of any referral(s) completed for the family.

(f) A statement that the in-home investigation met the criteria for streamlined FFA documentation and no further FFA domains were completed, and that further supporting assessment information is available in the FSFN chronological notes.

(5) The investigator may utilize “See Chronos” in the following FFA sections:

(a) Child functioning;

(b) Adult functioning; and,

(c) Parenting/Behavior Modification.

(6) The investigator should document “See Maltreatment Domain” in the Child Safety Analysis Summary section of the FFA.

(7) The following should be utilized for radio button selections on the FFA:

(a) “No” for all listed danger threats (unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-8a(5) above, at which time the appropriate danger threats will be identified, the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

(b) Accurate determination and radio button selections should be made surrounding the “caregiver protective capacities.”

(c) “Yes” for “Parent/Legal Guardian protective capacity determination summary.”

(d) “Safe” for “Child Safety Determination.” (The safety determination will be safe for all children unless the children are already under ongoing case management services or a new child is being added to an active ongoing services case as outlined in paragraph 4-8a(5) above, at which time the safety determination for these children will remain unsafe and an accompanying safety plan will be required).

(8) The investigator will complete the “Results-Determination” drop down selection as appropriate.

(9) The investigator will launch and initiate the “Risk Assessment” at the start of the investigation, completing all known information as it becomes known. The risk assessment should be updated at the completion of interviews once information needed is known and utilized according to criteria outlined in CFOP 170-5, [Chapter 21](#).

Chapter 21

ASSESSING AND RESPONDING TO RISK

21-1. Purpose. Risk assessment determines a child's risk of future maltreatment. The identification of high and very high-risk families during a child protective investigation is critical to the state's effort to target resources to those families most likely to benefit from family support services. The child protective investigator (CPI) must be able to explain to the parent(s) the difference between unsafe and at-risk. Motivating the parent to be proactive and participate voluntarily in services designed to develop protective factors that promote safe and supportive families and resilience in children results in reduced maltreatment and promotes safe Florida families. While low and moderate risk families should also be provided information on programs designed to reduce the risk of maltreatment, it is essential that investigators become proficient in helping parents in higher-risk households acknowledge the concerns the caregiver already likely recognizes, and to leverage the parent's protective instincts to willingly participate in family support or prevention services.

21-2. Scope of Use.

- a. A risk assessment must be completed for all Investigation Subtype – In Home intakes.
- b. Risk assessments are not completed in Investigation Subtype – Other or Investigation Subtype – Institutional intakes.
- c. There can only be one risk assessment per investigation; however, risk should be continuously assessed throughout the investigation, and the risk assessment tool should be completed and updated as information becomes known or changes.
- d. The risk assessment tool must be reviewed prior to closure to ensure it accurately reflects any additional information obtained during the investigation.

21-3. Identification of Primary and Secondary Caregivers. Risk factors are primarily scored assessing characteristics of the primary caregiver identified in the home. To distinguish primary from secondary caregivers, the following guidelines should be used:

- a. When two legal parents reside together, the one providing 51% of the care is the primary caregiver.
- b. If the parents provide equal care, then select the parent alleged to have maltreated the child as the primary caregiver.
 - (1) If both parents are alleged to have maltreated the child, select the caregiver who is alleged or is responsible for the most serious type of maltreatment.
 - (2) If both parents contribute equally to the maltreatment, the investigator may select either parent as the primary caregiver.
- c. When a single parent has other adults living in the household contributing to the care of the child, the adult who contributes most to the child's care is listed as the secondary caregiver.

21-4. Risk Assessment Scoring.

- a. The risk assessment should be initiated during the pre-commencement activities by a CPI through review of all available information (i.e., prior history review, criminal history review, etc.).

b. The final risk score should never be assessed based solely on written historical case information; rather, it should instead be continuously updated and assessed throughout the information collection process.

c. Both indices (i.e., abuse and neglect) are scored regardless of the type of allegation reported or investigated.

d. If no Policy or Discretionary Overrides are used by the investigator, the household's scored risk level is based solely on the higher of the neglect or abuse index score: Low, Moderate, High, and Very High.

e. If the CPI determines that any of the following 'Policy Overrides' criteria are applicable to the household, the final risk level is automatically elevated to Very High:

(1) Sexual abuse case AND the perpetrator is likely to have access to the child.

(2) Non-accidental injury to a child younger than 2 years old.

(3) Severe non-accidental injury (any age child).

(4) Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current intake).

f. If there are no child or caregiver criteria requiring a Policy Override, the investigator may increase the established risk score by one level by use of his or her professional judgement with a 'Discretionary Override'. The investigator should provide the rationale for the increase in risk score which may include, but not be limited to:

(1) The investigator believes a risk factor score does not accurately reflect the family's circumstances (e.g., the youngest child in the home is 2 years 1 day old, but behaviorally is more in line with a 1½ year old, etc.). If the change in scoring from 0 to 1 for this one risk factor would change the overall risk classification, then it would be an appropriate Discretionary Override.

(2) The family is undergoing a significant amount of stress (e.g., loss of income, extended illness in family, death of loved one, etc.) that is likely to impair a caregiver's coping skills at least in the short run.

(3) The investigator has noted a parent or child has suffered a significant amount of trauma, either recently or in the past, with little or no supportive or therapeutic interventions provided for the individual.

21-5. Investigative Response to High and Very High-Risk Scores.

a. During the Initial Consultation, if the risk is identified as High or Very High based on known information at time of the initial consultation, the CPI and CPI Supervisor should consider the option of consulting a Subject Matter Expert or other support resources available.

b. When the Investigation Child Safety Determination is Safe, but the overall risk assessment score is Very High, a 2nd Tier Consultation shall be conducted to review the sufficiency of the information within the Family Functioning Assessment to ensure that the assessment of the family was thorough and accurate resulting in the correct safety determination as well as review the engagement efforts regarding prevention services of the CPI and providers.

c. The investigator shall meet with the parent or legal guardian in person to explain the high degree of correlation between High and Very High-risk scores and future maltreatment whenever the High or Very High-risk score is determined whether that be upon initial review at pre-commencement or later with information gathered during the investigation. If the investigator has made several attempts to contact the parent in person to explain the risk score without success, the investigator's supervisor has the discretion to approve the use of telephonic communication from that point forward.

d. The investigator shall engage the parent or legal guardian in a discussion on the importance of participating in a family support services program or other community prevention program designed to reduce the risk of future maltreatment. The investigator should consider family support services as the primary prevention provider unless the program has a waitlist or there is another service available in the community that the investigator, through documented consultation with the supervisor, feels would be more beneficial to the family.

e. Based upon the course and outcome of the discussion, the investigator shall complete one of the following three actions:

(1) With the parent or legal guardian's approval, the investigator shall complete a referral to a family support program or other community prevention program requesting a home visit by program personnel to initiate prevention services for the family.

(2) With the parent or legal guardian's consent, the investigator shall arrange a follow-up joint connection to introduce family support program personnel or other community prevention program to the family for prevention services. This joint connection may occur by phone, virtual visit, or in person depending on the circumstances and the family's level of engagement.

(3) When the parent(s) or legal guardian(s) does not agree to participate in prevention services, the investigator shall provide the family with prevention material including, but not limited to, prevention fact sheets, informational pamphlets, or other resource material on the availability and program content of local family support programs and other community prevention programs.

f. Prior to closing the investigation, the investigator must confirm with family support staff that the parent or legal guardian has been contacted and has either agreed to meet with program personnel or has already started participating in program activities.

g. If the family declines family support services or other community prevention programs after being referred, the provider must email the CPI and CPI Supervisor and document the contact in FSFN within two business days.

(1) A Close the Loop staffing can be requested by the CPI, family support services provider, or prevention service provider when a family declines services or chooses to end services prior to successful completion.

(2) The purpose of the staffing will be to determine if there are any additional engagement strategies to attempt with the family.

21-6. Supervisor. When initiated, the Supervisor Consultation should affirm:

a. The investigator gathered appropriate information to accurately score the risk assessment.

b. The investigator identified the correct primary and secondary caregivers in the home.

c. The investigator is adequately prepared to discuss the overall safety determination and risk score prior to participation in a 2nd Tier Consultation (i.e., for Safe but Very High-risk determinations).

d. The investigator is proficient in using engagement strategies to help the parents understand the meaning and importance of a high-risk score to motivate the parent to participate in a family support program to mitigate the risk of future maltreatment.

NOTE: The Supervisor should assess whether the CPI has demonstrated proficient engagement skills. If not, the supervisor should assist the CPI with engagement efforts.

e. If the investigator recommends a service other than family support services, the supervisor consultation should document the reason and the supervisor's approval of the alternate referral.

f. The supervisor must review the risk assessment prior to closure to ensure the document is updated to accurately include information obtained during the investigation.

21-7. Documentation.

a. When the risk assessment score is high or very high, the investigator will document the caregiver's decision to accept or reject family support services and the exchange of referral information with family support staff or other identified provider in case notes within two business days of the event's occurrence.

b. In high and very high-risk assessments, the investigator will document that the referral information was received by the family support services program or other community prevention program and the exchange of information with the provider within two business days of acceptance of the referral.

c. FSN will require that the risk assessment tool be launched and completed for all investigations with the subtype of in-home. However, the investigator will not be required to discuss the risk assessment and the correlation between high/very high-risk and child maltreatment for investigations in which the child(ren) have been deemed unsafe and the case is transferring to ongoing case management services (in-home, out-of-home, judicial, and non-judicial).

d. The supervisor will document the consultation using the supervisor consultation page hyperlink in the investigation module within two business days.