

## ASSESSING CHILD MALTREATMENT ALLEGATIONS

### MANDATORY TRAINING

### FAMILY SERVICE WORKERS

**Need for Training:** This training is a modification of the three day Child Maltreatment Assessment training that was designed as a call-back module in New Staff Training for FSWs. The training is designed as a refresher for all FSWs who conduct initial child maltreatment assessments. **At the direction of the Division, it has minimal emphasis on policy and CHRIS documentation.** Instead, the focus is on the skills needed to conduct maltreatment assessments. This training will support the Division's Practice Model and casework process.

***Note: The Division is working toward implementation of Multiple Levels of Response during initial Child Maltreatment Assessments. While this training will not have any content that would contradict a differential response, differential responses will not be addressed in detail since the process is not completed at this time (September, 2009).***

This training is designed to address several areas for improvement identified by an independent assessment conducted by Hornsby-Zeller Associates of initial maltreatment assessments. These areas for improvement were:

- Need to accurately identify and interview pertinent collaterals (people with information)
- Need to interview all children in the home (related and non-related)
- Accurately identify safety and risk factors
- Develop, implement and document adequate safety plans
- Accurately identify protective factors and utilize these resources in safety planning and case planning.

This training can be supplemented with CHRIS Training for Maltreatment Assessors and Do the "Write" Thing (a basic grammar workshop to improve written communication skills).

**TRAINER NOTE:** The source material for the sections on identifying protection factors is [Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework](#). Turnell, A. and Edwards, S; W.W. Norton & Company, New York, 1999. A copy of this book has been sent to each site. Please familiarize yourselves with the content as a refresher for this course.

#### **Standard Room Set-Up (for each day of training)**

Class roster/Sign – in sheets (morning and afternoon)

Name tents

White board and markers

Flip Chart set ups for small group work (easel, pad, markers)

PowerPoint Projector

Computer station with CPU, VCR, DVD, speakers

### Materials List by Day of Training

#### Day 1

Initial Child Maltreatment Assessment Guide - three-hole punched in 1" binder with 4 tabs

Legal Tab	Job Aids	CHRIS Tip Sheets	Participant Manual
Maltreatment Act PUB. 357 (08/2009) Investigation <i>*** Please check CHRISNet before printing this PUB. The link is set out below. Check to see if there is a more current version.</i> Policy & Procedure Summary Notification Flow Chart (08-21-2009)	Suspected Child Abuse Reporting Form (Fax) Visual Inspection of Children On-Call Grab Bag Interview Guides <ul style="list-style-type: none"><li>▪ Victim/sibling</li><li>▪ Collateral</li><li>▪ PRFC/Offender</li></ul> Investigation Time Lines Checklists for Investigation <ul style="list-style-type: none"><li>▪ Regular</li><li>▪ Multi-County</li><li>▪ 72 Hour Hold</li></ul> Photo-Documentation	Investigation Tip Sheets Priority 1 Assessment Priority 2 Assessment Protective Custody (72 Hour Hold)	Please file the Participant Manual in this guide. It can be either the first or last section, depending on trainer preference.
CHRISNet link: Check under the Pubs Button <a href="http://170.94.232.16/ChrisWeb/CHRISNetdefault.htm">http://170.94.232.16/ChrisWeb/CHRISNetdefault.htm</a>			

#### PowerPoint Presentations

- Legal Definitions (see guide – this may be an optional exercise)

- Overview of maltreatment statute
- PowerPoint – Interviewing Principles

Handouts 1- 8

## Day 2

Initial Child Maltreatment Assessment Guide

Handouts 8-11

Childhood Lost video or the Perception Video from Module 3 (with the gorilla)

### Handouts by Day

Day 1	Day 2
<p><b>Handout 1</b> – PowerPoint Note Sheets</p> <p><b>Handout 2</b> – Conducting the Child Maltreatment Assessment</p> <p><b>Handout 3</b> – Current MDT Coordinators</p> <p><b>Handout 4</b> – Safety vs. Risk Assessments</p> <p><b>Handout 5</b> – Safety Assessment/Protection Plan Requirements</p> <p><b>Handout 6</b> – Sample Questions</p> <p><b>Handout 7</b>- Signs of Safety Assessment and Planning Form</p> <p><b>Handout 8</b> – Interview Transcripts.</p>	<p><b>Handout 8</b> – from yesterday</p> <p><b>Handout 9</b> - Interviews with Anton and Jeanette</p> <p><b>Handout 10</b> – Interviewing Adult Witnesses and Alleged Offenders</p> <p><b>Handout 11</b> – From the Home Visit</p>

## INITIAL CHILD MALTREATMENT ASSESSMENTS

### DAY I

#### SECTION I: INTRODUCTION and COURSE ORIENTATION

Time: 50 minutes (9:00 – 9:50)

##### Objectives: Participants will

- Know the focus of and training objectives for the workshop.
- Know the competencies are addressed by the training.
- Understand the Division's philosophical orientation to initial child maltreatment assessment.
- Know the areas where the Division is expecting improved performance.

##### Materials:

- Flipchart pad, easel, and markers for at least four small groups.
- White board and markers
- Participant Manual/ Initial Child Maltreatment Assessment Guide (one document)
- Mission Statement and Practice Model Poster (on the R Drive in a Folder Titled Training Posters)
- Name tents
- Stickers with at least four different figures or designs

**Set Up Note:** Before beginning the session, be sure that there is a name tent for each participant who has registered for the workshop. Use stickers on the name tents to facilitate quick moving into small groups.

#### A. Introduction

Introduce yourself to the class. This group is likely to be composed primarily of seasoned workers with several years' experience in maltreatment assessments. Supervisors of assessment units should have taken the supervisor specific workshop, not this one.

Cover a few "housekeeping" issues. These topics should include but are not limited to:

- Sign-in Sheets. Sign-in sheets must be completed in the morning and afternoon of each day. Participants must attend the entire training to receive credit – no partial credit will be awarded.

- Travel Reimbursement. Workers should complete their forms for travel reimbursement (TR-1s) in their county offices. Questions about travel reimbursement should be directed to the worker's supervisor.
- Smoking Areas. Training rooms are non-smoking environments. Direct smokers in the group to approved smoking locations.
- Training Center Facilities. Direct participants to the location of bathrooms, phones, message boards, and other important facility sites.
- Pagers/Office Work. Do not bring pagers to classroom training. Turn cell phones off during training. Do not bring office work to training. Telephone messages will be posted at a designated place in the facility. Messages may be returned during breaks.

Refer participants to **pages 1-4 (Agenda, Competencies, and Training Objectives), in the Participant Manual**. These pages have the agenda, the competencies addressed by the training and the training objectives. Be sure to emphasize that the areas identified in the training objectives are areas the Division has targeted for improvement. The need for improvement was identified, in part, from a review by Hornsby - Zellers and Associates.

## **B. Mission, Practice Model and Initial Maltreatment Assessments**

Next refer participants to the Mission Statement Poster and the Practice Model Poster. The Posters are located on the R Drive in the PDD Folder. There is a folder titled Training Posters. (These pages are also in the **Participant Manual – page 5.**) This material is likely not going to be new to these participants, so focus on the following:

- Look at the Practice Model Goals and look at the statement that says, "Every step of the way." **The teaching point becomes: You are the first step, the person who will set the tone. The Division is moving in a direction that will expand the expectations of the Assessor's job. In the past the Assessor has:**
  - **Assessed the truth of the allegation – is there a preponderance of evidence to support that the behaviors alleged occurred**
  - **Assessed the likelihood of future harm – conducted risk assessments.**
  - **The added expectation is this: Assessors will now build as much cooperation as possible into the assessment so that not only is the best information gathered but a partnership is started with the family in these earliest contacts that can be built upon if on-going intervention is required.**
- Look at "Safely keep children with their families." **The teaching points become: We have an unacceptably high rate of removal and a limited number of resources for**

Out-of-Home placement. One area we will explore in this training is identifying a range of safety options besides removal. In order to look at safety options, we need to be able to identify signs of safety and build on them.

- Look on the Principles at the statement, “Belief in change and the work of change is part of our daily challenge.” The teaching challenge becomes: We will challenge you throughout this training about whether you truly believe this statement – do you **truly** believe people can change? Another place where we may address change is in the day-to-day interaction in the county office between staff members to assure that the expected changes take place. You may have to do internally what you are expecting families to do – talk and interact with each other and develop an in-office plan for how you are going to get things done.
- Then cover the rest of the Principles to Guide Casework. As we look at developing safety plans, we will look at what are indicators of positive and protective relationships? We will look at who is “family.” And we will strategize on how to involve the family as early as the initial assessment in decisions to ensure safety.

### **C. Icebreaker – What I Bring to the Table**

This icebreaker assumes that most people in the group will already know one another. It is designed to get people thinking about the strengths they bring to the initial assessment and the areas where they feel they need to enhance their skills and knowledge.

#### Purpose:

The purposes of this icebreaker are to identified individual strengths and identify areas where individuals want to improve their skills. In addition, the ice breaker will identify areas the participants hoped to see covered in the training.

#### **Materials:**

This exercise requires a flipchart set up for at least four small groups and a white board and markers.

Methodology:

1. Divide the large group into four small groups (fewer if the enrollment is small).  
**HINT:** Trainers may want to pre-plan for this activity by coding name tents with stickers. Use the different stickers to determine group membership.
2. On the white board, write:  
Name:  
Strengths I Bring to Initial Assessments:  
Areas Where I Would Like to Improve My Skills:  
What I Want to Know/What I Hoped to Learn:  
Which part of the Practice Model Do I Most Strongly Identify With?  
(These topics are listed on **page 6 of the Participant Manual, Who Are We?**)
3. Instruct the group members to take a few minutes to find out the answers to these questions from each of the group members. Record the answers on the flip chart, or at least record the answers to the last questions, "What I Want to Know and Which Part of the Practice Model Do I most Strongly Identify With." At the conclusion of the exercise, the group members will introduce themselves to other groups and discuss their hopes and expectations for the workshop.

Please Note: especially in groups where the members already know each other, it may not be necessary for participants to introduce themselves to the class, so spend the time in a discussion of the issues addressed in the exercise.

Processing:

Process the exercise by **highlighting common concerns** among group members. Focus on general concerns about the investigative process. If there are expectations that are clearly out of the scope of the presentation, explain that the module will not address the issue(s). If there are concerns specific to interviewing, assure participants that interviewing will be a primary focus of this training. If there is another MidSOUTH offering that does address the concerns that outside the scope of this workshop provide the participant with the information about additional training opportunities.

Before going to break and moving to the next section, take a minute to review the organization of the Initial Maltreatment Assessment Guide. This document should be set up as follows:

- Legal Tab (laws, publication and policy summary)
- Job Aids
- CHRIS Tip Sheets
- Participant Manual (Note: Trainers may want to put the Participant manual first and then the other tabs.)

Pass out the laminated flow charts at this time. They are packaged separately from the Initial Maltreatment Assessment Guide.



**BREAK**



## SECTION II Brief Review of Maltreatment Law and Policy

TIME: 50 (10:00 –10:50)

### Objectives: Participants will

- Receive a brief review of changes to the Child Maltreatment Reporting Act.
- Review requirements related to notification.
- Review the required elements of a child maltreatment investigation as set out in the Child Maltreatment Reporting Act.
- Relate the requirements to identify and interview collaterals back to the act.
- Review the definitions of child maltreatment or **new definitions (time allowing)**.

### Materials

- PowerPoint Presentations (Overview of the Child Maltreatment Act) (Legal Definitions) – only if needed
- PowerPoint Projector/Laptop
- Handout 1 - 2
- Whiteboard and markers
- Flip chart set up for four small groups - easel, pad and markers
- Initial Child Maltreatment Assessment Guide (This resource may be passed out at the beginning of the class or during the break.)

**Trainer Note:** Due to the timing of this training offering (September – December 2009) most if not all investigators at this training will have taken the Investigation Legal Training, Parts 1 and 2 and the Legal Update training for the 2009 legislative session updates. With this assumption, the following material has been included but is very brief. If the majority of the class has taken this training, give the definitions simply as a handout and do not cover the material in class. Some materials you are used to seeing in the Initial Child Maltreatment Assessment Guide such as the CACD/DCFS Inter-Agency Agreement and various protocols will have been covered in the Legal training and will not be reviewed here. The regular 3-Day version of this training as part of a structured call-back for new FSWs will cover this material in detail.

DCFS has specifically requested that this training not emphasize policy. However, the huge changes in notification requirements and the resulting forms must be addressed. Spend the bulk of this time on these issues and questions participants may have about the processes.

**A. Quick Review of Required Elements of an Initial Child Maltreatment Assessment**

Start this section by polling the group to see how many of them have taken the legal training presented by OCC in July and August, 2009. The assumption is that the majority of workers will have taken the training. If this is the case, give them **Handout 1** with the legal definitions of maltreatment. These definitions are current as of August 1, 2009, and reflect all changes from the 2009 legislative session. Likewise, see how many got the new Maltreatment Reporting Act during Legal Training. Point out that this material is bundled into the Initial Child Maltreatment Assessment Guide resource material, but do not cover it in detail. ***Keep this section very short if the majority of the group has had the legal training.***

- Some of the changes from 2009 are set out in the trainer resources (Summary of Changes to Maltreatment Act). Trainers will need to familiarize themselves with the policy changes because they are too numerous to capture in their entirety. A good quick review for trainers is the policy assignment from Module 5.
- Pub 357 is updated in accordance with the 2009 changes and is in the Initial Child Maltreatment Assessment Guide.
- Run the short version of this exercise if you are doing the 2 Day training and not the 3 Day Call Back Training.

Short VersionsPurpose

The purpose of this exercise is to review the required (by law and policy) elements of a child maltreatment investigation. The rationale behind this exercise is that workers are more likely to comply with requirements if they understand the relationship between their policy and state law.

A second purpose of this exercise is to tap into and acknowledge the experience and expertise of seasoned workers who are taking the class as a required continuing education offering.

Materials

This exercise requires a white board and markers or flipchart setup for the trainer. In addition, the exercise requires the Participant Manual and **Handout 2, Conducting the Child Maltreatment Assessment: What the Assessor **MUST** Do**

### Methodology

1. Ask each participant to answer the questions on page 7 in the Participant Manual (Required Elements of an Initial Child Maltreatment Assessment).
2. Give no more than 5 minutes for this section
3. Ask members to compare answers with other people at their tables.
4. Review the answers using Handout 2 – Conducting the Initial Child Maltreatment Assessment.
5. **Move to section B** on notifications – this is the area with the most significant changes in 2009.

### **B. Review of Notice Requirements**

Probably the more important and potentially confusing changes to the Maltreatment Act and subsequently to policy are the enhanced requirements around notification. Direct participants to the flow charts that try to depict the “if-then” nature of notifications. These are in the Initial Child Maltreatment Assessment Guide under the Legal Tab. They are broken out in terms of initial notifications, notifications (or release of information during the initial assessment), notifications at the conclusion of the initial assessment which in turn depend on whether the report was found to be true.

An exercise on notifications has been added to the Participant Manual. Direct participants to page 8 (Who is Notified, When and On What Form). This page has a scenario of a severe maltreatment report, called in by a mandated reporter in a county that has a Multi-disciplinary Team (MDT). Assign part of the group to tease out the notifications in each major category. Answers are in the Trainer Resource section. As you are covering this section, note that Central office is re-evaluating these forms and the instructions for the forms and that there is a good chance that the number of different forms will be reduced. Workers will need to check with their supervisors on things like MDT notifications. There is a good chance that it will be sufficient to notify the MDT Coordinator and not the entire team. At the end of this exercise, pass out Handout 3 which is a listing of current MDT Coordinators.

### **C. Return to Training Objectives**

Throughout the rest of the training we will focus more on building skills that will help you get the information you need in order to assess safety and to complete thorough investigations. These include interviewing skills but also skills in identifying protective factors and risk factors.

Remember that there is a renewed emphasis in your organization to:

- Interview all children in the home of the alleged victim or who are under the care of the alleged offender
- Identify, interview and synthesize the information provided by collateral witnesses
- Assess in the broader sense of assessment – not just a single focus on the one child who is the subject of the report to the exclusion of other information
- Bring a balance to identifying both risk and protective factors in order to do better planning for safety
- Consider alternative to assuring safety besides removal from the home.
- Tie this back to the practice model principles and goals and the need to begin establishing a working relationship much earlier in the process.



**BREAK**

### SECTION III – Safety and Risk Assessments

TIME: 50 Minutes (11:00-11:50)

#### Objectives: Participants will

- Understand the difference between safety assessments and risk assessments.
- Understand the need to identify not only risk factors but also protective factors in order to get a more complete picture of family functioning.
- Practice identifying protective factors (from either video or written scenario)
- Discuss elements of a protection (Safety) plan and critique a plan

#### Materials

- Initial Child Maltreatment Guide – Sample Safety Plan
- Handout 4 -5

#### A. Quick Review

When the group returns from break, do a quick recap from the morning work so far. We have looked at the Division's Practice Model and the things the Division expects to improve in the way maltreatment assessments are conducted. We have looked at the major changes in policy related to notification and have reviewed the required elements in a child maltreatment assessment. Now, let's move on to discussing safety planning.

#### B. Differentiating Between Safety Assessment, Risk Assessments and Safety Plans

Take a minute and go back to the Practice Model Goals. Ask participants to look at the very first goal – to keep children safely with their families. Remind them that Arkansas has one of the highest removal rates in the United States and one of the highest rates of return at the end of a 72 hold or at the Probable Cause hearing. This indicates that we may be taking children out of their homes when it is unnecessary. If they are going home in a matter of 72 hours to 5 days, what we need to do is a better job of designing safety plans that let them stay at home during that time and that stabilize the home situation to allow for a more thorough intervention plan to be developed.

Ask the question of the training group, "What is the difference between a safety assessment and a risk assessment?"

- Record the answers on the white board.
- Direct the discussion to get participants to explain their answers.
- Summarize with **Handout 4, Risk vs. Safety Assessments**
- Safety assessment is concerned with the immediate here and now. It is a short term but potentially front-end intensive plan that gets you and the family through the first 24, 48, 72 hour period and then re-evaluate and plan for the next week. If on-going intervention is indicated, the safety plan may be wrapped into the bigger case plan.

Now refer the group to **page 9 in the Participant Manual, Elements of a Safety Plan.** Tell the group we are going to do the following exercise.

1. For 2 minutes, work as an individual and list everything you think needs to be in a safety plan.
2. For the next 2 minutes you will discuss your answers with the people at your table.
3. For the next 5 minutes, each group will report out.
4. Make sure everyone is clear and then start the count-down.
5. When it comes time for reporting out, ask group one to list one thing, group two to add something, group three to add one thing, etc until everything each group wrote has been mentioned.
6. Used **Handout 5** to summarize this discussion. Handout 5 has the policy requirements and the lists from the Health and Safety Checklist. Ask participants to look this over briefly.
  - a. Policy requires that the HSA (including the checklist and Safety Plan) be done within the 30 day time frame while the investigation is running.
  - b. Another section of policy requires that a protection plan (Safety Plan in CHRIS) be done any time a safety threat is identified.
  - c. These should actually be considered as instruments you use early in the child maltreatment assessment not as forms you complete at the end of the assessment in order to justify your determination.
7. **DCFS is expecting that Initial Child Maltreatment Assessors complete these earlier in the process depending on the individual case circumstances.** The expectation has changed without the corresponding change in policy but the expectation is definitely there. (Trainers, see HZ Report that identifies waiting until the end of the investigation is one of the problems with investigations in this state.) This is a spot where you may want to direct participants to the

DCFS/CACD agreement (see CHRISNet Protocols to look at a copy) because it does set out the expectation that the Health and Safety Checklist be completed early in the process and the Safety Plan be completed if any safety factors are identified from the checklist. Emphasize that making an early assessment of risk and protective factors is good practice even if it is not required. **Remember, the plan must be doable and specific, and it is permissible to involve other people identified by the family in supportive roles to implement the plan.**

8. Direct participants to **the work aid** titled **Protection Plan** in their Guides. This is a suggested format. It has the advantage of being something you can carry in your hand and not have to do on the computer. Take several copies with you on your assessments. Invest in some carbon paper so that you can make copies if you need to. This plan developed between you and the family can be entered into the Safety Plan in CHRIS when you get back to your office.
9. Poll the class to see how many have gone through new worker training with the Forrester case. Do a quick summary of the case:
  - 9 y/o boy with bruises to the face and abdomen and a broken bone around the eye where his mother hit him with a frying pan
  - 4 y/o sister who has NO identified risk factors other than that she lives in the same home and witnesses the interaction between mom and her brother. She attends Head Start and the teacher is potentially a strong support for mom because she is impressed with her interactions with the 4 y/o. The teacher does not know the brother.
  - Abuse of the boy is escalating in frequency and severity and he is removed from the home
  - 4 y/o sister is not removed but a safety plan is put in place.
  - We are going to look at two versions of the safety plan.

Refer participants to **pages 10-11, which is a copy of the Health and Safety Checklist and the Safety Plan** from CHRIS on the 4 y/o. Ask questions designed to see if workers think this plan is sufficient. (Basically, it is lacking in detail and specificity.)

Follow up with the plan on **page 12-14 (Protection Plan)**. Ask questions designed to get workers thinking about whether this plan is better and if so, why. Is it doable? Are each party's role clear? Is it written? Can it be given to the family on the spot without having to go back and enter data into CHRIS? **Remember; if**

workers supervisors have given them a different instrument tell them to use that. Emphasize that this is a work aid only.

10. Point out that there is something missing from their formal instruments used to assess safety. There is no information or even a place to document information on protective factors (unless you put it in the “Other” category. These instruments are all about what is problematic with no attention directed to what is strong. There is no requirement to identify individual strengths or other people or networks (formal or informal) that may be able to help keep the child safely at home. There is also very limited space to write out the specific tasks and services that each person in the safety plan will commit to.

**C. Identifying Protective Factors – Balancing the Plan**

Training on investigations frequently is heavy on identifying risk factors and immediate safety threats, but light on formal training to identify protective people or factors. When we return from lunch, we are going to look at ways to tease out protective factors as well as risk factors. Give them a brief lunch assignment. Ask them to look at the material on **page 15, Signs of Safety**. Circle one of the principles or practice that “speaks” to them.



**LUNCH**



### SECTION III: Signs of Safety – Identifying Protective Factors

Time: 50 Minutes (1:00-1:50)

#### Objectives: Participants will

- Understand the Divisions commitment to conducting “investigations” in a client-friendly manner that facilitates partnering for improvement.
- Develop strategies to assess for protective factors

**Trainer Note:** This section will depend heavily on trainers having read the material from *Signs of Safety*. A copy of this book has been provided to each trainer as a resource. In addition, a copy has been provided for each site’s resource library.

#### Materials:

- Consider a field trainer or CHRIS Trainer in order to demonstrate how the practice elements can be worked into a collateral interview.
- Initial Maltreatment Assessment Guide
- Signs of Safety Assessment and Planning Form

#### A. Quick Review

Ask participants to tell one thing they remember from the morning that has stuck with them, made them think, etc. At the end, do a quick summary that addresses safety, risk, safety planning and the need to look at both sides of the coin.

#### B. Signs of Safety – Principles and Elements

Now, ask participants to talk about their mini-lunch assignment. One thing the trainer may anticipate are responses that “This might be useful in the case but not in the investigation.” Another response may be, “We already do that.” Acknowledge that some of this work will take place in the case but that it can be started in the initial child maltreatment assessment and we are going to look at ways to do this. If folks are truly doing it already then they are just ahead of the game. Reflect back to the Arkansas Practice Model – every step of the way!

Cover the 12 Principles fairly quickly. Many of these are reflected in the Mission statement or Practice Model and others reflect family-centered beliefs that have been addressed in numerous other MidSOUTH trainings. It may be more helpful to zero in on

just a few of them – such as number 8 (which is likely to be seen as part of case planning but is equally important in safety planning). Or number 7 (which reinforces the idea that assessing for safety does not negate basic investigative technique of finding out who, what when where and how). Or number 11, which has to do with the ways that the questions are asked and all the other interpersonal skills brought to the interview. Review the material and ask questions designed to get participants thinking about how they might ask questions designed to get at this information. [Use the book as a guide to develop your suggestions for things participants might do or ask to address each of the six elements](#). At the end of this discussion, pass out [Handout 6, Sample Questions](#).

Ask the group to look at [page 16 in the Participant Manual, titled Using the Approach in a Collateral Interview](#). This page sets the scene for the interaction. As participants watch the role play ask them to make notes about the areas indicated on the page – dangers or Risks, Safety Signs, and Practice Elements demonstrates. Do a brief role play designed to demonstrate using some of the signs of safety approach in an interview with a person who in Arkansas would be considered a collateral. Use the script in the book (pages 94 – 98) of an interview with a doctor and a CPS worker. [In Arkansas, the initial report would have come through the Hotline, so tweak this interview as if the worker had contacted the doctor. Also, if some group members report that this is an interview that CACD would do in Arkansas, ask them to focus on application of the approach because it would work with any reporter and can be used on the cases they assess. Processing points are set out in the text.](#)

### **C. Introduce the Signs of Safety Assessment and Planning Form Work Aid**

In this time of increased paperwork demands, explain to workers that this is a tool we will use in the rest of the training that may be useful to them when they are in the field and are considering safety options. Sometime just running a written “balance sheet” can help bring things into perspective. This work aid is in their Guide Books. [Handout 7](#) is a clean copy that they can use for notes in class. Whether they use it in the field is entirely up to them. Pass out Handout 7.

In work with people, things are never cut and dried, black or white, good or bad, etc. Most folks are going to fall somewhere on a continuum. It is the same with Danger and Safety. For the rest of the training, we will be working our way through an intake. We will look at interviewing strategies which include some of the practice elements of the signs of safety approach, as part of the process of engaging the family at the same time we

asses the truth of the allegation. We will conclude by asking each participant to draft a safety plan. We will use this work aid as sort of a pre-planning form as we get ready to interview pertinent parties in the initial maltreatment assessment.



**BREAK**

## SECTION V: INTRODUCTION TO INTERVIEWING

**TIME: 120 Minutes (2:00-4:00) No formal break has been included. Give another 10 minute break somewhere during this time frame.**

### **Objectives: Participants will**

- Know the principles of good interviewing
- Know the caveats around which the training is designed.
- Understand that the interview with the child frequently begins with the interview with the supporting adult (if there is one).
- Critique an interview with an adult.
- Understand the fact-finding nature of the interview.
- Know the stages of a disclosure (forensic) interview with a child.
- Understand the intrusive nature of an investigation and develop strategies to minimize the trauma the investigation brings to the child.

### **Materials:**

- Flipchart pad, easel, and markers for at least four small groups.
- White board and markers
- Participant Manual
- Name tents
- Stickers with at least four different figures or designs
- PowerPoint Presentation – Interviewing Principles
- Initial Child Maltreatment Assessment Guide
- Handout 8

### **A. Introduction**

Explain that the rest of today and tomorrow will be devoted to interviewing. The primary focus of this afternoons' session will be strategies for alleged child victims of abuse and neglect. However, effective strategies for interviewing children depend in part on developing good interviewing skills for adults. Stress that the interview is important not only in sexual abuse investigations but in other types of child maltreatment assessments. [Refer back to the 6 Practice Elements – the interview is the intervention and sets the stage for future work.](#) Refer participants to [page 17 in the Participant](#)

**Manual, Assumptions and Caveats.** Quickly review the assumptions around which the training is based and the caveats.

## **B. Principles of Good Interviews – Group Exercise**

This section will use the **PowerPoint presentation** on interviewing as a discussion guide. Show the slides, with the discussion questions included. Use the exercise set out below as a presentation guide.

### Purpose

The purposes of this exercise are to tap into the collective knowledge of the group, to define a forensic interview and to surface good strategies for interviewing. A secondary purpose is to put these strategies into a developmental perspective.

### Materials

This exercise requires the Participant Manual (page 18), and the PowerPoint presentation on interviewing.

### Methodology

1. Prior to showing the presentation, divide the large group into four small groups.
2. Next, begin the slide show. When the trainer comes to the slide on forensic interviewing, ask “**What do we mean by forensic interview?**” Explain that this term has been used throughout the training. Allow the group to generate suggestions and summarize with the learning points on the presentation. Point out to participants that there is a space on **page 18, Forensic Interviewing, in the Participant Manual** to take notes on the following discussion.
3. Then, move to the slide that directs participants to **list principles of good interviewing**. Assign two groups to draw up a list of pointers or suggestions about interviewing adults. Assign the other two groups to draw up a similar list of good tips for interviewing children. Do this part of the exercise quickly.
4. Allow no more that 5-7 minutes for the groups to write down their suggestions. Call time.

### Processing

Process the exercise in the following manner. Ask the groups assigned to make the list for children to list their strategies. Suggest that one group do the initial presentation and that the second group adds only those things from its list that have not already been discussed. Proceed in the same manner for the groups who were assigned to address adult strategies. Point out that **page 19 (Good Interview Strategies)** in the Participant Manual has a space for notes on this discussion.

Then, point out the similarities in the two lists. The teaching points are:

- Many of the good strategies are applicable whether the subject of the interview is a child or an adult.
- Interviews with children are usually exposed to a higher degree of scrutiny.
- Children may require more directive strategies (more on this subject later)

Be sure that participants noted the following:

### Principles of Conducting Interviews

- Interview family members separately to avoid the possibility of contaminating each individual's recall.
- Refrain from volunteering, or providing, information obtained from other sources to avoid contamination. Obviously, in interviewing alleged offenders, the interviewer will have to use the information they possess to bring out the truth. This does not mean that the interviewer gives/tells everything he or she knows right off the get-go. Rather, the interviewer's knowledge is used in the phrasing of questions posed to the alleged offender. Select pieces of evidence may be strategically introduced to use as a confrontation aid.
- Do not make false promises. Your credibility in dealing with family members and other people during this assessment builds the reputation you have in your field in the community in which you work. Over a period of time this will make your work easier, or harder, because your reputation. This "reputation" thing can work in the other direction, too! All it takes is one time of being perceived as a liar or as

an incompetent for many courts to distrust any work you do in the future, no matter how good or how thorough.

- Conduct interviews in person, AKA Problems With The Faceless Voice!  
The establishing of a rapport with the family, with collaterals and with family support systems is important and normally extremely difficult when the interviewee is speaking to a faceless voice. **In addition, a phone interview DOES Not COUNT as a face-to-face interview for CHRIS purposes.**

In turn, the investigator is speaking with a faceless voice that may or may not be the person represented to be. The face to face interview validates the identity of the interviewee in addition to being a vehicle for engaging the family.

The face to face interview also gives the investigator the opportunity to evaluate the witness' credibility. Although body language is not exact due to cultural, gender, racial differences in people, we each normally have an instinct about a person's credibility bases on our observations during the conversation. This isn't even a conscious effort on our part. Interviews with reporters or collaterals that include some of the questions from the Signs of Safety Approach also help determine their credibility and perhaps give clues to their motivation form calling.

- Report/document interviews in the person's own words as much as possible. People use different words or phrases to describe similar things. The interviewer should record those words or phrases and ask for clarification if they are not "the standard" or can be interpreted in different ways. For examples, show **Power Point Slide 10**. This slide is a list of phrases which have different interpretations based on a person's background or may invoke different perceptions. Show for group discussion. The clarification is recorded in the interview report.
- Conduct alleged offender interviews as early as possible. If alleged offender interviews are conducted as early as sufficient information will allow, the offender is "locked in" to their story. The investigator may have statements that they will find contradictory to the facts as the investigation progresses. This initial interview may also provide investigative leads not obtainable from another source such as:

- Alibis
  - Additional witnesses the offender may have spoken to
  - Shift of blame
- 
- A subsequent interview may be appropriate for “clarification” of contradictions. We often hear the expression, “I can’t interview the alleged offender until I have all my ducks in a row”. In many offenses the investigative agency will approach the alleged offender and get an initial interview for the purpose of allowing him or her to lock into a story which can be refuted later by the facts identified through tangible evidence and witness interviews. By waiting until you get your ducks in a row you are also allowing the suspected offender to get his ducks in a row. The early initial interview may find the suspected offender off balance which can be more beneficial than waiting. **OK, that is the pure forensic approach. But you are Family Service Workers. Talk about other reasons it may be good to interview the alleged offender early on. Trainers, look for answers that reinforce seeking strengths, building a trusting relationship, getting the family’s ideas about what needs to change to ensure safety, etc. One thing that may be helpful is to remind participants that the vast majority of the cases where they take the lead on the initial assessment will never be brought into the criminal court arena. So, the need to stay mindful of their role – helping families improve their parenting skills so that their children can safely stay in their homes.**

### C. Practice Session – Identifying and Interviewing Collaterals

Explain to participants that they are going to witness and critique an interview segment. The interview will be a collateral interview of an adult.

Direct participants’ attention to **page 20 in the Participant Manual, Intake Scenario**. Ask them to take a minute or two to review the information. Then ask the group **who they would interview if they went to the school**, in addition to the child. Hopefully they will identify both the counselor (who is the reporter) and the teacher (who is one who may have the most information about the child).

Next, ask participants (who should still be in small groups) to list all the information they would want to try to get from the **teacher**. Ask the groups to list this information on the



flip chart. Ask them to specifically indicate one question they might ask the teacher from the Signs of Safety material covered earlier.

After the groups have had a few minutes to complete this step, direct their attention to page 21 in the Participant Manual, Observation of a Collateral Interview. This page provides a space for participants to make notes on the following topics:

- Note things you saw/heard the interviewer do.
- Note anything you particularly liked.
- Note things you would have done differently.
- What parts of the report have you confirmed?
- What did you learn that is new or different from the original report?
- Does this interview broaden or narrow the scope of the maltreatment assessment?
- What did you learn regarding protective factors?

Explain to the groups that the trainers will demonstrate a segment of the interview with the teacher. Ask the group to observe the interview with the above questions in mind. The trainers will then demonstrate the interview. Another way to do this is let the co-trainer start the interview and then rotate some class members into the interview chair.

Points to be sure to demonstrate include:

- After the introductions, demonstrate giving the teacher an open-ended directive and letting that actor tell the story until he or she comes to a stopping point.
- Ask the teacher about a recent, notable event in the classroom and get details.
- Avoid, as much as possible, question formats that lend themselves to short, choppy answers.
- Include a question or questions from the Signs of Safety materials
- The interview with supportive adult is the first step in the interview with the child.

After the demonstration, cover the points set out on **page 21**. Emphasize the questions related to known event as these will be discussed later in the section on interviewing children. Let the interviewer explain his/her rationale. Let the interviewee describe how it felt. Address other issues that arise in the discussion. Ask the group, “How many of your questions got answered in a 12-15 minute period of time?” In most cases over half of the questions will have been answered. Use this fact to emphasize that these techniques will get the most information in the shortest period of time.

**D. Visual Inspection – Getting the Information With Minimal Trauma to the Child**

Next, do a quick exercise. While not technically part of forensic interviewing, participants need the reminder to take into account the effects of being inspected by a stranger.

Purpose

The purpose of this exercise is to physically change participants' perspective of the environment.

**Materials**

There are no special materials for this exercise.

Methodology

1. Ask participants to stand up and look around the room.
2. Ask participants to look around the room and list things that they can see **at eye level**. There should already be material posted on the walls or white boards from previous exercises. Be sure, if participants list things on the floor by their feet or some other things that are not at eye level, to compliment them on being “trained observers” but direct them back to eye level.
3. Now, ask participants to get on the floor on their knees or to sit on the floor, whichever is more comfortable.
4. Now, look around the room and list the thing you see at eye level.
  - Do they see different things?
  - Has the perspective changed?
  - Does the trainer look bigger?

### Processing

Conclude this part of the exercise by giving people permission to get back in their chairs. Point out how the child's view differs. They see a different part of the world. Even a relative small adult can seem very large and possibly intimidating.

Move into the next part of the exercise. Use the table groupings to form small groups.

### Purpose

The purpose of this part of the exercise is to have participants brainstorm appropriate ways to conduct a visual inspection of children.

### Materials

This exercise requires the flip chart set up for each small group. There is also resource material in the Initial Child Maltreatment Assessment Guide.

### Methodology

1. Before giving the group instructions, approach a group member who seems to have developed a good rapport with the trainer. Ask this person, "What would you say if I told you that I needed to look under your clothes because I had a report that you have been injured?" Explore this theme for a few minutes. The anticipated response is that the person will be reluctant. Get the participant to elaborate on his or her concerns.
2. Refer participants to **page 22 in the Participant Manual**. Ask each small group to answer the questions on this page related to conducting a visual inspection of children.
3. Instruct the groups to write their answers on the flipchart or white board. Allow around 10 minutes to complete steps 2 and 3 of this activity.
3. Call time. Ask each group to share its suggestions. To save time, start with the group with the fewest suggestions. Then, ask other groups to share something they had that was different or expands upon the first group's ideas.

### Processing

Summarize with the material in the Participant Resource Manual.

Teaching point to insure are covered if they do not come up in the discussion include:

1. It is advisable to contact the parent or caregiver as soon as possible to let him or her know that you have seen the child. *Anticipate some discussion around the worker's desire not alert the parent until there has been time to interview other people. Explain that this topic will be covered in greater detail in the sections of the training related to adult interviews. However, the bottom line is that the worker wants/needs to get the parents' or caregiver's explanation for the injuries (if any). There is nothing that prohibits getting their explanation early on. The worker can always go back and talk with them again if there is a need.*
2. Reinforce responses from participants that emphasize that there is usually no need to completely disrobe the child. The exception might be a very small infant. However, in almost all cases the worker can view parts of the body while allowing the child to keep his or clothing on and just pull pieces to the side.
3. Reinforce responses that emphasize the presence of another adult during the times that injuries are being viewed if at all possible. Obviously, the individual circumstances must be taken into consideration when considering the presence of another adult. The alleged offender, if known, should not be the adult present.
4. Depending on the age of the child, he or she may have many questions about why the worker is taking pictures, who will see the pictures and whether the child is in trouble. Reinforce responses from participants that deal appropriately with these issues.

### **E. Child Interview - Stages**

Very quickly, summarize the interviewing discussions:

- Every interview in a child maltreatment assessment/investigation should be conducted in a manner that would survive scrutiny by a court.
- The above statement is true whether the maltreatment complaint is a Priority I or a Priority II.

- An interview is purposeful.
- The contact is for the purpose of assessing the validity of a child maltreatment allegation and to begin the process of building a trusting, respectful relationship.
- The interviewer controls/focuses the direction of the verbal interaction (more on the “art” of this piece later).
- Forensic interviews progress through a series of stages – they have a beginning, a middle, and an end.
- So, we have looked an interview with a collateral. Now, we will prepare to interview the child. How many of you routinely interview the child (in detail) during a physical abuse allegation?

In general, interviews with children progress through several stages. Refer participants to **page 23 in the Participant Manual, Stages of an Interview**. This page sets out the major stages of a forensic interview of a child. These stages are:

- Engaging
- Fact-Finding
- Closing

Homework Assignment:

Acknowledge that many of the people in the room are experienced interviewers. This has been a long day. There is a homework assignment for tomorrow, but hopefully it taps into skills and knowledge that you already bring to the table. What you need to do for tomorrow is:

- List specific things you would do to engage child
- Identify one engagement tool that you use frequently in interviews.
- List specific types of information that you would want to get during the ENGAGEMENT Stage.
- Make your notes **on page 24, Engagement Stage: Interviewer Tasks**.
- Pass out Handout 8, which is a transcript of the interview with the teacher and the interview with the counselor (which was not role-played but which should have been one of the collaterals identified and interviewed).

Thank participants for their participation today and dismiss the class.

## INITIAL CHILD MALTREATMENT ASSESSMENTS

### DAY II

#### SECTION I: REVIEW AND HOMEWORK

TIME: 40 MINUTES

##### Objectives: Participants will

- Identify engagement behaviors and learn from each other's experience.

##### Materials

- Flip chart set up for each group

#### A. Review

Do a quick review of yesterday's material, with the emphasis on the need to identify protective factors as well as risk factors and the need to use the initial child maltreatment interviews as the starting point for building engagement and establishing trust. There is definitely a need for the forensic aspects of the initial assessment – always seek for detail and clarification. But it is the way you get the information that is important. Then, do a very quick review of what we know about Terry's situation so far.

#### B. Homework

At each table, review the engagement behaviors identified. Have group members compare their answers with other's at the table. Make a list of all the things people do on the flipchart or white board. Ask that the scribe write big enough so that everyone in the group can read it. Move to the next section. In the following discussion, solicit techniques that different workers use to engage young children.

- Be prepared to demonstrate an engagement technique.
- Be prepared to demonstrate how to set the expectations (rules) for the interview – permission to say "I don't know," permission to correct the interviewer if they make a mistake, etc

## SECTION II – ENGAGEMENT STRATEGIES

TIME: 50 Minutes (9:40-10:30)

### Objectives: Participants will

- Learn techniques to use in the engagement phase of the interview.
- Practice an engagement interview, using the skills discussed.

### Materials:

- Participant manual
- Flipchart set up for four small groups
- Blank paper
- Markers or colors
- Simple game (optional)
- Demonstration of trainer “engagement tool”
- Handout 8 – Interview transcripts

**Trainer Set Up Note:** On the whiteboard or a flip chart write the following questions, which will be the preparation questions the class will address prior to Interviewing Terry:

- List specific questions you would ask this child to **engage** her
- What information do you need to get at this stage?
- What is a known, memorable event that you can use in your interview?

### A. Tasks of the Engagement Stage

Ask participants to take notes on **page 25, Notes on Engagement**, in the Participant Manual. We are now going to practice the Engagement stage of the interview with Terry.

### B. Practice Engagement

Explain to participants that the class is going to have a chance to practice engagement skills. Note that it is tempting to skip this stage, especially on physical abuse cases or neglect cases where there is other physical evidence to accompany the results of the interview. Reinforce that this stage is probably the most critical part of their interview – if



the child does not trust them, the information provided by the child will be limited. Tie back to the 6 practice elements – this is element number one: Understand the position of each family member. Before moving into the practice, take this time to talk about why you got information about a known, memorable event.

- Many interviewers are moving away from asking questions about the difference between a truth and a lie and are moving more toward establishing that a child can give an accurate description of a known event (not maltreatment related).
- Talking about this event lets the interviewer:
  - Assess the child's ability and willingness to communicate
  - Provides the child a chance to provide narrative answers (not just yes or know or forced choice)

### Practice Exercise

#### Purpose

The purpose of this exercise is to give participants an opportunity to practice the skill of engaging a child. A secondary purpose is to reinforce the need to talk with the supporting adult prior to the child interview.

#### Materials

This exercise requires the scenario on **page 20 of the Participant Manual Handout 8**, the interview transcripts from the teacher and the counselor. Have blank paper, markers, colors and perhaps a short, simple game available.

#### Methodology

1. Divide the large group into small groups of three or four members. Refer the participants to **page 20 in the Participant Manual**. This page has a brief scenario of a physically abused child. Participants should be familiar with the case scenario from the interview of the collateral done in the morning. Participants will practice the engagement portion of the interview.
2. Emphasize the need to prepare for the interview. Ask the groups to spend some time deciding how they would accomplish the tasks. Have them write down suggested responses to the questions related to the child's interview. ***Note: Be sure participants understand that they need to write down the response they will actually make in the interview. In a few minutes, they will demonstrate. The idea is that they will not tell what they would do, they will do what they would do!*** Remind them to focus on open-ended questions or

directives when possible. Allow approximately 10 minutes to complete this part of the assignment. [Pages in the Trainer Resource Section of this manual have suggested questions and teaching points.](#)

Ask for a volunteer to conduct an interview. The co-trainer will be the child. The lead trainer's role is to observe and referee. The interview should not exceed ten minutes (although some folks may have difficulty going that long). The interview should focus on engagement. If the interviewer begins fact-finding about the allegation (physical abuse), stop the interview. Ask the group what just happened and if they did not spot it, point out that the interviewer has jumped prematurely into fact-finding. Ask the group to generate suggestions about how the interviewer might get back into engagement mode. At the end of ten minutes or so, stop the exercise. The trainer needs to see if there are naturally occurring times that one of the questions from Handout 6 might be worked into the interview with the child. (Remember, exploring what the child thinks will happen from talking to the worker is an illustration of the first practice element from Signs of Safety.) This may also be run as a fish bowl exercise where different people rotate into the interview chair. Other group members should take notes on [page 25, Notes on Engagement.](#)

### Processing

Conclude the exercise by eliciting feedback.

- Begin by asking the group to tell the interviewer what he/she did well.
- Ask the "child" to tell the interviewer how the interview felt – non-threatening, too pushy, etc.
- Ask the interviewer to state things that he/she felt they did well.
- Ask for suggestions for improvement.
- Emphasize that there is no magic time limit for engagement activities. Some children engage very easily. Some children may go for ten minutes before they ever speak to the interviewer. Some children may never engage.
- Be sure that participants understand that they may move back and forth from engagement activities to fact-finding activities as the interview progresses.

If the group does not do it, be sure to reinforce the things the participant did well. Give specific examples. Remind the volunteer that interviewing in front of a group of his/her peers is much more threatening than a real child interview.

Give the group an opportunity to ask any questions they have about the engagement stage of an interview.



**BREAK**

## SECTION II – FACT-FINDING

TIME: 60 Minutes (10:30 – 11:30)

### Objectives: Participants will

- Learn some techniques to transition between engagement and fact-finding.
- Know the different types of questions to use and the value/limitations of each.
- Critique an interview.
- Practice the fact-finding stage of an interview.

### Materials

- Flipchart set up for each small group
- Whiteboard and markers

#### A. Tasks of the Fact-Finding Segment of an Interview

Begin this section by referring participants to **page 26 of the Participant Manual, Fact Finding Stage**. The fact-finding stage of the interview focuses on finding out the answers to the Big W's once the child has disclosed an abusive or neglectful act. Quickly review the material on this page and see if participants have any questions.

#### B. Transition Questions

**Page 27** references the use of probes. Refer to **page 27** for a series of probes. This series of probes is frequently used in sexual abuse interviewing to move from engagement to fact-finding. The same probes will work in abuse/neglect situations. There is no tried and true way to transition from engagement to fact-finding. These probes will work with some children but not with others.

#### **Do you know why you're here?**

**Do you know why I am here? (If you have come to where the child is)** This probing question may be used fairly early in the interview. Some children who have made a purposeful disclosure to someone else may be ready to tell the investigator. Children who have been given permission to tell the investigator their story by a supportive adult may also respond to a question of this type. If the child does not disclose, go back to

engagement strategies. If the child does move into disclosure do not forget to get some of the factual information you would otherwise be asking in the engagement stage.

### **Who brought you here?**

**Ms/Mr. \_\_\_\_\_ asked me to talk to you. What did Ms./Mr. \_\_\_\_\_ tell you we would be talking about? (If you have gone to where the child is and the child has already talked with someone else)**

This probing question may encourage children to tell the investigator what they have already told another adult. If the child does move into disclosure do not forget to get some of the factual information you would otherwise be asking in the engagement stage.

### **Referencing the complaint**

In order to use this technique, the interviewer needs to have talked with some one who has knowledge of the complaint – the reporter or a supportive adult. The interviewer gives the child back a little piece of the information that the interviewer has from the reporter.

Be prepared to give another example from personal experience about referencing the complaint. Point out to participants that this technique is very directive. It is a technique to be tried after other, more open-ended probes have failed.

Referencing the complaint in a physical abuse complaint is relatively easy. Once the child is engaged and talking with the interviewer relatively easily, the interviewer can point to the injury and say, “I see you have a (bruise, boo-boo, mark). Tell me how that happened. Neglect may be a bit more difficult, but the interviewer can give “tell me” directives about various aspects of home life. Sexual abuse is the most challenging because the interviewer must give the child enough information to get him or her focused but not the central issues of the complaint.

## **C. Types of Questions**

Participants have practiced the engagement stage of an interview with Terry Adams, a 9 year old victim of physical abuse. Explain to the group that they are going to look at types of questions that would be used in the fact-finding part of the interview. **Page 28 of the Participant Manual** lists a hierarchy of interview questions in the fact-finding stage. Review these types of questions with the group. Point out that the only type of question that is clearly unacceptable in an interview is a leading question.

It is preferable to use questions from the top of the hierarchy whenever possible. However, interviewers must take into consideration the limitations imposed by the child's age. A six-year-old may not disclose if only open-ended questions are used. A nine-year-old may not have any difficulty responding to open-ended questions or "tell me" directives.

Either as a small group exercise or as a large group, generate a list of the information the interviewer needs to get from Terry during the fact-finding part of the interview. Ask participants to practice drafting a question or directive they would use to get that information. Keep the focus on using questions from the top part of the list when ever possible. Ask them to draft an exception question and also to draft a scaling question.

- Based on information obtained during the engagement part of the interview, has the nature of the referral changed? How?
- Are there areas from the engagement stage that need further exploration? What are they?

#### **D. Demonstration**

Using the trainer and co-trainer, demonstrate a brief segment of the fact-finding interview of Terry Adams. Suggestions for scripts are in the Trainer Resource Section of the guide.

- Ask participants, "How many of you routinely take notes during your interviews (no matter who the subject of the interview is)?"
- Generate a discussion on the need to take notes and to make note of everything said or done, even if it does not seem important at the time.
- Encourage participants to take notes on **page 29** as if they were making notes on a real case. Explain that after the trainers do a brief demonstration, participants will take turns in the interviewing chair.

As the interview progresses attend to the following issues. Be sure to demonstrate the types of questions discussed including a leading question. After the demonstration, ask participants to critique the interaction. There is a space **on page 29 of the Participant Manual** to take notes.

After the demonstration has proceeded for a few minutes, ask for a volunteer. The volunteer should not be the same person who interviewed the child earlier in the day. Have the volunteer pick up in the interview where the demonstration left off. The same person should be the “child” who took that role earlier. Reinforce the need to take notes on the information obtained in this interview.

Let this interaction continue for 10-15 minutes. It is permissible to have a coach and to rotate more than one interviewer into the chair. Fifteen minutes will seem like a very long time to an inexperienced interviewer. If the interviewer gets stuck, stop the interview and ask the group to give the interviewer some suggestions about how to continue. Ask the group members to phrase the suggestions as if they were speaking directly to the child. The trainer should be alert to another issue. If the interviewer begins asking numerous closed questions without following up with an open-ended question, stop the interview and point this fact out to the group. Repeat the last closed-ended question and ask the group to generate an open-ended response to get more information.

After no more than 15 minutes, stop the exercise and process the experience. If the group is not getting the information from Terry at some point the trainers may want to step in and take a more active role.

### Processing

Conclude the exercise by eliciting feedback.

- Begin by asking the group to tell the interviewer what he/she did well.
- Ask the “child” to tell the interviewer how the interview felt – non-threatening, too pushy, etc.
- Ask the interviewer to state things that he/she felt they did well.
- Ask for suggestions for improvement.
- Emphasize that there is no magic time limit for fact-finding activities. Some children transition into this stage very easily. Some children may go for ten minutes before they ever speak to the interviewer. Some children may never disclose. Never forget that some of the children interviewed have **not** been abused.
- Be sure that participants understand that they may move back and forth from engagement activities to fact-finding activities as the interview progresses.
- If the group does not do it, be sure to reinforce the things the participant did well. Give specific examples. Remind the volunteer that interviewing in front of a group of his/her peers is much more threatening than a real child interview.

- Give the group an opportunity to ask any questions they have about the fact-finding stage of an interview.
- Conclude this section by having the class answer the questions on **page 29 in the Participant Manual**.
  - The investigator should have been able to confirm the physical abuse.
  - Three more children should have surfaced.
  - A live-in boyfriend exists.
  - The person at greatest risk in the home may be the 2 month old infant – no formula for 48 hours.
  - The scope of the assessment/investigation has been widened considerably, with lack of supervision, inadequate food, inappropriate child care arrangements, possible substance abuse and an offender with a violent, impulsive behavior pattern having been identified.
  - The grandmother needs to interviewed as a collateral and as a possible support for this family.
  - Signs of safety: There is a supportive adult (grandmother). There have been times when momma took better care of the children. There may have been a time when the boyfriend/daddy did not hit as much as now. Get the group to discuss whether they feel Terry's care giver role is a strength or indicative of a problem.
  - Now, ask participants to look at Handout 7 from yesterday and let's pencil in some of the information.
    - The issue of abuse/injury needs to be considered first, so list what you know there and how you feel it fits on a continuum from must be removed to no danger at all.



- How about safety? The abuse has come to light. There is a mature, responsible child. There is potentially a supportive network.
- How would you rank this situation as you know it right now?  
0-10 where 0 means recurrence of the same maltreatment or worse and 10 means sufficient safety to close the case) – **Safety Scale**  
0-10 where 0 is the worst case your office has ever seen and 10 means this is not a situation where any action would be taken – **Context Scale**
- What do you know the Agency's goals are at this point?
- What are Terry's goals?
- When you meet with the parents what things would be a sign of immediate progress toward protection or working together?

Page 30 has information about the closure stages on an interview. Cover this material but keep it brief. Relate it back to the scenario and ask the group what things it might be important for Terry to hear. Pass out Handout 9, Interviews with Anton and Jeanette (which we will suggest they would have done since they are right there at school anyway).

### SECTION III: Interviewing Adults

TIME: 30 Minutes (11:30 – 12:00)

- Gain insight into the value and the limitations of adult witness interviews

#### Materials

- Black & White excerpt of rape scene from “Childhood Lost” video
- Questionnaire for students on scene (Handout 10)
- PowerPoint presentation on Interviewing

**Trainer Note:** Skip this exercise if you are running far behind and cover the information in a brief lecture with the PowerPoint before lunch.

#### A. What You See IS What You Get – Maybe

Begin the morning with the following ice breaker.

##### Purpose

The purposes of this ice breaker are to demonstrate the limitations of eye witness information and to demonstrate the impact of wording and question order on people's memories.

##### Materials

This exercise requires the video “Childhood Lost,” PowerPoint presentation Interviewing Adult Witnesses and Offenders, and Handout 10.

##### Methodology

1. Play the video excerpt for the audience. This section starts doing the interview with Abigail. Start the tape where the dialogue begins "A beautiful day in June...." Show through the section of the girl and her father riding in the truck until he throws her on the

- ground and she screams. **Note:** Please have the tape queued up to this point before the training begins.
2. After the video, pass out **Handout 10** to each individual in the class. **Instruct participants to write their names on the handout. Then, complete the handout without any group discussion.** Allow approximately five minutes for them to complete it.
  3. Call time. Collect the Handouts.
  4. The lead trainer will move on with the exercise. The co-trainer at this point in time needs to review the responses. Separate the sheets into four groupings. Be sure that each group contains sheets with different or conflicting information. These groupings will determine small group composition later in the exercise.
  5. Lead instructor proceeds with the PowerPoint presentation. Begin with the slide on Suggestibility (where the presentation stopped the day before). As the trainer shows the “force” words – spank, whip, beat- stop after each word and ask the group: “What do you think of when I say this word?” Be aware of responses, differences in the mental pictures invoked, etc. **Stop** the PowerPoint presentation after the force words.

**Point out** that verbs that imply greater force or action tend to infer some factual detail to the interviewee that is non-existent, or not as the interviewee assumes based on the interviewer’s question. The use of different verbs in the formation of the question may elicit different responses to include the recall of a detail that was non-existent. This phenomenon can also be true in the use of a definite article instead of an indefinite article (“Did you see **the** stop sign?” as compared to “Did you see **a** stop sign?”).
  6. Next, assign large group members to smaller groups (determined by the co-trainer). Pass out a fresh copy of **Handout 10** to each group (one Handout per group). If time is short, do these steps as a large group exercise.
  7. Instruct the small groups to arrive at a consensus about the answer to each question. Allow no more than 10 minutes to complete this part of the exercise.

8. Call time. Ask each small group to share its “consensus answers.” Go through this “sharing” quickly.
9. Next, begin with group 1 and ask the following questions:
  - a. Does anyone in the group have reservations about the “correctness” of any answer that your group gave?
  - b. Explore the reasons behind why a person(s) has reservations.
  - c. If no one in the group voices a reservation, ask “did anyone change his or her answer from what was written on your first sheet?”
  - d. Explore the reasons why people changed their answers.

### Processing

Conclude the exercise by emphasizing the following points:

- For the group’s satisfaction, give the “right” answer (for example, there is no dog).
- Courts and attorneys worry excessively about the suggestibility of children and the creation of “false” memories. Adult witnesses may also be exposed to information that affects their memory of what they may have seen or heard.
- Research has been conducted that tends to confirm the “suggestibility” of verbiage used by interviewers when speaking with witnesses. (Elizabeth Loftus & John Palmer, circa 1974)
- Different words lend different weight to a subject.
- Adults’ memories are impacted not only by their own perceptions but by other people’s verbalized recollections.
- Quickly review the Handout itself to point out “loaded” language.
- Point out that it is virtually impossible not to use loaded language at some point in the interview. The more important point is for interviewers to be aware of these factors and consider them when weighing the importance of the information provided (assessing the adults credibility just as you do with a child).



**LUNCH**

## SECTION IV - Introduction to Adult Interviews

TIME: 60 Minutes (1:00-2:00)

### Objectives: Participants will

- Understand that many of the strategies for interviewing children are applicable to adults as well.
- Understand that their job is to get details and try to determine who abused or neglected the child but not to get a confession in the law enforcement sense.
- Practice interviewing mother and using some of the signs of safety build relationships while still getting information needed for the assessment.

### Materials:

- Power Point Slides
- Prompts for Interview with Mother – trainer resources

**Trainer Set up note:** Sometime before this exercise starts, give select class members some prompting questions. Pick the ones who seem to “get it” the best. Tell them that they need to ask this question during the part of the exercise where the mother is being “interviewed.” These questions are designed to find exceptions to abuse or scaling questions. Tell the people that when we start the exercise, everyone else will have to take turns. However, they can chime in with their question any time it seems appropriate, given the flow of the interview. Tell them that they will also have an opportunity to ask a question of their own after they ask one of these questions.

### A. Review of Purpose –From PowerPoint

Review of the purpose of investigations (From PowerPoint presentation)

- To find the truth. To find the truth, the investigator must rely on the information provided him/her through the interview process, as well as through personal observations and tangible items found. **The investigator must be open to a range of possibilities that explain the allegation – from the possibility that abuse/neglect occurred, to an honest mistake or misinterpretation of an event, to a deliberate falsehood.**
- Interviews are conducted to gain information for those persons whom we have reason to believe have pertinent information. We can expect to obtain:
  1. **Corroborative information** – information that lends credence to the truth of the allegation or issue in question.

Ask for an example from participant audience. In the Terry scenario, what might be corroborative evidence when the investigator gets to the home?

2. **Exculpatory information** – information which tends to counteract the complaint, assumption, or statements made by others. This information may exculpate the person who has alleged to offend, or even point to a different perpetrator.

Ask for an example from participant audience. From the Terry scenario, what might be exculpatory evidence? Formula in the home, receipt showing it was purchased before the weekend, etc.

3. Provide the investigator with a **larger view** of the complaint being investigated. This could involve the discovery of additional issues of concern, additional potential offenders, the roles of the persons involved in the original report may shift, additional witnesses, sources for, and location of, tangible supportive or exculpatory items (evidence – additional medical records, photos, court documents, etc.)
4. Provides the investigator the opportunity **to interact** with the persons responsible for the occurrence(s) which allows the investigator to gain insight into the veracity of the allegation.

**B. Characteristics of an interview – from PowerPoint (keep this section brief since it is review)**

The interview is most effective if the person is encouraged to talk freely, and allowed to do so with little interruption. In other words, use the open ended directives mentioned earlier. The interviewee lends direction to the conversation; i.e., the interviewee tells his or her story. The interviewer responds in a respectful manner.

At this point in time, the interviewer does the following:

- Probes but doesn't cross-examine
- Inquires but doesn't challenge
- Suggests rather than demands
- Uncovers
- Guides, but does not dominate

- “You” focused”; not “I” focused
- Moves from open ended questions to **wh-** questions
- Avoids **tag questions** (“You were there, weren’t you?”)
- Asks to amplify or clarify, but does not challenge yet
- Accomplished with restatements, feed back (uh-huh, yeah) or even long silent pauses, exploring expectations, and suspending judgment at this point
- Gets the details
- Summarizes with non-threatening requests for clarification (“I’m not sure I understand”)

After the initial statement:

- Go back and ask for clarifying details
- Clear up areas that appear to be (or are) contradictory
- Focus on the need to keep the children safe
- Assess whether care giver feels there is a safety issue and whether they can participate in a plan for safety.
- Summarizes with non-threatening requests for clarification (“I’m not sure I understand”)

### C. Planning an Interview

Pull out the Safety Assessment and Planning form. Ask them to look back and review the information they learned about the 9-year-old and her family. Next, ask the group: **"What is the purpose of your first interview with this child's mother?" (What are your goals for this interaction)?** Let the group discuss what they hope to accomplish on this contact.

- Have they identified any personal safety issues as they talked with collaterals and the child which need to be taken into consideration?
- What is their spiel to get entry into the house?

Then, ask participants to generate a list of the information that needs to be obtained from the mother and the boyfriend in this scenario. They need to use the original report and also the information they obtained from interviews with the children and the collaterals at the school (teacher and counselor). Record their answers on the white board. Be prepared to add information if the group leaves out any information that is critical to ask based on the information obtained from the child.



## Demonstration

At this point the trainer and co-trainer, using the scenario and the questions generated by the class, demonstrate an interview of the boyfriend. (If time allows, the trainers could demonstrate the mother's interview first. If there has to be a choice, go with the boyfriend). There is a notes page on **page 33**.

## Purpose

The purpose of the exercise is to demonstrate the use of opened ended questions, with clarification obtained by the use of **WH...** questions. In addition, demonstrate the techniques of allowing the interviewee to complete answering questions without interruption, as well as the use of prompts (uh-huh, yeah, I see) by the interviewer to encourage continued response. Demonstrate how to handle an abrasive personality.

## Methodology

1. Introduce yourself to the "boyfriend." Explain the interview purpose or direction.
2. The "interview" should last about five minutes as the "boyfriend" relates his story.
3. Stop the interview at this point. Ask the class to dissect how the interviewer moved into the interview. If they did not pick up on it, point out that the interviewer began with an open-ended invitation to tell the story. An interviewer should begin with open-ended questions to elicit as much information as possible in the interviewee's own words, followed by the **wh-** type questions for clarification.
  - Did the interviewer allow the person to tell the story with as little interruption as possible?
  - Did the interviewer keep the conversation going with supportive prompts (uh-huh, I see, okay).
  - Did the interviewer use compliments or recognition of strengths appropriately?

- How well did the interviewer use silence? Silence at the end of the person's remark may prompt the person to make additional remarks. Most of us do not like to sit in silence and will tend to fill the void with words.
  - Who did the most talking? The bulk of the conversation should be from the interviewee.
4. Next, ask the class to suggest some questions to ask the boyfriend to elicit additional information.
  5. Now, rather than have the participants do an interview of mother, let them take turns asking questions of the trainer who will take the role of the mother. This can be round robin style starting with one person at a table asking a question, moving to the next person, etc. This is where your people with the prompts will be chiming in if the situation seems to fit.

Update the Safety and Assessment work aid. What are the family's goals? What would indicate immediate progress? Trainers, be prepared to offer suggestions based on the way the interviews have flowed. Conclude this section with **Handout 11** which has information on Marilyn, Monique, and Martin plus information about what was found at the house. Tell the class when we come back from the break, we are going to put it all together in a safety plan.

**BREAK**

## SECTION V: SAFETY PLAN AND Risk Assessment

TIME: 50 MINUTES

### Objectives: Participants will

- Pull all the pieces together to form a safety plan.
- Use the work aid to set out the specific things that will happen.

### Materials

- Copies of the Work Aid Safety Plan – one per table
- Flipchart set up for each group

#### A. Developing the safety plan

Unless your group is very large, divide it into two smaller groups with a field instructor or CHRIS Trainer taking one group and the lead trainer taking another group. Tell each smaller group that they are going to draw up a safety plan to keep Terry and her siblings at home. In reality, the plan would address all children but for purposes of this exercise we are going to focus on Terry and Monique – Terry because she is the one the report involved and Monique because she may be the most at risk family member due to age.

Let the groups discuss and document what the plan would look like. The trainer at the table can take the role of the parent.

Be sure to address:

1. Who is involved in the plan – besides the parent, you would probably want to involve the grandmother and perhaps the school in the immediate plan for safety.
2. What does Terry need to be kept safe from? (Be specific and write it in non-accusatory language).
3. What does Monique need to be kept safe from? (Be specific).
4. How often will the FSW or someone from DCFS have contact with this family in the time it takes to finish the assessment and open a PS case? What is reasonable to insure safety?
5. In addition to not doing (not hitting, not leaving the children alone, etc) what will the care givers do? Remember, this is the short term safety plan – big issues

may be worked into the case plan later but right now, what does everyone need to see in order to let the children stay there?

After a reasonable time, call time. Bring the two groups back together to compare their plans. Model for the group some of the behaviors that we want them to demonstrate with families.

- Compliment them for hard work.
- Give verbal recognition to areas where they have showed strengths.
- If you have group members who have gone the extra mile with families in their roles as assessors, praise them for doing something different.

Do a last recap on the training objectives:

- We have looked at a scenario and identified collateral witnesses at every step of the process.
- We have watched a report that looked like simple cuts, welts and bruises turn into a much more complicated case
- We have factored in interview information from all the children in the home, not just the named victim
- We have identified risk and safety concerns but have balanced that with assessing for protective factors.
- This is the direction your Division says it is moving.

Answer any last questions and dismiss the class.



# **INITIAL CHILD MALTREATMENT ASSESSMENTS 2 Day Training**

Trainer Resource

Continuing Education - FSW

## SUMMARY OF INVESTIGATION POLICY CHANGES

### AUGUST 2009

**1. Policy numbers have shifted**

For those of us who have trained for awhile, the bulk of policy related to child maltreatment investigations is now in POLICY II –D (instead of II-E) and the related procedures.

**2. Policy is no longer in just one section**

Workers and supervisors will now have to go to POLICY XIV (for notification requirements), protocols on CHRISNet, Glossary of the policy manual, POLICY II-H, POLICY II-C, POLICY II-J to get the complete picture. In addition, they will need to read instructions to the forms because some required actions are only set out in the instructions.

**3. Notification Requirements have increased substantially**

The number of notifications has increased and the number of forms on which notifications are made has REALLY increased. [A teaching point here: Tell participants that there is considerable discussion in Central office and a good possibility that these forms will be revisited and pared back. Stay tuned. In the interim, they must be done.](#)

**4. Severe Maltreatment used interchangeably with Priority 1 in policy language when in fact, they no longer match point by point.**

The Priority system is a DCFS internal coding system. While it used to correspond to the maltreatment code point-by-point with the definition of severe maltreatment this is no longer the case. Garrett's law cases are not defined in the law as severe maltreatment but are Priority 1 responses (24 hours). All sexual abuse is defined as severe maltreatment but one category is now a 72 hour response time (Priority 2). This can be confusing, especially since the criteria for emergency removal is supposed to be immediate danger of severe maltreatment.

## WHO GETS NOTICE & WHAT FORM IS USED?

Trainers: Just an FYI – issues that have been presented to DCFS:

The issues tend to fall into three broad areas. These are:

1. The sheer volume of new forms is overwhelming and confusing. Just being able to keep up with these is going to cut into investigator's time with families and may be counterintuitive to the desire to see better practice in engaging people at the very front end of the CPS process.
2. There are not clear transition points in terms of who is responsible for completing some documents (although this may be something that has to be worked out office by office); especially in situations where the child comes into care on an emergency basis and the investigation and case are running side by side.
3. The third area – for lack of better words – might be issues around being literal or meeting the intent for the requirements for notification.

### A. **Issues around notification of relatives and fictive kin (CFS-323-A and CFS-323-B)**

1. Policy III-B and Procedure III-B1 require notification of relatives when a child is taken into custody. This notification is done on the CFS-323A and CFS 323-B. However these two form numbers are not mentioned in the policy or procedure. A worker will need to know that he or she must go not only to the policy but also to the list of new forms to get the whole picture.
2. There is also an area of confusion about whether relatives by marriage and fictive kin can be set up as provisional relative foster homes. Some of this confusion is due to a statement in Procedure III-B1 C.(1) c that states "The requirements to become a provisional foster home and the additional services and supports that are available for children in a foster home." Again, you have to go to the instructions on the forms to get the whole picture, which is that relatives by blood may be considered as provisional relative foster homes but relatives by marriage and fictive kin would have to go through the regular foster parent process.
3. Who is responsible for sending these forms? It is clear that part of the intent is to locate potential placement resources for the child so there may be no need to wait to contact these people, even though there is technically a 30 day window.

So, investigator? Case Worker? Resource Worker? (Or worked out county by county?)

4. Meeting the intent or taking the literal approach: Will it truly be necessary to send both the CFS-323-A and CFS-323-B in those situations where the relative by blood and the relative by marriage are married to one another and living in the same household. Would it not meet the intent to only send one form?
5. Possible conflict with requirements of Procedure II-D9 related to grandparent notice. This procedure reflects older legislation that required grandparent notification when children came into care (including 72 hour holds), but only if several conditions were met. Now, it would seem that they would get notice using the CFS 323's either as blood kin or fictive kin (putative father's parents) so the conditions set out in II-D9 - D may no longer be valid.

**B. Multitude of notifications but have some categories of people been left out** (and this is a difficult one to broach because it possibly generates more forms)

1. Investigators used to be required to provide notice to the non-offending parent if the child had been named as a victim. Now, there is only a requirement for this front-end notification if the child was abused while in foster care.

**C. Multiple notifications to the same entity**

1. CFS-210-A instructions require notification of each member of the multi-disciplinary team of initial reports of child maltreatment. Some MDTs have standing membership of over 20 people. Many have standing membership of around 10. Would it not meet the intent to notify the MDT coordinator and let that person take charge of dispersing the information to the team members?
2. Prosecutors, law enforcement are members of the MDT and taken literally would be notified on the CFS 210-A as an MDT member but are also notified on the CFS-201-A immediately (whereas the CFS-210-A is sent in 5 days).
3. Procedure XIV-A1 says to send the CFS-210-A to MDT on all allegations but the Maltreatment Act (12-18-106 ) requires notification of MDTs on severe maltreatment cases (or on requests from law enforcement and/or prosecutor). 12-18-503 references general notification to the appropriate MDT (and does not specify severe or non-severe maltreatment) but it would seem that under 12-18-106 it is only appropriate if the allegation is severe maltreatment. (For years MDTs have only dealt with severe maltreatment cases. If this has changed and the expectation is that they will deal with all reports, 12-18-106 and 12-18-503



need to be brought into alignment. Given the MDT funding source it is not the intention that they be involved in all maltreatment cases.

4. The is also the same issue with notifications on the back end of investigations – where there will be occasions if you take a literal interpretation of the notice requirements where some mandated reporters – particularly law enforcement and school– will receive duplicate notification. For example, if the school was the reporter on a report that is found to be true – they are notified on the CFS-N as a member of the MDT, on the CFS-291-N as the school where the victim is enrolled and the CFS-293-N as a mandated reporter. (This is if you take a literal approach to this notification issue.)

### Answers for Training Exercise

Hotline receives a report from a doctor of non-organic FTT of a 2 month old infant. The child weighs less than the birth weight. In addition, the baby tested positive for opiates. This child takes no prescribed medications that could have resulted in a positive drug screen. The child has no medical diagnosis that would explain being below the 3<sup>rd</sup> percentile for height and weight.

This example would be severe maltreatment if true but would be assessed by DCFS. The child lives in a county with an MDT that has a standing membership of 10 people.

Initial Notifications (literal interpretation of policy and form instructions)

CFS-201-A to law enforcement immediately

CFS-201-A to Prosecutor within 5 days

CFS-210-A x 10 to MDT (including law enforcement and prosecutor who have already received notice on the CFS-201-A)

CFS-212-A to the alleged offender (mom)

**Total notifications: 13**

**Say report is found to be true:**

CFS-221-T to law enforcement – 10 business days

CFS-221-T to Prosecutor – 10 business days

CFS- 225-T1 to parent – 10 business days (Again, this is literal interpretation of what is written) – 10 business days

CFS – 230 – T x 10 to MDT (including law enforcement and prosecutor who have already been notified on another form) – 10 business days

CFS-232-T1 – to named offender – 10 business days (who in this example is also the parent so there is a possible area for confusion about whether they get the 232-T1, the CFS 225-T1 or both)

**Total: 14 notices in 10 days**

**Mother does not appeal.**

CFS-281-N to law enforcement (even though they have the CFS-221-T) 35 days after determination

CFS281-N to prosecutor – 35 days

CFS-285-N to parent – 35 days

CFS-290-N x 10 to MDT members (including PA and law enforcement – their 3<sup>rd</sup> notice in 35 days)

CFS – 292-N – notice to offender – 35 days

CFS-293-N Notice to mandated reporter (who is also potentially a member of the MDT in that county)

**Total: 15 notifications in 35 days**

**TOTAL: 42 notification forms**

This is about as straightforward a severe maltreatment example you can get.

**Foster Care:** At a minimum:

CFS-224-T Notice of True to current foster parent

CFS-285-N Additional Form to foster parent

Potentially all notices to attorney, CASA if AAL and CASA assigned at Probable Cause

## CONDUCTING THE INITIAL CHILD MALTREATMENT ASSESSMENT

<b><u>REQUIREMENTS</u></b>	<b><u>LAW</u></b>	<b><u>POLICY (II-E)</u></b>
<p style="text-align: center;"><b>TIME FRAMES</b></p> <ul style="list-style-type: none"> <li>When must the child maltreatment assessment be <b>started</b>? 72 hours 24 hours if Priority 1 or sever maltreatment (Garret's Law cases are Priority 1 but not defines as severe</li> <li>When is the assessment considered <b>initiated</b>? The assessment is initiated when the child has been interviewed outside the presence of the alleged offender.</li> <li>When must the child maltreatment assessment be <b>completed</b>? 30 days from the time the report was made (not the time it was assigned for assessment) – exception: Out-of-home alleged offender and additional 30 days to assess safety of offenders children</li> </ul>	<p>12-18-602</p> <p>12-18-601</p> <p>12-18-616</p>	<p>Procedure II-D1</p> <p>Procedure II-D1</p> <p>Procedure II-D6</p>
<p><b>CONFIDENTIALITY</b></p> <ul style="list-style-type: none"> <li>Can the assessor release the name of the reporter to the family being assessed? No</li> </ul>	<p>Child Maltreatment statute has several section now related to confidentiality of the reporter</p>	<p>Policy I-F</p>
<p><b>REQUIRED ACTIONS/CONTACTS</b></p> <ul style="list-style-type: none"> <li>Who must be interviewed? The child victim All other children in the home or under the care of the same care giver The parents of the child (including non-custodial parent) The alleged offender if different from the parent Other relevant people (collaterals)</li> <li>What must the investigation attempt to ascertain (determine)? The existence, cause, nature and extent of maltreatment – is it there, how bad is it, and what caused it The existence and extent of previous injuries – has it happened before, how bad and what caused The identify of the perpetrator – who did it The names and condition of other children in the home – who else is at risk</li> </ul>	<p>12-18-605; 12-18-608;</p> <p>12-18-606; 12-18-607</p>	<p>Procedure II-D2</p> <p>Policy II-D;</p>

<p>The circumstances of the parents/caregiver – who are these people and what made them into the people they are today (risk factors and strengths)  The environment where the child resides – <b>got to go to the house!</b>  The relationship between the children and the parents/caregivers  All other pertinent data – can only be determined on a case by case basis.  Whether the alleged offender has access to children and whether or not the children are at risk such that they need to be protected.</p> <p><b>Can Do's</b></p> <ul style="list-style-type: none"> <li>Other actions the assessor make take, depending upon the need include:  Obtain a physical examination  Have radiology procedures performed  May take photographs  May cause a psychological exam to be performed  Drug testing  Criminal Background check  Obtain school records; gain entry into school</li> <li>When and to whom do you give Pub 52? Why is this form important?  Give at the first contact with the parents and with the alleged offender if different from the parents  Parents get a copy even if they are not the alleged offender  Pub 052 is basically a “best practice” publication, in that it provides a vehicle to discuss the assessment process with the family. Other forms meet the legal requirements for notification but this document does set out the parents’ rights to see the report.</li> </ul> <p><b>Other Required Actions</b></p> <ul style="list-style-type: none"> <li>Health and safety assessment (CFS-6025)</li> <li>Risk Assessment (if the allegation is found to be True) (CFS-6026)</li> </ul> <p>Referral for Early Intervention Assessment on all children ages 3 and under if there is a true report on any child in the family whether or not there was a case opened as a result of the true finding. (Time frames for referral depend on whether a case was opened and what type of case was opened)</p>	<p>12-18-609; through 12-18-615</p> <p>CAPTA Requirement</p>	<p>Policy II-D</p> <p>Procedure II-D2</p> <p>Policy II-J</p>
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## DISCUSSION QUESTIONS FOR ELEMENTS OF A MALTREATMENT ASSESSMENT

Optional Resource to enhance discussion – use only as time allows.

### Discussion Question 1:

Define “out of the presence of the alleged offender.” If the offender is in the same house but not in the same room, does this meet the intent of the law? *The intent of the law is that the child be interviewed in as safe or neutral a place as possible. If the alleged offender is physically present at the scene of the interview, even if not where the child can see him/her, this presence can have an inhibiting effect on the child. A follow-up question may be, "How can you still get your job done (interviewing the child) and still provide a safe environment for the child?"*

### Discussion Question 2:

An assessor says to a mother who is the subject of a report of maltreatment, “I am here because the school is concerned that your child has missed so many days and always seems to be hungry. *What are the potential penalties for this statement?*”

- The assessor has released the name of the reporter and has violated confidentiality.
- Penalties from the Maltreatment Act include:
  1. Can be charged with a Class A Misdemeanor 12-18–205
- Administrative sanctions by the agency could include:
  1. DHS Administrative Policy 1085 Minimum Conduct Standards #20
  2. Range of possibilities including termination

### Discussion Question 3:

You are attempting to initiate an assessment of a neglect complaint. Some of the children named on the report are school age and some are preschool age. You went to the home at 11:10 am on Tuesday morning and no one answered the door. What must you (the assessor) do in order to demonstrate that he/she used reasonable diligence to attempt to locate a family and initiate the investigation/assessment?

#### Procedure II-D1:

- Making a unannounced visit to the child's home at least three times at different times of the day or on different days
- Contact the reporter (if known) for additional information about the child's whereabouts
- Visiting school or daycare or any other place where the child could be located (based on information in the allegation)
- Certified letter

- [ACES search through DCO](#)

#### **Discussion Question 4:**

You are investigating an allegation of physical abuse of a 10-year-old male child. As you get into the investigation, you also become concerned about emotional maltreatment. Two weeks into the investigation the child's non-offending parent lets you know that the child attempted to cut his wrists prior to a court-ordered visit with the alleged offending parent. Can you refer this child for a mental health evaluation to assess his emotional needs and to help assess the issue of possible emotional maltreatment? What if the child who made the suicidal gesture is not the alleged victim but is a child who resides in the same home and is exposed to the same caregivers?

[12-18-614 and Procedure II-D4](#)

[Yes](#)

#### **Discussion Question 5**

Would you give the Pub 052 to a child who is the subject of a report or who lives in the home?

[There is no law or policy requirement to do this; however, it makes sense from a good practice perspective if the child is old enough to read and understand.](#)

## INTAKE SCENARIO

Information provided by the caller to the Hotline on Nov. 15, 2002

Child: Terry Adams  
Age: 9 years old (DOB: 4/14/1993)  
Address: Rt. 5, Box 2575 Old Wagon Rd  
Anyplace, Arkansas  
No home phone (school records have message phone at aunt's house – (870) 438-9821  
Wk phone (870) 438-6200 (Woodrow's Lamp Factory)

### Household Composition

Antoinette Adams – Mother, PRFC

Terry Adams, alleged victim, 4<sup>th</sup> grade

Anton Adams – 8 y/o brother, goes to same school, 2<sup>nd</sup> grade (held back one year)

Jeanette Adams – 6 y/o sister, goes to same school, first grade

Alleged victim has missed a lot of school.

Alleged offender: Unknown but caller suspects the mother. It is listed as unknown because the caller did not ask the child who inflicted the injuries.

Central registry check shows prior report on victim for neglect in 2001, unsubstantiated; and prior reports on the brother 2001(abuse), 2000 (neglect), unsubstantiated.

You are getting ready to interview a 9-year-old child. The interview will take place in the counselor's office at the child's school. The school made a report to the Child Abuse Hotline that the child had come to school with seven belt marks that extended across the shoulders, back and backs of one arm. The teacher noticed the marks on the child's arm. The child was sent to the school counselor who found the other marks. When the counselor questioned the child about it the child said they were from a whipping for making an F on a spelling test. The school called the Hotline at that point. The report does not indicate who the alleged perpetrator is.

1. What questions would you like to ask the teacher? The counselor?

**The teaching point:** THE CHILD INTERVIEW STARTS WITH THE INTERVIEW OF THE REPORTER, SUPPORTIVE ADULT OR SOMEONE WHO CAN GIVE INFORMATION ABOUT THE CHILD!

Investigators/assessors will not always have the luxury of interviewing a supportive adult. However, if there is any way possible, this interview should be **the first** in the series. Participants may point out that neither law nor policy requires an interview of the reporter. Point out that both law and policy, however, encourage interviews of **pertinent collaterals**. The reporter is certainly qualifies as a pertinent collateral.

#### QUESTIONS FOR THE TEACHER:

1. Did the child make an "F" on a spelling test?
2. How is the child's general performance in school?
3. What is the child's attendance record?
4. What did the child tell him/her about the injuries? Did the teacher ask? Has the teacher ever seen anything else like this before?
5. Solicit other suggestions from the class? (Will anyone remember to ask questions about changes in behavior? About interaction with peers? Mother's involvement in school issues? Child's interests?)

#### QUESTIONS FOR THE COUNSELOR:

1. Many of the same questions as set out for the teacher.
  2. Has the counselor had contact with/concerns about the siblings?
  3. Has the child been told that DCFS will be talking to her? What was the child told?
- 
2. How would you introduce yourself to the child? (Write down the things you would say.)  
Remember, this child is 9 years old. There have been prior reports so she may be familiar with DCFS. It is highly unlikely she will perceive the interviewer as a helpful presence (at least at first).

*Hi Terry. My name is \_\_\_\_\_. I work for Children and Family Services? Have you ever heard of Children and Family Services? If the child says no, follow up with:*

*"My job is to help kids who are having problems."*

*"Do you like being called Terry or do you have a nickname?"*

3. What should the child call you? Tell the child what to call you. Remember that children may not be comfortable calling an adult by his or her first name alone.  
*"You can call me Mr./Ms. (Last Name) ." Or, "You can call me Mr./Ms. (First Name) ."*



4. How would you ascertain the child's expectations of the interview? What if the child, in response to your question about DCFS lowers her head and says, "You take people's kids away?" Do you promise that it won't happen?

One response: "Are you afraid I am here to take you away?" *This response may encourage the child to express openly any fears she has about being removed from the family.*

Another possible response: "Sometimes kids aren't safe with their families. I want kids to be able to stay with their families if they can and if they will be safe."

What if the counselor has told the child you will be coming and you will be talking to her?  
Note: This would be really nice because it gives the interviewer a natural door into the subject matter latter one. In this case, one way to determine the child's expectation of the contact would be to ask, "What did your counselor say we would be talking about?"

5. After you have introduced yourself, what are three questions you would ask to begin establishing rapport?

**Teaching Point:**

As participants list suggestions, point out that during the engagement phase, the interviewers is actually collecting many "facts" specific to the child's situation even if not specific to abuse/neglect.

During the engagement, the interviewer should learn the names of the people who live in the child's house, their relationship to the child, what the child calls them and the names of any pets in the home.

Depending on the child's age, the interviewer may corroborate the address and telephone number, parents' work phone numbers, names and numbers for significant relatives.

During the engagement stage is the place to talk about the known event (in this case the dolphin video). The interviewer should have a good idea of the child's ability to accurately describe a known event (if the interviewer talked to someone before interviewing the child).

## THE TEACHER KNOWS

The teacher has this information that he or she will provide if questioned.

**Did the child make an “F” on a spelling test?** No. The class has not had a spelling test this week and last week she made a 74 on her spelling.

**Memorable event:** The class watched a video yesterday about dolphins. The class spent a lot of time talking about the video afterwards – that dolphins breathe air like people, that dolphins have gotten caught in fishing nets and died, that dolphins live in the ocean, that dolphins “talk” to each other with squeaks.

**How is the child’s general performance in school?** This child is no trouble at school. She is very quiet and makes “Cs” and “Bs.” Lately, she has had a problem with not finishing her homework.

**What is the child’s attendance record?** This child is beginning to have a worrisome amount of absences. They usually but not always happen on Monday. **TRAINER NOTE:** Be ready to give a number of days she has missed, depending on the time of year you are conducting this session.

**If there is a Signs of Safety question such as, “Have there been times in the past when she did better,** the teacher will add that she thinks Terry has the potential to do better because last year and the year before she was an “A” and “B” student. **Or if there is a question to the effect of, “Have there been times when Terry has had better attendance,** say that last year her attendance was perfect. She had no absences.

**What did the child tell him/her about the injuries? Did the teacher ask? Has the teacher ever seen anything else like this before?** The teacher did ask about the injuries (bruises on the arm) and Terry said fell. The teacher was worried that this bruise was linear and did not look like it was from a fall. The teacher has noticed bruises before but the child has always given a history that they were due to some accident. The most worrisome of these bruises was when she came with a black eye. She told the teacher she and her brother were fighting and he punched her in the eye. Her brother has had fights at school so the teacher thought it was possible he did it.

Solicit other suggestions from the class? (Will anyone remember to ask questions about changes in behavior? About interaction with peers? Mother's involvement in school issues? Child's interests? Did anyone ask a question to explore strengths and areas that either are OK or have been OK?

This child has few friends this year. She keeps to herself. Her mother has not come to any parent/teacher conferences. This is a change from last year because mother came to at least some of the conferences. The child likes to draw and her best subject in school is math. She likes to collect Harry Potter stuff.

## WHAT TERRY KNOWS

This “script” contains the information that Terry knows if she is asked. An \*\*\*\* indicates information that Terry will reveal only if she feels very comfortable with the interviewer and the interviewer asks her a question that is a natural lead-in to this information. **Information highlighted in green = protective factors.** Terry has the injuries described by the teacher and the counselor.

### ***Household composition***

In addition to the names on the hotline report there are the following household members:

Marilyn Jones, age 3; half sister

Martin Jones, age 18 months; half brother

Monique Jones; age 2 months; half sister

Larry Jones; mother’s boyfriend; Terry calls him “daddy” but knows he is not her real daddy.

Her real daddy is dead. He committed suicide in prison.

### ***How the injury happened***

Terry was babysitting for the other children from Friday night until Sunday night. Her mother and Mr. Jones had gone out. On Sunday, Terry left the children with her brother while she walked to her grandmother’s house. She was trying to get formula and diapers for the baby because she was out. Her grandmother was not home so she walked back home. Right as she got there her mother and “Daddy” came back. They were laughing and “acting stupid like they do when they drink.” When her daddy saw her outside, he took off his belt and whipped her for leaving the children alone.

**Good response if the interviewer asks a scaling question:** Terry really doesn’t think of the whipping as any big deal. She has gotten lots worse whippings. What really made her mad was that after the whipping, her mother locked her in her room all night. The other kids got burgers and fries but she got nothing. She is worried about the baby though because there was still no formula in the house when she left for school this morning. Terry’s number one concern in all of this is getting the baby some food. If the interviewer says anything about services or help, Terry will jump in with a food request.

## Terry's Fears

Terry is afraid that all the children will be 'put in a home.' After the last time DCFS came to their house her mother told her that could happen if the kids didn't learn to keep their mouths shut.

\*\*\*\*Terry is worried that Daddy is too rough on the little kids (although she minimizes his abuse of her and takes the blame for it). She is especially worried because Daddy got mad and threw the baby down really hard in the crib one night when she was crying too loud. She has heard her mother and Daddy fighting and her Daddy thinks the baby is not his. She tries her best to make sure the baby doesn't cry because that really gets on his nerves. **Daddy didn't used to get mad as much. When he first moved in he was pretty nice but now that he isn't working anymore he gets mad easier.**

## Situational Factors

The family lives in a three bedroom house. The girls share one room and one bed, the parents have one bedroom and the boys share the third bedroom. The baby sleeps in the bed with Terry, Marilyn and Jeanette.

The family has no phone. The rest of the utilities are on. The mother is not working any more. She got fired two weeks ago for chronic absenteeism (Terry's words will be for missing work all the time). The father of the youngest children does odd jobs and works part-time fixing cars. **The grandmother (maternal) sometimes brings food over for the children.**

**Terry does her best to keep the house clean and get the kids ready for school. She washes clothes at her grandmother's. Sometimes her daddy drives her over and sometimes she walks with the clothes in a garbage bag. Her brother is a pain because he says he doesn't have to mind her. Terry has had to stay home sometimes to take care of the little kids because Momma has been too sick to do it. Terry is learning to cook and macaroni and cheese is her favorite thing to fix. Terry is proud of being able to cook and clean house – she sees these as very valuable skills she brings to the family.**

## MOTHER'S SCRIPT

The mother will admit to drinking and having trouble getting up. She drinks “for fun – like everyone does.” She will insist that losing her job was not related to drinking.

She will describe Terry as very responsible. She will not admit to any problem with having a 9 year old be the primary care giver for 5 other children. After all, she does a good job and that is one of the advantages of having a girl first. If pressed, mom will admit to keeping Terry home for child care on some days when she was too “sick” to get up. It's OK because Terry is smart and can make it up in school. Mom's perception of Terry is very positive.

She will attribute the marks on Terry's arm to falling off the front porch. She will describe her daughter as clumsy. If pushed, she will admit that Larry “spanked Terry with a belt” but will insist that Daddy's have to be able to make children mind, just like her own father did when she was a little girl. Mom will say, if questioned in a supportive manner, that she has told Larry that he was too rough with the baby. They had a big fight about it but he has not been as rough with the baby since then. That was about 2 weeks ago.

Mother will blame the people at the WIC office for her being out of formula. They just make you wait too long.

Mother will admit that the boyfriend has hit her but insists she gives as good as she gets. People just have to work these things out. The times the police have come, it has just been a big misunderstanding. Back when they had a phone Terry called 911 once but she knows better than to do that now.

Mom is scared that DCFS will take her children. Her position is that the injuries aren't so bad – no worse than most kids get. Mom thinks things would be better if she and Larry were working again. She says it is just crazy when they are both out of a job. Larry for sure didn't used to be as mean to the kids and her when he was working steady.

### LARRY'S SCRIPT

Larry will belligerently admit to spanking Terry with the belt. He will act proud of this behavior and will offer to show the interviewer the belt. His rationale is that children need to learn how to mind. After all, his daddy used the belt on him and he turned out OK. He will be willing to explain how women just need someone to show them who's boss.

Terry knew better than to leave those children alone. She should have just known that he and mom would be home on Sunday. She tends to get a little bossy and overprotective of the younger children. She forgets her place when he is "disciplining" the younger children. He was worried about her running around in their neighborhood because it is not safe.

He will deny that he has thrown the baby or been rough with it. However, he will also say that after he and Antoinette had a big fight about it, he has backed off on "disciplining the younger children because she thinks it is important. He says that crying drives me nuts but now I just go outside to get away from it. He will speculate that the baby is not his and was conceived when the mom was out partying and carrying on. He will characterize Terry as a liar and that she gets into stuff that just isn't any of her business. He sees no need for DCFS to be messing in family stuff.

He does not work because he has a injured his back and is applying for disability. He is helping the mom apply for Social Security Survivors benefits on the 3 oldest children.

### Prompting Questions

1. On a scale of 1-10, where 1 is a holy terror and 10 is a perfect angel, where would you say Terry is?
2. You know from the report how this looks to other people. How do you feel about Terry's injuries and our being here?
3. You said that you were afraid that I was hear to take your children. If your children stay here, what do you think needs to happen differently so that Terry doesn't get hurt?
4. How do you think Larry would feel about that? (In response to whatever the answer is to 3). Questions 3 and 4 need to go to the same person.
5. Who helps you with the children?

Trainers, feel free to make up other statements depending on how well you group is picking up interviewing skills.





SCHOOL  
OF  
SOCIAL  
WORK

# **Guide Book**

## **Suggested Materials for Child Maltreatment Initial Assessment Workers or Family Service Workers On-Call**

Participant Materials

# Child Maltreatment Code (2009)

PUB. 357 (08/2009)

## DCFS Policy/Procedure on Investigations (List of Sections)

# LEGAL

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

Act 749 of the Regular Session

As Engrossed: S3/19/09

A Bill

State of Arkansas  
87th General Assembly  
Regular Session, 2009

SENATE BILL 464

By: Senators Madison, J. Key  
By: Representative Harrelson

For An Act To Be Entitled

AN ACT TO HELP TO ENSURE THE HEALTH, SAFETY, AND  
WELFARE OF CHILDREN BY MODERNIZING AND UPDATING  
THE LAW RELATED TO CHILD ABUSE AND NEGLECT; TO  
ADOPT THE CHILD MALTREATMENT ACT; TO REPEAL THE  
ARKANSAS CHILD MALTREATMENT ACT; AND FOR OTHER  
PURPOSES.

Subtitle

TO HELP TO ENSURE THE HEALTH, SAFETY,  
AND WELFARE OF CHILDREN BY MODERNIZING  
AND UPDATING THE LAW RELATED TO CHILD  
ABUSE AND NEGLECT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 12, Chapter 18, is amended to add an  
additional subchapter to read as follows:

CHAPTER 18

CHILD MALTREATMENT ACT

Subchapter 1.

General Provisions.

12-18-101. Title.

This chapter shall be known and may be cited as the "Child Maltreatment  
Act".



1  
2 12-18-102. Purpose.

3 The purpose of this chapter is to:

4 (1) Provide a system for the reporting of known or suspected  
5 child maltreatment;

6 (2) Ensure the immediate screening, safety assessment, and  
7 prompt investigation of reports of known or suspected child maltreatment;

8 (3) Ensure that immediate steps are taken to:

9 (A) Protect a maltreated child and any other child under  
10 the same care who may also be in danger of maltreatment; and

11 (B) Place a child who is in immediate danger of severe  
12 maltreatment in a safe environment;

13 (4) Provide immunity from criminal prosecution for an individual  
14 making a good faith report of suspected child maltreatment;

15 (5) Preserve the confidentiality of all records in order to  
16 protect the rights of the child and of the child's parents or guardians;

17 (6) Encourage the cooperation of state law enforcement  
18 officials, courts, and state agencies in the investigation, assessment,  
19 prosecution, and treatment of child maltreatment; and

20 (7) Stabilize the home environment if a child's health and  
21 safety are not at risk.

22  
23 12-18-103. Definitions.

24 As used in this chapter:

25 (1) "Abandonment" means the failure of a parent to:

26 (A) Provide reasonable support and to maintain regular  
27 contact with a child through statement or contact when the failure is  
28 accompanied by an intention on the part of the parent to permit the condition  
29 to continue for an indefinite period in the future and support or maintain  
30 regular contact with a child without just cause; or

31 (B) An articulated intent to forego parental  
32 responsibility.

33 (C) "Abandonment" does not include acts or omissions of a  
34 parent toward a married minor;

35 (2)(A) "Abuse" means any of the following acts or omissions by a  
36 parent, guardian, custodian, foster parent, person eighteen (18) years of age

1 or older living in the home with a child whether related or unrelated to the  
2 child, or any person who is entrusted with the child's care by a parent,  
3 guardian, custodian, or foster parent, including, but not limited to, an  
4 agent or employee of a public or private residential home, child care  
5 facility, public or private school, or any person legally responsible for the  
6 child's welfare, but excluding the spouse of a minor:

7 (i) Extreme or repeated cruelty to a child;

8 (ii) Engaging in conduct creating a realistic and  
9 serious threat of death, permanent or temporary disfigurement, or impairment  
10 of any bodily organ;

11 (iii) Injury to a child's intellectual, emotional,  
12 or psychological development as evidenced by observable and substantial  
13 impairment of the child's ability to function within the child's normal range  
14 of performance and behavior;

15 (iv) Any injury that is at variance with the history  
16 given;

17 (v) Any nonaccidental physical injury;

18 (vi) Any of the following intentional or knowing  
19 acts, with physical injury and without justifiable cause:

20 (a) Throwing, kicking, burning, biting, or  
21 cutting a child;

22 (b) Striking a child with a closed fist;

23 (c) Shaking a child; or

24 (d) Striking a child on the face or head; or

25 (vii) Any of the following intentional or knowing  
26 acts, with or without physical injury:

27 (a) Striking a child six (6) years of age or  
28 younger on the face or head;

29 (b) Shaking a child three (3) years of age or  
30 younger;

31 (c) Interfering with a child's breathing;

32 (d) Pinching, biting, or striking a child in  
33 the genital area;

34 (e) Tying a child to a fixed or heavy object  
35 or binding or tying a child's limbs together;

36 (f) Giving a child or permitting a child to

1 consume or inhale a poisonous or noxious substance not prescribed by a  
2 physician that has the capacity to interfere with normal physiological  
3 functions;

4 (g) Giving a child or permitting a child to  
5 consume or inhale a substance not prescribed by a physician that has the  
6 capacity to alter the mood of the child, including, but not limited to, the  
7 following:

8 (1) Marijuana;

9 (2) Alcohol, excluding alcohol given to  
10 a child during a recognized and established religious ceremony or service;

11 (3) A narcotic; or

12 (4) An over-the-counter drug if a person  
13 purposely administers an overdose to a child or purposely gives an  
14 inappropriate over-the-counter drug to a child and the child is detrimentally  
15 impacted by the overdose or the over-the-counter drug;

16 (h) Exposing a child to a chemical that has  
17 the capacity to interfere with normal physiological functions, including, but  
18 not limited to, a chemical used or generated during the manufacture of  
19 methamphetamine; or

20 (i) Subjecting a child to Munchausen's  
21 syndrome by proxy or a factitious illness by proxy if the incident is  
22 confirmed by medical personnel.

23 (B)(i) The list in subdivision (2)(A) of this section is  
24 illustrative of unreasonable action and is not intended to be exclusive.

25 (ii) No unreasonable action shall be construed to  
26 permit a finding of abuse without having established the elements of abuse.

27 (C)(i) "Abuse" shall not include physical discipline of a  
28 child when it is reasonable and moderate and is inflicted by a parent or  
29 guardian for purposes of restraining or correcting the child.

30 (ii) "Abuse" shall not include when a child suffers  
31 transient pain or minor temporary marks as the result of an appropriate  
32 restraint if:

33 (a) The person exercising the restraint is an  
34 employee of an agency licensed or exempted from licensure under the Child  
35 Welfare Agency Licensing Act, § 9-28-401 et seq.;

36 (b) The agency has policy and procedures

1 regarding restraints;

2 (c) No other alternative exists to control the  
3 child except for a restraint;

4 (d) The child is in danger or hurting himself  
5 or herself or others;

6 (e) The person exercising the restraint has  
7 been trained in properly restraining children, de escalation, and conflict  
8 resolution techniques;

9 (f) The restraint is for a reasonable period  
10 of time; and

11 (g) The restraint is in conformity with  
12 training and agency policy and procedures.

13 (iii) Reasonable and moderate physical discipline  
14 inflicted by a parent or guardian shall not include any act that is likely to  
15 cause and which does cause injury more serious than transient pain or minor  
16 temporary marks.

17 (iv) The age, size, and condition of the child and  
18 the location of the injury and the frequency or recurrence of injuries shall  
19 be considered when determining whether the physical discipline is reasonable  
20 or moderate;

21 (3) "Caretaker" means a parent, guardian, custodian, foster  
22 parent, or any person ten (10) years of age or older who is entrusted with a  
23 child's care by a parent, guardian, custodian, or foster parent, including,  
24 but not limited to, an agent or employee of a public or private residential  
25 home, child care facility, public or private school, or any person  
26 responsible for a child's welfare, but excluding the spouse of a minor;

27 (4)(A) "Central intake", otherwise referred to as the "Child  
28 Abuse Hotline", means a unit that shall be established by the Department of  
29 Human Services for the purpose of receiving and recording notification made  
30 pursuant to this chapter.

31 (B) The Child Abuse Hotline shall be staffed twenty-four  
32 (24) hours per day and shall have statewide accessibility through a toll-free  
33 telephone number;

34 (5) "Child" or "juvenile" means an individual who is from birth  
35 to eighteen (18) years of age;

36 (6) "Child maltreatment" means abuse, sexual abuse, neglect,



1 sexual exploitation, or abandonment;

2 (7) "Department" means the Department of Human Services;

3 (8) "Deviate sexual activity" means any act of sexual  
4 gratification involving:

5 (A) Penetration, however slight, of the anus or mouth of  
6 one person by the penis of another person; or

7 (B) Penetration, however slight, of the labia majora or  
8 anus of one person by any body member or foreign instrument manipulated by  
9 another person;

10 (9)(A)(i) "Forcible compulsion" means physical force,  
11 intimidation, or a threat, express or implied, of physical injury to or  
12 death, rape, sexual abuse, or kidnapping of any person.

13 (ii) If the act was committed against the will of  
14 the child, then forcible compulsion has been used.

15 (B) The age, developmental stage, and stature of the  
16 victim and the relationship of the victim to the assailant, as well as the  
17 threat of deprivation of affection, rights, and privileges from the victim by  
18 the assailant, shall be considered in weighing the sufficiency of the  
19 evidence to prove forcible compulsion;

20 (10) "Guardian" means any person, agency, or institution, as  
21 defined by § 28-65-101 et seq., whom a court of competent jurisdiction has so  
22 appointed;

23 (11) "Indecent exposure" means the exposure by a person of the  
24 person's sexual organs for the purpose of arousing or gratifying the sexual  
25 desire of the person or of any other person under circumstances in which the  
26 person knows the conduct is likely to cause affront or alarm;

27 (12) "Near fatality" means an act that, as certified by a  
28 physician, places the child in serious or critical condition;

29 (13)(A) "Neglect" means those acts or omissions of a parent,  
30 guardian, custodian, foster parent, or any person who is entrusted with the  
31 child's care by a parent, custodian, guardian, or foster parent, including,  
32 but not limited to, an agent or employee of a public or private residential  
33 home, child care facility, public or private school, or any person legally  
34 responsible under state law for the child's welfare, but excluding the spouse  
35 of a minor and the parents of the married minor, which constitute:

36 (i) Failure or refusal to prevent the abuse of the

1 child when the person knows or has reasonable cause to know the child is or  
2 has been abused;

3 (ii) Failure or refusal to provide necessary food,  
4 clothing, shelter, and education required by law, excluding the failure to  
5 follow an individualized educational program, or medical treatment necessary  
6 for the child's well-being, except when the failure or refusal is caused  
7 primarily by the financial inability of the person legally responsible and no  
8 services for relief have been offered;

9 (iii) Failure to take reasonable action to protect  
10 the child from abandonment, abuse, sexual abuse, sexual exploitation,  
11 neglect, or parental unfitness when the existence of the condition was known  
12 or should have been known;

13 (iv) Failure or irremediable inability to provide  
14 for the essential and necessary physical, mental, or emotional needs of the  
15 child, including the failure to provide a shelter that does not pose a risk  
16 to the health or safety of the child;

17 (v) Failure to provide for the child's care and  
18 maintenance, proper or necessary support, or medical, surgical, or other  
19 necessary care;

20 (vi) Failure, although able, to assume  
21 responsibility for the care and custody of the child or to participate in a  
22 plan to assume such responsibility; or

23 (vii) Failure to appropriately supervise the child  
24 that results in the child's being left alone at an inappropriate age or in  
25 inappropriate circumstances creating a dangerous situation or a situation  
26 that puts the child at risk of harm.

27 (B)(i) "Neglect" shall also include:

28 (a) Causing a child to be born with an illegal  
29 substance present in the child's bodily fluids or bodily substances as a  
30 result of the pregnant mother's knowingly using an illegal substance before  
31 the birth of the child; or

32 (b) At the time of the birth of a child, the  
33 presence of an illegal substance in the mother's bodily fluids or bodily  
34 substances as a result of the pregnant mother's knowingly using an illegal  
35 substance before the birth of the child.

36 (ii) As used in this subdivision (12)(B), "illegal

1 substance” means a drug that is prohibited to be used or possessed without a  
2 prescription under the Arkansas Criminal Code, § 5-1-101 et seq.

3 (iii) A test of the child’s bodily fluids or bodily  
4 substances may be used as evidence to establish neglect under subdivision  
5 (12)(B)(i)(a) of this section.

6 (iv) A test of the mother’s bodily fluids or bodily  
7 substances may be used as evidence to establish neglect under subdivision  
8 (12)(B)(i)(b) of this section;

9 (14) “Parent” means a biological mother, an adoptive parent, or  
10 a man to whom the biological mother was married at the time of conception or  
11 birth or who has been found by a court of competent jurisdiction to be the  
12 biological father of the child;

13 (15) “Pornography” means:

14 (A) Pictures, movies, or videos that lack serious  
15 literary, artistic, political, or scientific value and that, when taken as a  
16 whole and applying contemporary community standards, would appear to the  
17 average person to appeal to the prurient interest;

18 (B) Material that depicts sexual conduct in a patently  
19 offensive manner lacking serious literary, artistic, political, or scientific  
20 value; or

21 (C) Obscene or licentious material;

22 (16) “Serious bodily injury” means bodily injury that involves  
23 substantial risk of death, extreme physical pain, protracted and obvious  
24 disfigurement, or protracted loss or impairment of the function of a bodily  
25 member, organ, or mental faculty;

26 (17) “Severe maltreatment” means sexual abuse, sexual  
27 exploitation, acts or omissions which may or do result in death, abuse  
28 involving the use of a deadly weapon as defined by § 5-1-102, bone fracture,  
29 internal injuries, burns, immersions, suffocation, abandonment, medical  
30 diagnosis of failure to thrive, or causing a substantial and observable  
31 change in the behavior or demeanor of the child;

32 (18) “Sexual abuse” means:

33 (A) By a person ten (10) years of age or older to a person  
34 younger than eighteen (18) years of age:

35 (i) Sexual intercourse, deviate sexual activity, or  
36 sexual contact by forcible compulsion;

1                   (ii) Attempted sexual intercourse, deviate sexual  
2 activity, or sexual contact by forcible compulsion;

3                   (iii) Indecent exposure; or

4                   (iv) Forcing the watching of pornography or live  
5 sexual activity;

6                   (B) By a person eighteen (18) years of age or older to a  
7 person not his or her spouse who is younger than sixteen (16) years of age:

8                   (i) Sexual intercourse, deviate sexual activity, or  
9 sexual contact; or

10                   (ii) Attempted sexual intercourse, deviate sexual  
11 activity, or sexual contact;

12                   (C) By a caretaker to a person younger than eighteen (18)  
13 years of age:

14                   (i) Sexual intercourse, deviate sexual activity, or  
15 sexual contact; or

16                   (ii) Attempted sexual intercourse, deviate sexual  
17 activity, or sexual contact;

18                   (iii) Forcing or encouraging the watching of  
19 pornography;

20                   (iv) Forcing, permitting, or encouraging the  
21 watching of live sexual activity;

22                   (v) Forcing the listening to a phone sex line; or

23                   (vi) An act of voyeurism; or

24                   (D) By a person younger than ten (10) years of age to a  
25 person younger than eighteen (18) years of age:

26                   (i) Sexual intercourse, deviate sexual activity, or  
27 sexual contact by forcible compulsion; or

28                   (ii) Attempted sexual intercourse, deviate sexual  
29 activity, or sexual contact by forcible compulsion;

30                   (19)(A)(i) "Sexual contact" means any act of sexual gratification  
31 involving:

32                   (a) The touching, directly or through  
33 clothing, of the sex organs, buttocks, or anus of a person or the breast of a  
34 female;

35                   (b) The encouraging of a child to touch the  
36 offender in a sexual manner; or

1                                   (c) The offender requesting to touch a child  
2 in a sexual manner.

3                                   (ii) Evidence of sexual gratification may be  
4 inferred from the attendant circumstances surrounding the specific complaint  
5 of child maltreatment.

6                                   (B) However, nothing in this section shall permit normal  
7 affectionate hugging to be construed as sexual contact;

8                                   (20) "Sexual exploitation" means:

9                                   (A) Allowing, permitting, or encouraging participation or  
10 depiction of the child in:

11                                   (i) Prostitution;

12                                   (ii) Obscene photography;

13                                   (iii) Obscene filming; or

14                                   (B) Obscenely depicting, obscenely posing, or obscenely  
15 posturing a child for any use or purpose;

16                                   (21) "Subject of the report" means:

17                                   (A) The offender;

18                                   (B) The custodial and noncustodial parents, guardians, and  
19 legal custodians of the child who is subject to suspected maltreatment; and

20                                   (C) The child who is the subject of suspected  
21 maltreatment; and

22                                   (22) "Underaged juvenile aggressor" means any child younger than  
23 ten (10) years of age for whom a report of sexual abuse has been determined  
24 to be true for sexual abuse to another child.

25                                   (23) "Voyeurism" means looking, for the purpose of sexual  
26 arousal or gratification, into a private location or place in which a child  
27 may reasonably be expected to be nude or partially nude.

28  
29                                   12-18-104. Confidentiality.

30                                   Any data, records, reports, or documents that are created, collected,  
31 or compiled by or on behalf of the Department of Human Services, the  
32 Department of Arkansas State Police, or other entity authorized under this  
33 chapter to perform investigations or provide services to children,  
34 individuals, or families shall not be subject to disclosure under the Freedom  
35 of Information Act of 1967, § 25-19-101 et seq.

1  
2       12-18-105. Rules.

3       The Director of the Department of Human Services shall promulgate rules  
4 to implement this chapter.

5  
6       12-18-106. Cooperative agreements.

7       (a) The Director of the Department of Human Services shall implement a  
8 coordinated multidisciplinary team approach to intervention in reports  
9 involving severe maltreatment and all reports requested by a prosecuting  
10 attorney pertaining to a law enforcement or prosecuting attorney's  
11 investigation by initiating formal cooperative agreements with:

12           (1) Law enforcement agencies;

13           (2) Prosecuting attorneys; and

14           (3) Other appropriate agencies and individuals.

15       (b) The director may enter into cooperative agreements with other  
16 states to create a national child maltreatment registration system.

17  
18       12-18-107. Liability.

19       (a) A person or agency required by this chapter to report suspected  
20 child maltreatment who acts in good faith in making notification, the taking  
21 of a photograph or radiological test, or the removal of a child while  
22 exercising a seventy-two hour hold is immune to suit and to civil and  
23 criminal liability.

24       (b) If acting in good faith, a person making notification not named in  
25 this section is immune from liability.

26       (c) A publicly supported school, facility, or institution acting in  
27 good faith by cooperating with the investigative agency under this chapter  
28 shall be immune from civil and criminal liability.

29  
30                   Subchapter 2

31                   Offenses and Penalties.

32  
33       12-18-201. Failure to notify by a mandated reporter in the first  
34 degree.

35       (a) A person commits the offense of failure to notify by a mandated  
36 reporter in the first degree if he or she:

1           (1) Is a mandated reporter under this chapter;

2           (2) Has:

3               (A) Reasonable cause to suspect that a child has been  
4 subjected to child maltreatment;

5               (B) Reasonable cause to suspect that a child has died as a  
6 result of child maltreatment; or

7               (C) Observes a child being subjected to conditions or  
8 circumstances that would reasonably result in child maltreatment; and

9           (3) Knowingly fails to notify the Child Abuse Hotline of the  
10 child maltreatment or suspected child maltreatment.

11           (b) Failure to notify by a mandated reporter in the first degree is a  
12 Class A misdemeanor.

13  
14           12-18-202. Failure to notify by a mandated reporter in the second  
15 degree.

16           (a) A person commits the offense of failure to notify by a mandated  
17 reporter in the second degree if he or she:

18               (1) Is mandated reporter under this chapter;

19               (2) Has:

20               (A) Reasonable cause to suspect that a child has been  
21 subjected to child maltreatment;

22               (B) Reasonable cause to suspect that a child has died as a  
23 result of child maltreatment; or

24               (C) Observes a child being subjected to conditions or  
25 circumstances that would reasonably result in child maltreatment; and

26           (3) Recklessly fails to notify the Child Abuse Hotline of the  
27 child maltreatment or suspected child maltreatment.

28           (b) Failure to notify by a mandated reporter in the second degree is a  
29 Class C misdemeanor.

30  
31           12-18-203. Making a false report under this chapter.

32           (a) A person commits the offense of making a false report under this  
33 chapter if he or she purposely makes a report containing a false allegation  
34 to the Child Abuse Hotline knowing the allegation to be false.

35           (b)(1) A first offense of making a false report under this chapter is  
36 a Class A misdemeanor.

1           (2) A subsequent offense of making a false report under this  
2 chapter is a Class D felony.

3  
4           12-18-204. Unlawful restriction of child abuse reporting.

5           (a)(1) A person employed at a school, Head Start program, or day care  
6 facility commits the offense of unlawful restriction of a child abuse  
7 reporting if he or she:

8                   (A) Prohibits a mandated reporter under this chapter from  
9 making a report of child maltreatment or suspected child maltreatment to the  
10 Child Abuse Hotline; or

11                   (B) Requires that a mandated reporter under this chapter  
12 receive permission from the person before the mandated reporter makes a  
13 report of child maltreatment or suspected child maltreatment to the Child  
14 Abuse Hotline; or

15                   (C) Knowingly retaliates against a mandated reporter under  
16 this chapter for reporting child maltreatment or suspected child maltreatment  
17 to the Child Abuse Hotline.

18           (2) Nothing in this section shall prohibit any person or  
19 institution from requiring a mandatory reporter employed or serving as a  
20 volunteer for a person or institution to inform a representative of that  
21 person or institution that the reporter has made a report to the Child Abuse  
22 Hotline.

23           (b) Unlawful restriction of child abuse reporting is a Class A  
24 misdemeanor.

25  
26           12-18-205. Unlawful disclosure of data or information under this  
27 chapter.

28           (a) A person commits the offense of unlawful disclosure of data or  
29 information under this chapter if the person knowingly discloses data or  
30 information to a person to whom disclosure is not permitted by this chapter.

31           (b) Unlawful disclosure of data or information under this chapter is a  
32 Class A misdemeanor.

33  
34           12-18-206. Civil liability for failure to report.

35           A person required by this chapter to make a report of child  
36 maltreatment or suspected child maltreatment to the Child Abuse Hotline who



1 purposely fails to do so is civilly liable for damages proximately caused by  
2 that failure.

3  
4 12-18-207. Judicial and prosecutorial disclosure.

5 A judge or prosecuting attorney who fails to make a report when  
6 required by this chapter is immune from criminal and civil liability under  
7 this chapter.

8  
9 12-18-208. Subsequent disclosure by a subject of a report.

10 This chapter does not prevent subsequent disclosure by a subject of the  
11 report.

12  
13 12-18-209. Unlawful disclosure of data or information.

14 The Department of Human Services or a prosecuting attorney may file a  
15 petition in the appropriate court seeking imposition of penalties for  
16 violation of this chapter.

17  
18 Subchapter 3.

19 Child Abuse Hotline.

20  
21 12-18-301. Creation.

22 (a) There is created the Child Abuse Hotline.

23 (b) The Child Abuse Hotline is a unit established within the  
24 Department of Human Services or its designee with the purpose of receiving  
25 and recording notifications and reports under this chapter.

26 (c)(1) The Child Abuse Hotline shall be staffed twenty-four (24) hours  
27 per day and shall have statewide accessibility through a toll-free telephone  
28 number.

29 (2) The toll-free telephone number under this section shall be  
30 known as the "Child Abuse Hotline".

31 (d) All persons whether a mandated reporter under this chapter or not  
32 may use the Child Abuse Hotline to report child maltreatment or suspected  
33 child maltreatment.

34  
35 12-18-302. Mandated reporters.

36 (a) As prescribed under this section, a mandated reporter under this

chapter may report child maltreatment or suspected child maltreatment by telephone call, facsimile transmission, or online reporting.

(b) Facsimile transmission and online reporting may be used in nonemergency situations by an identified mandated reporter under this chapter who provides the following contact information:

(1) Name and phone number; and

(2) In the case of online reporting, the email address of the identified mandated reporter under this chapter.

(c) The Child Abuse Hotline shall provide confirmation of the receipt of a facsimile transmission via a return facsimile transmission or via online receipt.

(d) A mandated reporter under this chapter who wishes to remain anonymous shall make a report through the Child Abuse Hotline toll-free telephone system.

12-18-303. Minimum requirements for a report to be accepted.

(a) Except as otherwise provided in this section, the Child Abuse Hotline shall accept a report of child maltreatment or suspected child maltreatment if:

(1) The allegations, if true, would constitute child maltreatment as defined under this chapter;

(2) Sufficient identifying information is provided to identify and locate the child or the child's family; and

(3) The child or the child's family is present in Arkansas or the incident occurred in Arkansas.

(b) If the alleged offender resides in another state and the incident occurred in another state or country, the Child Abuse Hotline shall screen out the report, transfer the report to the Child Abuse Hotline of the state or country where the alleged offender resides or the incident occurred, and, if child protection is an issue, forward the screened out report to the Department of Human Services.

(c) If the incident occurred in Arkansas and the victim, offender, or victim's parents no longer reside in Arkansas, the Child Abuse Hotline shall accept the report and the Arkansas investigating agency shall contact the other state and request assistance in completing the investigation, including an interview with the out-of-state subject of the report.

1       (d)(1) If the Child Abuse Hotline receives a report and the alleged  
2 offender is a resident of the State of Arkansas and the report of child  
3 maltreatment or suspected child maltreatment in the state or country in which  
4 the act occurred would also be child maltreatment in Arkansas at the time the  
5 incident occurred, the Child Abuse Hotline shall refer the report to the  
6 appropriate investigating agency within the state so that the Arkansas  
7 investigative agency can investigate, alone or in concert with, the  
8 investigative agency of any other state or country that may be involved.

9       (2) The Arkansas investigating agency shall make an  
10 investigative determination and shall provide notice to the alleged offender  
11 that, if the allegation is determined to be true, the offender's name will be  
12 placed in the Child Maltreatment Central Registry.

13       (3) The other state may also conduct an investigation in this  
14 state that results in the offender's being named in a true report in that  
15 state and placed in the Child Maltreatment Central Registry of that state.

16  
17       12-18-304. Qualifying reports of certain types of physical abuse.

18       (a)(1) The Child Abuse Hotline shall accept a report of physical abuse  
19 if any of the following intentional or knowing acts are alleged to occur:

20               (A) Throwing, kicking, burning, biting, or cutting a  
21 child;

22               (B) Striking a child with a closed fist;

23               (C) Shaking a child four (4) years of age or older; or

24               (D) Striking a child seven (7) years of age or older on  
25 the face or on the head.

26       (2) A report under this subsection shall not be determined to be  
27 true unless the child suffered an injury as the result of the act.

28       (b) The Child Abuse Hotline shall accept a report of physical abuse if  
29 any of the following intentional or knowing acts are alleged to occur:

30               (1) Shaking a child three (3) years of age or younger;

31               (2) Striking a child six (6) years of age or younger on the face  
32 or on the head;

33               (3) Interfering with a child's breathing; or

34               (4) Pinching, biting, or striking a child in the genital area.

35       (c)(1) The Child Abuse Hotline shall accept a report of physical abuse  
36 if a child suffers an injury as the result of a restraint.

1           (2) The report shall be determined not to be true if the injury  
2 is a minor temporary mark or causes transient pain and was an acceptable  
3 restraint as provided under this chapter.

4           (d)(1) The Child Abuse Hotline shall accept a report of physical abuse  
5 involving a bruise to a child even if at the time of the report the bruise is  
6 not visible if the bruising occurred:

7                   (A) Within the past fourteen (14) days; and

8                   (B) As a result of physical abuse as described under  
9 subsections (a)-(c) of this section.

10           (2) However, the report under this subsection shall not be  
11 determined to be true unless the existence of the bruise is corroborated.

12  
13           12-18-305. Garrett's Law reports.

14           The Child Abuse Hotline shall accept a report of neglect as defined  
15 under § 12-18-103(13)(B) only if the reporter is one (1) of the following  
16 mandated reporters and the mandated reporter has reasonable cause to suspect  
17 that a child has been subjected to neglect as defined under § 12-18-  
18 103(13)(B):

19                   (1) A licensed nurse;

20                   (2) Any medical personnel who may be engaged in the admission,  
21 examination, care, or treatment of persons;

22                   (3) An osteopath;

23                   (4) A physician;

24                   (5) A resident intern;

25                   (6) A surgeon; or

26                   (7) A social worker in a hospital.

27  
28           12-18-306. Reports naming an adult as the victim.

29           The Child Abuse Hotline shall accept a report of sexual abuse, sexual  
30 contact, or sexual exploitation naming an adult as the victim only if:

31                   (1) The alleged offender is a caretaker of a child; and

32                   (2) The person making the report is one (1) of the following:

33                           (A) The adult victim;

34                           (B) A law enforcement officer;

35                           (C) The adult victim's counselor or therapist;

36                           (D) The alleged offender's counselor or therapist; or

1                   (E) The alleged offender.

2  
3           12-18-307. Reports alleging Munchausen's syndrome by proxy or  
4 factitious illness.

5           The Child Abuse Hotline shall accept a report of child maltreatment  
6 alleging Munchausen's syndrome by proxy or factitious illness only if the  
7 reporter is a medical professional.

8           12-18-308. Reports of injury to a child's intellectual, emotional, or  
9 psychological development.

10          The child maltreatment hotline shall accept a report of injury to a  
11 child's intellectual, emotional, or psychological development as evidenced by  
12 observable and substantial impairment of the child's ability to function  
13 within the child's normal range of performance and behavior only if the  
14 reporter is:

15                   (1) A medical or mental health professional;

16                   (2) A teacher; or

17                   (3) A day care center worker.

18  
19          12-18-309. Reports alleging that a child is dependent-neglected.

20          The Child Abuse Hotline shall accept telephone calls or other  
21 communications alleging that a child is dependent-neglected, as defined in §  
22 9-27-303(17), and shall immediately refer this information to the Department  
23 of Human Services.

24  
25                                   Subchapter 4

26                           Reporting Suspected Child Maltreatment.

27  
28          12-18-401. Generally.

29          A person may immediately notify the Child Abuse Hotline if he or she:

30                   (1) Has reasonable cause to suspect that:

31                           (A) Child maltreatment has occurred; or

32                           (B) A child has died as a result of child maltreatment;

33 or

34                   (2) Observes a child being subjected to conditions or  
35 circumstances that would reasonably result in child maltreatment.

1 12-18-402. Mandated reporters.

2 (a) An individual listed as a mandated reporter under subsection (b)  
3 of this section shall immediately notify the Child Abuse Hotline if he or  
4 she:

5 (1) Has reasonable cause to suspect that a child has:

6 (A) Been subjected to child maltreatment; or

7 (B) Died as a result of child maltreatment; or

8 (2) Observes a child being subjected to conditions or  
9 circumstances that would reasonably result in child maltreatment.

10 (b) The following individuals are mandated reporters under this  
11 chapter:

12 (1) A child care worker or foster care worker;

13 (2) A coroner;

14 (3) A day care center worker;

15 (4) A dentist;

16 (5) A dental hygienist;

17 (6) A domestic abuse advocate;

18 (7) A domestic violence shelter employee;

19 (8) A domestic violence shelter volunteer;

20 (9) An employee of the Department of Human Services;

21 (10) An employee working under contract for the Division of  
22 Youth Services of the Department of Human Services;

23 (11) A foster parent;

24 (12) A judge;

25 (13) A law enforcement official;

26 (14) A licensed nurse;

27 (15) Medical personnel who may be engaged in the admission,  
28 examination, care, or treatment of persons;

29 (16) A mental health professional;

30 (17) An osteopath;

31 (18) A peace officer;

32 (19) A physician;

33 (20) A prosecuting attorney;

34 (21) A resident intern;

35 (22) A school counselor;

36 (23) A school official;

1           (24) A social worker;

2           (25) A surgeon;

3           (26) A teacher;

4           (27) A court-appointed special advocate program staff member or  
5 volunteer;

6           (28) A juvenile intake or probation officer;

7           (29) A clergy member, which includes a minister, priest, rabbi,  
8 accredited Christian Science practitioner, or other similar functionary of a  
9 religious organization, or an individual reasonably believed to be so by the  
10 person consulting him or her, except to the extent the clergy member:

11           (A) Has acquired knowledge of suspected child maltreatment  
12 through communications required to be kept confidential pursuant to the  
13 religious discipline of the relevant denomination or faith; or

14           (B) Received the knowledge of the suspected child  
15 maltreatment from the alleged offender in the context of a statement of  
16 admission;

17           (30) An employee of a child advocacy center or a child safety  
18 center; or

19           (31) An attorney ad litem in the course of his or her duties as  
20 an attorney ad litem.

21           (c)(1) A privilege or contract shall not prevent a person from  
22 reporting child maltreatment when he or she is a mandated reporter and  
23 required to report under this section.

24           (2) A school, Head Start program, or day care facility shall not  
25 prohibit an employee or a volunteer from directly reporting child  
26 maltreatment to the Child Abuse Hotline.

27           (3) A school, Head Start program, or day care facility shall not  
28 require an employee or a volunteer to obtain permission or notify any person,  
29 including an employee or a supervisor, before reporting child maltreatment to  
30 the Child Abuse Hotline.

31  
32                                   Subchapter 5

33           Notice Procedures after a Report of Suspected Child Maltreatment has  
34 been made.

35  
36           12-18-501. Notice of a report to the Child Abuse Hotline.

1       Notice of a report to the Child Abuse Hotline is confidential and may  
2 be disclosed only as provided in this chapter.

3  
4       12-18-502. Release and disclosure of data generally.

5       (a)(1) The Department of Human Services shall not release data that  
6 would identify the person who made the report to the Child Abuse Hotline  
7 unless a court of competent jurisdiction orders release of the information  
8 after the court has reviewed in camera the record related to the report and  
9 has found it has reason to believe that the reporter knowingly made a false  
10 report.

11       (2) However, upon request, the information shall be disclosed to  
12 the prosecuting attorney or law enforcement.

13       (b)(1) A person or agency to whom disclosure is made shall not  
14 disclose to any other person a report or other information obtained pursuant  
15 to this section.

16       (2) However, the person or agency is permitted to consult his or  
17 her own attorney regarding the information in any notice provided by the  
18 department.

19  
20       12-18-503. Notification generally.

21       (a) The Department of Human Services shall notify the following of any  
22 report of child maltreatment within five (5) business days:

23       (1) The legal parents, legal guardians, and current foster  
24 parent of a child in foster care who is named as a victim or alleged  
25 offender;

26       (2) The attorney ad litem for any child named as the victim or  
27 alleged offender;

28       (3) A person appointed by the court as the Court Appointed  
29 Special Advocate volunteer for any child named as the victim or alleged  
30 offender;

31       (4) Counsel in a dependency-neglect case or family in need of  
32 services case when the child named as a victim or alleged offender;

33       (5) The attorney ad litem and Court Appointed Special Advocate  
34 volunteer for all other children in the same foster home if the child  
35 maltreatment occurred in a foster home;

36       (6) The attorney ad litem and Court Appointed Special Advocate



1 for any child in foster care when the alleged juvenile offender or underaged  
2 juvenile aggressor is placed in the same placement as the attorney ad litem  
3 or Court Appointed Special Advocates' client; and

4 (7) The appropriate multi-disciplinary team.

5  
6 12-18-504. Notification in cases of reports of severe maltreatment.

7 (a) The Department of Human Services shall immediately notify local  
8 law enforcement of all reports of severe maltreatment.

9 (b)(1) Notification of a report of child maltreatment shall be provided  
10 within five (5) business days to the prosecuting attorney on an allegation of  
11 severe maltreatment.

12 (2) The prosecuting attorney may provide written notice to the  
13 department that the department does not need to provide notification of the  
14 initial child maltreatment report to the prosecuting attorney's office.

15 (3) Upon receiving the notification, the department shall not be  
16 required to provide notification of the initial child maltreatment report to  
17 the prosecuting attorney's office.

18  
19 12-18-505. Notification to the child's school.

20 The Department of Human Services shall notify the child's school if the  
21 department takes a seventy-two hour hold on the child or if the court awards  
22 the department custody of the child.

23  
24 12-18-506. Notice when the alleged offender works with children or is  
25 engaged in child-related activities.

26 (a) If the Child Abuse Hotline receives a report naming as an alleged  
27 offender a person who is engaged in child-related activities or employment  
28 and the Department of Human Services has determined that children under the  
29 care of the alleged offender appear to be at risk of maltreatment by the  
30 alleged offender, the department may notify the following of the report made  
31 to the Child Abuse Hotline:

32 (1) The alleged offender's employer;

33 (2) The school superintendent, principal, or a person in an  
34 equivalent position where the alleged offender is employed;

35 (3) The person in charge of a paid or volunteer activity; and

36 (4) The appropriate licensing or registering authority to the

1 extent necessary to carry out its official responsibilities.

2 (b) The department shall promulgate rules that will ensure that  
3 notification required under this subsection is specifically approved by a  
4 responsible manager in the department before the notification is made.

5 (c) If the department, based on information gathered during the course  
6 of the investigation, determines that there is no preponderance of the  
7 evidence indicating that children under the care of the alleged offender  
8 appear to be at risk, the department shall immediately notify the previously  
9 notified person or entity of that information.

10  
11 12-18-507. Notice when the alleged victim is a resident of a facility  
12 licensed, registered, or operated by the state.

13 (a) If the Child Abuse Hotline receives a report that a client or a  
14 resident of a facility licensed or registered by the State of Arkansas has  
15 been subjected to child maltreatment while at the facility, the Department of  
16 Human Services shall immediately notify the facility director and the  
17 facility's licensing or registering authority of the Child Abuse Hotline's  
18 receipt of a report of suspected child maltreatment.

19 (b) If the Child Abuse Hotline receives a report that a client or a  
20 resident of a facility operated by the department or a facility operated  
21 under contract with the department has been subjected to child maltreatment  
22 while at the facility, the department shall immediately notify the  
23 appropriate division director and the facility director of the Child Abuse  
24 Hotline's receipt of initial report of suspected child maltreatment.

25  
26 Subchapter 6  
27 Investigative Proceedings.  
28

29 12-18-601. Assignment to investigative agency.

30 (a) When a person, agency, corporation, or partnership then providing  
31 substitute care for any child in the custody of the Department of Human  
32 Services or a Department of Human Services employee or employee's spouse or  
33 other person residing in the home is reported as being suspected of child  
34 maltreatment, the investigation shall be conducted pursuant to procedures  
35 established by the Department of Human Services.

36 (b) The procedures described in subsection (a) of this section shall

1 include referral of allegations to the Department of Arkansas State Police  
2 and any other appropriate law enforcement agency if the allegation involves  
3 severe maltreatment.

4 (c) Upon referral, the Department of Arkansas State Police shall  
5 investigate the allegations.

6 (d)(1) The Department of Human Services may develop and implement  
7 triage procedures for screening out reports of child maltreatment of a child  
8 not at risk of imminent harm if an appropriate referral is made to a  
9 community organization or voluntary preventive service.

10 (2) The Department of Human Services shall not implement this  
11 section until rules necessary to carry out this subsection have been  
12 promulgated pursuant to the Administrative Procedures Act, § 25-15-201 et  
13 seq.

14  
15 12-18-602. Initiation of the investigation.

16 (a)(1) The Department of Human Services shall cause an investigation  
17 to be made upon receiving initial notification of suspected child  
18 maltreatment.

19 (b)(1) All investigations shall begin within seventy-two (72) hours.

20 (2) However, the investigation shall begin within twenty-four  
21 (24) hours if:

22 (A) The allegation is severe maltreatment, excluding an  
23 allegation of sexual abuse if the most recent allegation of sexual abuse was  
24 more than one (1) year ago and the alleged victim does not currently have  
25 contact with the alleged offender; or

26 (B) The allegation is that a child has been subjected to  
27 neglect as defined in § 12-18-103(13)(B).

28 (c) At the initial time of contact with the alleged offender, the  
29 person conducting the investigation shall advise the alleged offender of the  
30 allegations made against the alleged offender in a manner that is consistent  
31 with the laws protecting the rights of the person who made the report.

32 (d) Upon initiation of the investigation, the primary focus of the  
33 investigation shall be whether or not the alleged offender has access to  
34 children and whether or not children are at risk such that children need to  
35 be protected.

1 12-18-603. Accompaniment by law enforcement.

2 Upon request, law enforcement shall accompany a person conducting an  
3 investigation required by this chapter.

4  
5 12-18-604. Services during the investigation.

6 The Department of Human Services shall have the authority to make  
7 referrals or provide services during the course of the child maltreatment  
8 investigation.

9  
10 12-18-605. Investigation procedure generally.

11 (a) An investigation of child maltreatment or suspected child  
12 maltreatment under this chapter shall include interviews with:

- 13 (1) The child as provided under subsection (b) of this section;  
14 (2) The parents, both custodial and noncustodial;  
15 (3) If neither parent is the alleged offender, the alleged  
16 offender; and  
17 (4) Any other relevant persons.

18 (b) If, after exercising reasonable diligence in conducting any or all  
19 interviews, the subjects of the interviews cannot be located or are unable to  
20 communicate, the efforts to conduct the interviews shall be documented and  
21 the investigation shall proceed under this chapter.

22  
23 12-18-606. When the alleged offender is a family member or lives in  
24 the home with the alleged victim.

25 If the alleged offender is a family member or lives in the home with  
26 the alleged victim, an investigation under this chapter shall seek to  
27 ascertain:

- 28 (1) The existence, cause, nature, and extent of the child  
29 maltreatment;  
30 (2) The existence and extent of previous injuries;  
31 (3) The identity of the person responsible for the child  
32 maltreatment;  
33 (4) The names and conditions of other children in the home;  
34 (5) The circumstances of the parents or caretakers of the child;  
35 (6) The environment where the child resides;  
36 (7) The relationship of the child or children with the parents

1 or caretakers; and

2 (8) All other pertinent data.

3  
4 12-18-607. When the alleged offender is not a family member or not  
5 living in the home with the alleged victim.

6 If the alleged offender is not a family member nor living in the home  
7 with the alleged victim, the investigation under this chapter shall seek to  
8 ascertain:

9 (1) The existence, cause, nature, and extent of child  
10 maltreatment;

11 (2) The identity of the person responsible for the child  
12 maltreatment;

13 (3) The existence and extent of previous child maltreatment  
14 perpetrated by the alleged offender;

15 (4) If the report is determined to be true, the names and  
16 conditions of any children of the alleged offender and whether these children  
17 have been maltreated or are at risk of child maltreatment;

18 (5) If the report is determined to be true and is a report of  
19 sexual abuse, sexual contact, or sexual exploitation, an assessment of any  
20 other children previously or currently under the care of the alleged  
21 offender, to the extent practical, and whether these children have been  
22 maltreated or are at risk of maltreatment; and

23 (6) All other pertinent and relevant data.

24  
25 12-18-608. Interview of the alleged child victim.

26 (a) A person conducting an investigation of a child victim under this  
27 chapter shall have the discretion:

28 (1) In the child's best interest to limit the persons allowed to  
29 be present when a child is being interviewed concerning allegations of child  
30 maltreatment; and

31 (2) As it relates to the integrity of the investigation to limit  
32 persons present during an interview.

33 (b)(1) The interview with the child victim shall be conducted separate  
34 and apart from the alleged offender or any representative or attorney for the  
35 alleged offender.

36 (2) However, if the age or abilities of the child victim render

1 an interview impossible, the investigation shall include observation of the  
2 child.

3  
4 12-18-609. Right to enter for the purposes of the investigation.

5 (a) A person conducting an investigation under this chapter shall have  
6 the right to enter into or upon a home, school, or any other place for the  
7 purpose of conducting the investigation and interviewing or completing the  
8 investigation.

9 (b)(1) A publicly supported school, facility, or institution shall not  
10 deny access to any person conducting a child maltreatment investigation under  
11 this chapter.

12 (2) Failure to comply with this section may subject the publicly  
13 supported school, facility, or institution to a contempt sanction and  
14 reimbursement of attorney's fees.

15 (c)(1) If necessary access or admission is denied to a person  
16 conducting an investigation under this chapter, the Department of Human  
17 Services may petition the proper juvenile division of circuit court for an ex  
18 parte order of investigation requiring the parent, caretaker, or persons  
19 denying access to any place where the child may be to allow entrance for the  
20 interviews, examinations, and investigations.

21 (2) However, upon application to the court by the parents,  
22 caretaker, or persons denying access to the child showing good cause, the  
23 court may issue a written order to stay the order of investigation pending a  
24 hearing to be held within seventy-two (72) hours.

25  
26 12-18-610. Access to the child's school records.

27 A person conducting an investigation under this chapter shall be  
28 allowed access to the child's public and private school records during the  
29 course of the child maltreatment investigation.

30  
31 12-18-611. Inspection of personnel and volunteer records.

32 A person conducting an investigation required by this chapter shall  
33 have the right to inspect personnel records of employees and volunteers in  
34 any place where an allegation of child maltreatment has been reported as  
35 having occurred at that place but the alleged offender is unknown.

1 12-18-612. Criminal background check.

2 (a) The person conducting an investigation under this chapter shall  
3 have the right to obtain a criminal background check, including a  
4 fingerprint-based check in any national crime information database, on any  
5 subject of the report.

6 (b) The results of the criminal background check shall not be  
7 disclosed outside of the Department of Human Services except as permitted  
8 under this chapter.

9  
10 12-18-613. Access to miscellaneous records.

11 Upon request by a person conducting an investigation under this  
12 chapter, a school, day care center, child care facility, residential  
13 facility, residential treatment facility, or similar institution shall  
14 provide the person conducting the investigation with:

15 (1) The name, date of birth, social security number, and last  
16 known address and phone number of any person identified as an alleged  
17 offender if the alleged child maltreatment occurred at that school, center,  
18 or facility; and

19 (2) The name and address of any witness to the alleged child  
20 maltreatment if the alleged child maltreatment occurred at that school,  
21 center, or facility.

22  
23 12-18-614. Submission to a physical exam or other testing.

24 An investigation under this chapter may include a physical examination,  
25 a drug test, radiology procedures, photographs, and a psychological or  
26 psychiatric examination of all children subject to the care, custody, or  
27 control of the alleged offender.

28  
29 12-18-615. Radiology procedures, photographs, and medical records.

30 (a) A person who is required to make a report under this chapter may  
31 take or cause to be taken radiology procedures and photographs or compile  
32 medical records that may be relevant as to the existence or extent of child  
33 maltreatment.

34 (b) A hospital or clinic may make videotapes that may be relevant as  
35 to the existence or extent of child maltreatment.

36 (c) The Department of Human Services or law enforcement officials

1 shall be provided at no cost a copy of the results of radiology procedures,  
2 videotapes, photographs, or medical records upon request.

3  
4 12-18-616. Timing.

5 (a)(1) Except as otherwise provided in this section, an investigative  
6 determination shall be made in each investigation under this chapter within  
7 thirty (30) days regardless of whether the investigation is conducted by the  
8 Department of Human Services, the Crimes Against Children Division of the  
9 Department of Arkansas State Police, or local law enforcement.

10 (2) However, this procedural requirement shall not be considered  
11 as a factor to alter the investigative determination in any judicial or  
12 administrative proceeding.

13 (b) An investigation involving an out-of-home alleged offender that is  
14 determined to be true may be extended up to thirty (30) additional days to  
15 allow an investigator to ascertain:

16 (1) The names and conditions of any children of the alleged  
17 offender;

18 (2) Whether children of the alleged offender have been  
19 maltreated or are at risk of maltreatment; and

20 (3) To the extent practicable, whether children previously or  
21 currently under the care of the alleged offender have been sexually abused or  
22 are at risk of sexual abuse.

23 (c) An investigation shall not be transferred to inactive status  
24 because an investigator is awaiting documentary evidence.

25  
26 12-18-617. Authority to pursue other remedies.

27 (a) Notwithstanding an investigative determination finding of true but  
28 exempted the Department of Human Services may pursue:

29 (1) Any legal remedies, including the authority to initiate  
30 legal proceedings in a court of competent jurisdiction; and

31 (2) Medical care or treatment for a child when such care or  
32 treatment is necessary to prevent or remedy serious harm to the child or to  
33 prevent the withholding of medically indicated treatment from a child with  
34 life-threatening conditions.

35 (b) Except with respect to the withholding of medically indicated  
36 treatments from a disabled infant with life-threatening conditions, case-by-



1 case determinations concerning the exercise of authority in this section  
2 shall be within the sole discretion of the department.

3  
4 12-18-618. Religious bias prohibited.

5 The Department of Human Services shall investigate all allegations of  
6 child maltreatment without regard to the parent's practice of his or her  
7 religious beliefs and shall only consider whether the acts or omissions of  
8 the parent constitute child maltreatment under this chapter.

9  
10 12-18-619. Closing investigations.

11 (a) If at any time before or during an investigation under this  
12 chapter it is determined that the alleged offender is not a caretaker of any  
13 child and the alleged victim has reached eighteen (18) years of age prior to  
14 notification, the child maltreatment investigation shall be closed  
15 notwithstanding any criminal investigation.

16 (b)(1) If at any time before or during the investigation it appears  
17 that the alleged offender is identified and is not a caretaker of the victim  
18 child, excluding investigations of sexual abuse, the Department of Human  
19 Services shall:

20 (A) Refer the matter to the appropriate law enforcement  
21 agency;

22 (B) Close its investigation; and

23 (C) Forward a copy of its findings to the appropriate law  
24 enforcement agency for the agency's further use in any criminal  
25 investigation.

26 (2)(A) If the appropriate law enforcement agency subsequently  
27 determines that the alleged offender is a caretaker, it shall immediately  
28 notify the department of its determination.

29 (B) Thereupon the department shall reopen and continue its  
30 investigation in compliance with all other requirements contained in this  
31 chapter.

32 (c) If at any time before or during the investigation the department  
33 is unable to locate or identify the alleged offender because the alleged  
34 child maltreatment occurred more than five (5) years ago or in another state,  
35 the department shall consider the report unable to be completed and place the  
36 report in inactive status.

1  
2 12-18-620. Release of information on pending investigation.

3 (a) Information on a pending investigation under this chapter is  
4 confidential and may be disclosed only as provided in this chapter.

5 (b)(1) The Department of Human Services shall not release data that  
6 would identify a person who made a report under this chapter unless a court  
7 of competent jurisdiction orders release of the information after the court  
8 has reviewed in camera the record related to the report and has found it has  
9 reason to believe that the reporter knowingly made a false report.

10 (2) However, upon request, the information shall be disclosed to  
11 the prosecuting attorney or law enforcement.

12 (c)(1) Any person or agency to whom disclosure is made shall not  
13 disclose to any other person any information obtained pursuant to this  
14 section.

15 (2) However, the person or agency is permitted to consult his or  
16 her own attorney regarding the information in any notice provided by the  
17 department.

18 (d) The department may provide information, including protected health  
19 information, to a person or agency that provides services such as medical  
20 examination of, an assessment interview with, or diagnosis of, care for,  
21 treatment of, or supervision of a victim of maltreatment, a juvenile  
22 offender, or an underaged juvenile aggressor.

23 (e) Information on a pending investigation, including protected health  
24 information, shall be released upon request to:

25 (1) The Department of Human Services;

26 (2) Law enforcement;

27 (3) The prosecuting attorney;

28 (4) The appropriate multidisciplinary team;

29 (5) Attorney ad litem of the alleged victim or offender;

30 (6) Court Appointed Special Advocate of the alleged victim or  
31 offender;

32 (7) Any licensing or registering authority to the extent  
33 necessary to carry out its official responsibilities;

34 (8) Any department division director or facility director  
35 receiving notice of a Child Abuse Hotline report pursuant to this chapter;

36 (9) Any facility director receiving notice of a Child Abuse

1 Hotline report pursuant to this chapter; and

2 (10)(A) Acting in their official capacities, individual United  
3 States and Arkansas senators and representatives and their authorized staff  
4 members but only if they agree not to permit any re-disclosure of the  
5 information.

6 (B) However, disclosure shall not be made to any committee  
7 or legislative body.

8 (f) Information on a pending investigation, including protected health  
9 information, may be released to or disclosed in a circuit court child custody  
10 case or similar case if:

11 (1) No seventy-two-hour hold has been exercised under this  
12 chapter or pleadings filed pursuant to the Arkansas Juvenile Code of 1989, §  
13 9-27-301 et seq.;

14 (2) Written notice of intent to request release or disclosure is  
15 provided to the investigating agency at least five (5) days before the date  
16 for release or disclosure;

17 (3) The investigating agency has the opportunity to appear  
18 before the court and be heard on the issue of release or disclosure;

19 (4) The information gathered by the investigative agency is  
20 necessary for the determination of an issue before the court;

21 (5) Waiting until completion of the investigation will  
22 jeopardize the health or safety of the child in the custody case;

23 (6) A protective order is issued to prevent re-disclosure of the  
24 information provided by the investigating agency or the information is  
25 released or disclosed only to the court in camera; and

26 (7) Release or disclosure of the information will not compromise  
27 a criminal investigation.

28 (g) Information on a pending investigation, including protected health  
29 information, may be released to or disclosed in the circuit court if the  
30 victim or alleged offender has an open dependency-neglect or family in need  
31 of services case before the circuit court.

32  
33 Subchapter 7

34 Investigative Findings.

35  
36 12-18-701. Generally.

1       (a) The agency responsible for an investigation under this chapter  
2 shall make a complete written report of the investigation by the conclusion  
3 of a period of thirty (30) days.

4       (b) The report of the investigation shall include the following  
5 information:

6           (1) The names and addresses of the child and his or her legal  
7 parents and other caretakers of the child, if known;

8           (2) The child's age, sex, and race;

9           (3) The nature and extent of the child's present and past  
10 injuries;

11           (4) The investigative determination;

12           (5) The nature and extent of the child maltreatment, including  
13 any evidence of previous injuries or child maltreatment to the child or his  
14 or her siblings;

15           (6) The name and address of the person responsible for the  
16 injuries or child maltreatment if known;

17           (7) Services offered and accepted;

18           (8) Family composition;

19           (9) The source of the notification; and

20           (10) The person making the notification, his or her occupation,  
21 and where he or she can be reached.

22       (c) The agency responsible for the investigation shall immediately  
23 provide the Department of Human Services at no cost a copy of the written  
24 report and any information gathered during the course of the investigation,  
25 including statements from witnesses and transcripts of interviews.

26       (d) All information gathered during the course of the investigation  
27 shall be contained in the file of the Department of Human Services whether or  
28 not the information supports the investigative determination.

29       (e)(1) The department shall not release data that would identify the  
30 person who made the report unless a court of competent jurisdiction orders  
31 release of the information after the court has reviewed in camera the record  
32 related to the report and has found it has reason to believe that the  
33 reporter knowingly made a false report.

34           (2) However, the information shall be disclosed to the  
35 prosecuting attorney or law enforcement officers on request.

36       (f) The report, exclusive of information identifying the person making

1 the notification, shall be admissible in evidence in any proceeding related  
2 to child maltreatment.

3 (g) Notwithstanding any provision of the Arkansas Rules of Evidence,  
4 any privilege between a minister and any person confessing to or being  
5 counseled by the minister shall not constitute grounds for excluding evidence  
6 at any dependency-neglect proceeding or proceedings involving custody of a  
7 child.

8  
9 12-18-702. Investigative determination.

10 Upon completion of an investigation under this chapter, the Department  
11 of Human Services shall determine whether the allegations of child  
12 maltreatment are:

13 (1)(A) Unsubstantiated.

14 (B) An unsubstantiated determination shall be entered when  
15 the allegation is not supported by a preponderance of the evidence;

16 (2)(A) True.

17 (B) A true determination shall be entered when the  
18 allegation is supported by a preponderance of the evidence.

19 (C) A determination of true but exempted, which means that  
20 the offender's name shall not be placed in the central registry, shall be  
21 entered if:

22 (i) A parent practicing his or her religious beliefs  
23 does not, for that reason alone, provide medical treatment for a child, but  
24 in lieu of treatment the child is being furnished with treatment by spiritual  
25 means alone, through prayer, in accordance with a recognized religious method  
26 of healing by an accredited practitioner;

27 (ii) The offender is an underaged juvenile  
28 aggressor; or

29 (iii) The report was true for neglect as defined  
30 under § 12-18-103(13)(B); or

31 (3)(A) Inactive.

32 (B) If the investigation cannot be completed, the  
33 investigation shall be determined incomplete and placed in inactive status.

34  
35 12-18-703. Notice generally.

36 (a) The Department of Human Services shall notify each alleged

1 offender of the child maltreatment investigative determination whether true  
2 or unsubstantiated.

3 (b) In every case in which a report is determined to be true, the  
4 department shall notify the alleged offender of the investigative  
5 determination by certified mail, restricted delivery or by process server.

6  
7 12-18-704. Notice if the alleged offender is under 10 years of age.

8 (a) If the report was determined true and the alleged offender is a  
9 child under ten (10) years of age at the time the act or omission occurred,  
10 the Department of Human Services shall notify the legal parents and legal  
11 guardians of the investigative determination and that the child's name shall  
12 not be placed in the Child Maltreatment Central Registry.

13  
14 12-18-705. Notice if the alleged offender is 10 years of age or  
15 older.

16 (a) If the report was determined true and the alleged offender is a  
17 child ten (10) years of age or older at the time the act or omission occurred  
18 a notice shall be given as provided in this section.

19 (b) The notice under this section shall be provided as follows:

20 (1) If the child is in foster care, the Department of Human  
21 Services shall notify the child's counsel and the legal parents, legal  
22 guardians, and current foster parents of the alleged offender; or

23 (2) If the child is not in foster care, the department shall  
24 notify the legal parents and legal guardians of the alleged offender.

25 (c) The notice under this section shall include the following:

26 (1) The investigative determination, excluding data that would  
27 identify the person who made the report to the Child Abuse Hotline;

28 (2) A statement that the matter has been referred for an  
29 automatic administrative hearing that may only be waived by the alleged  
30 juvenile offender or his or her parent or legal guardian in writing;

31 (3) The potential consequences to the alleged juvenile offender  
32 if the juvenile offender's name is placed in the Child Maltreatment Central  
33 Registry;

34 (4) A statement that the person has a right to have an attorney,  
35 and if the person cannot afford an attorney, to contact Legal Services;

36 (5) A statement that if the person's name is placed on the Child

1 Maltreatment Central Registry, that the person's name may be automatically  
2 removed after one (1) year or the person may be able to petition for removal  
3 after one (1) year, depending on the finding;

4 (6) A statement that the administrative hearing may take place  
5 in person if requested by the alleged juvenile offender, the alleged juvenile  
6 offender's parent or guardian, or the alleged offender's attorney within  
7 thirty (30) days from the date that the alleged juvenile offender receives  
8 notification under this section; and

9 (7) The name of the person making the notification to the  
10 alleged juvenile offender, his or her title or position, and current contact  
11 information.

12  
13 12-18-706. Notice if the alleged offender is 18 years of age or  
14 older.

15 Notification to an alleged offender who was eighteen (18) years of age  
16 or older at the time of the act or omission that resulted in a true finding  
17 of child maltreatment shall include the following:

18 (1) The investigative determination, excluding data that would  
19 identify the person who made the report to the Child Abuse Hotline;

20 (2) A statement that the person named as the alleged offender of  
21 the true report may request an administrative hearing;

22 (3) A statement that the request must be made to the department  
23 within thirty (30) days of receipt of the service or certified mailing of the  
24 notice of determination;

25 (4) The potential consequences to the person if the person's  
26 name is placed on the Child Maltreatment Central Registry;

27 (5) A statement that the person has a right to have an attorney  
28 and that if the person can't afford an attorney to contact Legal Services;

29 (6) A statement that if the person's name is placed on the Child  
30 Maltreatment Central Registry that the person's name may be automatically  
31 removed after one (1) year or the person may be able to petition for removal  
32 after one (1) year, depending on the finding;

33 (7) The name of the person making the notification to the  
34 alleged juvenile offender, his or her title or position, and current contact  
35 information; and

36 (8) A statement that the administrative hearing may take place

1 in person if requested by the alleged offender or the alleged offender's  
2 attorney within thirty (30) days from the date that the alleged offender  
3 receives notification under this section.

4  
5 12-18-707. Notice when the alleged offender works with children or is  
6 engaged in child-related activities.

7 (a) If the child maltreatment investigative determination names as an  
8 alleged offender a person who is engaged in child-related activities or  
9 employment and the Department of Human Services has determined that children  
10 under the care of the alleged offender appear to be at risk of maltreatment  
11 by the alleged offender, the department may notify the following of the  
12 investigative determination:

- 13 (1) An alleged offender's employer;  
14 (2) A school superintendent, principal, or a person in an  
15 equivalent position where the alleged offender is employed;  
16 (3) A person in charge of a paid or volunteer activity; and  
17 (4) Any licensing or registering authority to the extent  
18 necessary to carry out its official responsibilities.

19 (b) The department shall promulgate rules that will ensure that  
20 notification required under this section is specifically approved by a  
21 responsible manager in the department before the notification is made.

22 (c) If the department later determines that there is no preponderance  
23 of the evidence indicating that children under the care of the alleged  
24 offender appear to be at risk, the department shall immediately notify the  
25 previously notified person or entity of that information.

26  
27 12-18-708. Miscellaneous notice requirements.

28 (a) Notification of an investigative determination under this chapter  
29 shall be provided to:

- 30 (1) The appropriate multi-disciplinary team;  
31 (2) The circuit court judge if the victim or offender has an  
32 open dependency-neglect or family in need of services case;  
33 (3) The attorney ad litem for any child who is named as the  
34 victim or offender;  
35 (4) The Court Appointed Special Advocate for any child named as  
36 the alleged victim or offender;



1           (5) Any licensing or registering authority to the extent  
2 necessary to carry out its official responsibilities;

3           (6) Any department division director or facility director  
4 receiving notice of a Child Abuse Hotline report pursuant to this chapter;

5           (7) Any facility director receiving notice of a Child Abuse  
6 Hotline report pursuant to this chapter;

7           (8) The legal parents, legal guardians and current foster  
8 parents of any child in foster care named as an alleged victim; and

9           (9) The Attorney ad litem and Court Appointed Special Advocate  
10 volunteer of all other children in the same foster home if the child  
11 maltreatment occurred in a foster home.

12           (b) If the investigative determination is unsubstantiated, the  
13 Department of Human Services shall notify the mandated reporter who made the  
14 underlying report.

15           (c) If the investigative determination is true, notification of the  
16 investigative determination shall be provided to the school where the victim  
17 child is enrolled. However, the name of the alleged offender shall not be  
18 identified.

19  
20           12-18-709. Confidentiality.

21           (a) Notice of an investigative determination under this chapter is  
22 confidential and may be disclosed only as provided in this chapter.

23           (b)(1) The Department of Human Services shall not release data that  
24 would identify the person who made the report unless a court of competent  
25 jurisdiction orders release of the information after the court has reviewed,  
26 in camera, the record related to the report and has found it has reason to  
27 believe that the reporter knowingly made a false report.

28           (2) However, upon request, the information shall be disclosed to  
29 the prosecuting attorney or law enforcement.

30           (c)(1) Any person or agency to whom disclosure is made shall not  
31 disclose to any other person a report or other information obtained pursuant  
32 to this section.

33           (2) However, the person or agency is permitted to consult his or  
34 her own attorney regarding the information in any notice provided by the  
35 department.

36           (d)(1) Notification of the investigative determination of severe

1 maltreatment shall be provided to the appropriate law enforcement agency and  
2 the prosecuting attorney.

3 (2) The prosecuting attorney and law enforcement may provide  
4 written notice to the department that the department does not need to provide  
5 notice of investigative determinations.

6 (3) Upon receiving the notification, the department shall not be  
7 required to provide notification of the investigative determination.

8 (e) The department shall notify each subject of the report of the  
9 investigative determination whether true or unsubstantiated.

10  
11 12-18-710. Release of information on true investigative determination  
12 pending due process

13 (a) Information on a completed true investigation pending due process  
14 as referenced in this chapter is confidential and may be disclosed only as  
15 provided in this chapter.

16 (b)(1) The Department of Human Services shall not release data that  
17 would identify the person who made the report unless a court of competent  
18 jurisdiction orders release of the information after the court has reviewed  
19 in camera the record related to the report and has found it has reason to  
20 believe that the reporter knowingly made a false report.

21 (2) However, upon request, the information shall be disclosed to  
22 the prosecuting attorney or law enforcement.

23 (c)(1) Any person or agency to whom disclosure is made shall not  
24 disclose to any other person any information obtained pursuant to this  
25 section.

26 (2) However, the person or agency is permitted to consult his or  
27 her own attorney regarding the information in any notice provided by the  
28 department.

29 (d) The department may provide information, including protected health  
30 information, to a person or agency that provides services such as medical  
31 examination of, an assessment interview with, or diagnosis of, care for,  
32 treatment of, or supervision of a victim of maltreatment, a juvenile  
33 offender, or an underaged juvenile aggressor.

34 (e) Information on a completed investigation, including protected  
35 health information, pending due process shall be released upon request to:

36 (1) The alleged offender;

1           (2) The department;  
2           (3) Law enforcement;  
3           (4) The prosecuting attorney;  
4           (5) The appropriate multidisciplinary team;  
5           (6) Attorney ad litem for the victim or offender;  
6           (7) Court Appointed Special Advocate for the victim or offender;  
7           (8) Any licensing or registering authority to the extent  
8 necessary to carry out its official responsibilities;  
9           (9) Any department division director or facility director  
10 receiving notice of a Child Abuse Hotline report pursuant to this chapter;  
11           (10) Any facility director receiving notice of a Child Abuse  
12 Hotline report pursuant to this chapter; and  
13           (11)(i) Acting in their official capacities, individual United  
14 States and Arkansas senators and representatives and their authorized staff  
15 members but only if they agree not to permit any re-disclosure of the  
16 information.  
17                       (ii) However, disclosure shall not be made to any  
18 committee or legislative body.  
19           (f) Information on a true investigative determination, including  
20 protected health information, may be released to or disclosed in a circuit  
21 court child custody case or similar case if:  
22                       (1) No seventy-two-hour hold has been exercised under this  
23 chapter or pleadings filed pursuant to the Arkansas Juvenile Code of 1989, §  
24 9-27-301 et seq.;  
25                       (2) Written notice of intent to request release or disclosure is  
26 provided to the investigating agency at least five (5) days before the date  
27 for release or disclosure;  
28                       (3) The investigating agency has the opportunity to appear  
29 before the court and be heard on the issue of release or disclosure;  
30                       (4) The information gathered by the investigative agency is  
31 necessary for the determination of an issue before the court;  
32                       (5) Waiting until completion of due process will jeopardize the  
33 health or safety of the child in the custody case;  
34                       (6) A protective order is issued to prevent redisclosure of the  
35 information provided by the investigating agency or the information is  
36 released or disclosed only to the court in camera; and

1           (7) Release or disclosure of the information will not compromise  
2 a criminal investigation.

3           (g) Information on true investigative determination, including  
4 protected health information, may be released to or disclosed in the circuit  
5 court if the victim or offender has an open dependency-neglect or family in  
6 need of services case before the circuit court.

7  
8           12-18-711. Fee for copying investigative file.

9           (a) Except as provided under subsection (b) of this section, the  
10 Department of Human Services may charge:

11           (1) A reasonable fee not to exceed ten dollars (\$10.00) for  
12 researching, copying, and mailing records of an investigative file under this  
13 chapter; and

14           (2) A reasonable fee for reproducing copies of tapes and  
15 photographs.

16           (b) A fee shall not be charged to:

17           (1) A nonprofit or volunteer agency that requests searches of  
18 the investigative files; or

19           (2) A person who is indigent.

20  
21                           Subchapter 8

22                           Administrative Hearings.

23  
24           12-18-801. Time to complete administrative hearing.

25           (a)(1)(A) The administrative hearing process under this chapter must  
26 be completed within one hundred eighty (180) days from the date of the  
27 receipt of the request for a hearing, or the administrative law judge shall  
28 enter an order overturning the investigative agency's investigative  
29 determination of true.

30           (B) However, delays in completing the administrative  
31 hearing that are attributable to the petitioner shall not count against the  
32 limit of one hundred eighty (180) days.

33           (2)(A) If an order is entered overturning the investigating  
34 agency's investigative determination of true because of the failure to  
35 complete the administrative hearing process within one hundred eighty (180)  
36 days, the Department of Human Services shall report any failures to comply

1 with this subsection for each quarter to the House Interim Committee on  
2 Aging, Children and Youth, Legislative and Military Affairs and the Senate  
3 Interim Committee on Children and Youth.

4 (B) The quarterly report to the House Interim Committee on  
5 Aging, Children and Youth, Legislative and Military Affairs and the Senate  
6 Interim Committee on Children and Youth shall include a written explanation  
7 of the failure of the department.

8 (b)(1) The limit of one hundred eighty (180) days for an  
9 administrative hearing under this chapter shall not apply if there is an  
10 ongoing criminal or delinquency investigation or criminal or delinquency  
11 charges have been filed or will be filed regarding the occurrence that is the  
12 subject of the child maltreatment report.

13 (2) In a case described under subdivision (b)(1) of this  
14 section, the administrative hearing shall be stayed pending final disposition  
15 of the criminal or delinquency proceedings.

16 (3) It shall be the duty of the petitioner to report the final  
17 disposition of the criminal or delinquency proceeding to the department.

18 (4) Each report shall include a file-marked copy of the criminal  
19 or delinquency disposition.

20 (5) The request for an administrative hearing shall be deemed  
21 waived if the petitioner fails to report the disposition of the criminal or  
22 delinquency proceedings within thirty (30) days of the entry of a dispositive  
23 judgment or order.

24 (6) If the criminal or delinquency proceedings have not reached  
25 a final outcome within twelve (12) months of the filing of the request for  
26 administrative hearing, the administrative appeal will be deemed waived if  
27 the petitioner fails to provide a written statement of the status of the  
28 criminal or delinquency proceedings every sixty (60) days and a disposition  
29 report within thirty (30) days of the entry of a dispositive judgment or  
30 order.

31  
32 12-18-802. Subpoenas – Form.

33 (a) When the Department of Human Services conducts an administrative  
34 hearing, the chief counsel of the department may require the attendance of  
35 witnesses and the production of books, records, or other documents through  
36 the issuance of subpoenas when that testimony or information is necessary to

1 adequately present the position of the department, the investigating agency,  
2 or the alleged offender.

3 (b) Failure to obey the subpoena may be deemed contempt, punishable  
4 accordingly.

5 (c) Requests for subpoenas shall be granted by the chief counsel of  
6 the Department of Human Services or a designee if the testimony or documents  
7 desired are considered necessary and material without being unduly  
8 repetitious of other available evidence.

9 (d) Subpoenas issued pursuant to the authority of the chief counsel of  
10 the department shall be substantially in the following form:

11 "The State of Arkansas to the Sheriff of \_\_\_\_\_ County: You  
12 are commanded to subpoena (name) \_\_\_\_\_, (address)  
13 , to attend a proceeding before the Department of Human Services to be held  
14 at on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ m., and testify and/or  
15 produce the following books, records, or other documents, to wit:  
16 in a matter of (style of proceeding)

17 \_\_\_\_\_ to be conducted under the authority  
18 of \_\_\_\_\_. WITNESS my hand this \_\_\_\_\_ day of  
19 \_\_\_\_\_, 20\_\_\_\_.

20 \_\_\_\_\_  
21 Chief Counsel or designee, Department of Human  
22 Services"

23 (e)(1) Subpoenas issued under this section shall be served in the  
24 manner as now provided by law, returned, and a copy made and kept by the  
25 department.

26 (2) The fees and mileage for officers serving the subpoenas and  
27 witnesses answering the subpoenas shall be the same as now provided by law.

28 (f) Witnesses duly served with subpoenas issued pursuant to the  
29 authority provided in this section who refuse to testify or give evidence may  
30 be cited on affidavit through application of the chief counsel of the  
31 department to the Pulaski County Circuit Court or any circuit court of the  
32 state where the subpoenas were served.

33 (g) If any child served with a subpoena to be a witness in an  
34 administrative hearing is a party to an open dependency-neglect or family in  
35 need of services case, the child's attorney ad litem shall be provided a copy  
36 of the subpoena.

1  
2 12-18-803. Privileged communications as evidence – Exception.

3 (a) It is the public policy of the State of Arkansas to protect the  
4 health, safety, and the welfare of children within the state.

5 (b) No privilege, except that between a lawyer and client or between a  
6 minister, including a Christian Science practitioner, and a person confessing  
7 to or being counseled by the minister, shall prevent anyone from testifying  
8 concerning child maltreatment.

9 (c) When a physician, psychologist, psychiatrist, or licensed  
10 counselor or therapist conducts interviews with or provides therapy to a  
11 subject of a report of suspected child maltreatment for purposes related to  
12 child maltreatment, the physician, psychologist, psychiatrist, or licensed  
13 counselor or therapist is deemed to be performing services on behalf of the  
14 child.

15 (d) An adult subject of a report of suspected child maltreatment  
16 cannot invoke privilege on the child's behalf.

17  
18 12-18-804. Defenses and affirmative defenses.

19 For any act or omission of child maltreatment that would be a criminal  
20 offense or an act of delinquency, any defense or affirmative defense that  
21 would be applicable to the criminal offense or delinquent act is also  
22 cognizable in a child maltreatment proceeding.

23  
24 12-18-805. Video teleconferencing and teleconferencing options.

25 (a)(1) An administrative law judge may conduct an administrative  
26 hearing under this chapter by video teleconference in lieu of an in-person  
27 hearing.

28 (2) If neither party requests that the administrative hearing be  
29 conducted in person, the administrative hearing shall be conducted  
30 telephonically.

31 (b) If any party requests an in-person administrative hearing within  
32 thirty (30) days from the date that the party receives notification, the in-  
33 person administrative hearing shall be conducted in an office of the  
34 Department of Human Services nearest to the petitioner's residence unless the  
35 administrative law judge notifies the parties that the administrative hearing  
36 will be conducted via video teleconference.

1       (c)(1) The Office of Appeals and Hearings of the Department of Human  
2 Services shall designate the sites to be used for video teleconference  
3 administrative hearings.

4       (2) The office shall designate sites within ten (10) miles of  
5 the following cities:

6               (A) Arkadelphia;

7               (B) Booneville;

8               (C) Conway;

9               (D) Fayetteville;

10              (E) Jonesboro;

11              (F) Little Rock; and

12              (G) Warren.

13       (3) The office may designate additional sites for video  
14 teleconference administrative hearings.

15       (4) A site for a video teleconference administrative hearing  
16 shall include the location designated by the office that is nearest to the  
17 petitioner's residence.

18       (5) The administrative law judge and other parties may agree to  
19 appear at the location designated by the office or at any other designated  
20 administrative hearing locations that are convenient to them.

21  
22       12-18-806. Continuances.

23       (a)(1) An administrative law judge shall grant a continuance if the  
24 record under this chapter tendered by the Department of Human Services to the  
25 alleged offender is determined by the administrative law judge to be  
26 incomplete.

27       (2) The administrative law judge shall direct the department to  
28 make diligent inquiry and obtain the missing information to supplement the  
29 record if:

30               (A) The department receives further information;

31               (B) The alleged offender gives notice of the existence of  
32 further information; or

33               (C) The department examines the record and determines that  
34 additional information exists.

35       (3) If additional information is found to exist, the record  
36 shall be supplemented, and the department shall provide a copy of the



1 supplemented record to the alleged offender.

2 (b) At least ten (10) days prior to the administrative hearing, the  
3 alleged offender and the department shall share any information with the  
4 other party that the party intends to introduce into evidence at the  
5 administrative hearing that is not contained in the record.

6 (c) If a party fails to timely share information, the administrative  
7 law judge shall:

8 (1) Grant a continuance;

9 (2) Allow the record to remain open for submission of rebuttal  
10 evidence; or

11 (3) Reject the information as not relevant to the incident of  
12 child maltreatment.

13 (d) Any time accrued during the continuance or allowing the record to  
14 remain open shall not be counted in the one-hundred-eighty-day time period to  
15 complete the administrative hearing.

16  
17 12-18-807. Administrative judgments and adjudications.

18 (a) A certified copy of a judgment or an adjudication from a court of  
19 competent jurisdiction dealing with the same subject matter as an issue  
20 concerned in an administrative hearing under this chapter shall be filed with  
21 the Office of Appeals and Hearings of the Department of Human Services.

22 (b)(1) A decision on any identical issue shall be rendered without an  
23 administrative hearing and shall be consistent with the judgment or  
24 adjudication.

25 (2) However, if the judgment or adjudication of the court is  
26 reversed or vacated and notice of the reversal or vacation is provided to the  
27 department, the Department of Human Services shall set the matter for an  
28 administrative hearing.

29  
30 12-18-808. Notice of juvenile division circuit court proceedings.

31 (a) The Department of Human Services shall notify the administrative  
32 law judge and the petitioner of the status of any juvenile division of  
33 circuit court proceeding involving the victim if child maltreatment at issue  
34 in the administrative hearing proceeding is also an issue in the juvenile  
35 division of circuit court proceeding.

36 (b) Notice from the department under this section shall also include

1 whether the department exercised a seventy-two-hour hold on the victim and  
2 released the child or if the department or division of circuit court  
3 dismissed a petition for emergency custody or dependency-neglect.

4  
5 12-18-809. Confidentiality.

6 (a) An administrative hearing decision under this chapter and all  
7 exhibits submitted at the hearing are confidential and shall remain  
8 confidential upon the filing of an appeal with a circuit court or an  
9 appellate court.

10 (b) An administrative hearing decision under this chapter that upholds  
11 the agency investigative determination of true may be used or disclosed only  
12 as provided in this chapter.

13 (c) An administrative hearing decision under this chapter that  
14 overturns the agency investigative determination of true may be used or  
15 disclosed only as provided in this chapter.

16  
17 12-18-810. Authority to amend investigative determinations based on  
18 evidence.

19 (a) An administrative law judge may amend an investigative  
20 determination to conform with the evidence presented.

21 (b)(1) If the alleged offender could not reasonably infer the amended  
22 investigative determination from the investigative record and information  
23 submitted by the Department of Human Services, the administrative law judge  
24 shall, upon request, grant a continuance to the alleged offender.

25 (2) However, an amendment of the investigative determination any  
26 shall not be done after the conclusion of the hearing.

27  
28 12-18-811. Expedited administrative hearings.

29 (a)(1) If an alleged offender timely requests an administrative  
30 hearing, the Department of Human Services may request that the administrative  
31 hearing be expedited if the alleged offender is engaged in child-related  
32 activities or employment or the alleged offender is employed or a volunteer  
33 with persons with disabilities, persons with mental illnesses, or elderly  
34 persons.

35 (2) The alleged offender shall have five (5) days from date of  
36 receipt of the request for an expedited administrative hearing to object to

1 any request to expedite the administrative hearing.

2 (b) The expedited administrative hearing shall be granted if any of  
3 the following are at risk because of the alleged offender's employment or  
4 volunteer activities:

5 (1) Children;

6 (2) The elderly; or

7 (3) Persons with disabilities or mental illnesses.

8 (c) If the administrative hearing is expedited, the department shall  
9 immediately make the investigative file available to the alleged offender.

10 (d)(1) The department may charge:

11 (A) A reasonable fee not to exceed ten dollars (\$10.00)  
12 for researching, copying, and mailing records of the investigative file; and

13 (B) A reasonable fee for reproducing copies of tapes and  
14 photographs.

15 (2) A fee shall not be charged to a person who is indigent.

16 (e)(1) Unless waived by the alleged offender, the expedited  
17 administrative hearing process shall not be held until at least thirty (30)  
18 days have elapsed after the investigative file is made available to the  
19 alleged offender.

20 (2) As used in this section, "made available" means notification  
21 to the offender or his or her attorney that a copy of the investigative  
22 record is available for pick up at the department office in the county in  
23 which the alleged offender resides or in the department office in the county  
24 designated by the alleged offender or his or her attorney.

25  
26 12-18-812. Preliminary administrative hearing.

27 (a) If the Department of Human Services is unable to notify an  
28 offender of an investigative determination under this chapter, the department  
29 may request a preliminary administrative hearing to allow provisional  
30 placement of the offender's name in the Child Maltreatment Central Registry.

31 (b) The department must prove that the department diligently attempted  
32 to notify the alleged offender of the investigative determination,  
33 specifically, that the department used a reasonable degree of care to  
34 ascertain the offender's whereabouts and notify the offender.

35 (c) The department shall notify the administrative law judge of any  
36 criminal action related to the investigation.

1       (d) At the preliminary administrative hearing, the administrative law  
2 judge shall determine whether a prima facie case exists that:

3               (1) The offender committed child maltreatment, that is, whether  
4 a preponderance of the evidence supports a finding that the allegations are  
5 true; and

6               (2) A child, elderly person, person with a disability, or a  
7 person with mental illness may be at risk of harm.

8       (e) If the administrative law judge determines there is not a prima  
9 facie case, the department shall not at that time place the alleged  
10 offender's name in the Child Maltreatment Central Registry but may continue  
11 to provide notice to the alleged offender for a regular administrative  
12 hearing.

13       (f) If the administrative law judge determines there is a prima facie  
14 case, the administrative law judge shall direct that the offender's name  
15 shall be provisionally placed in the Child Maltreatment Central Registry.

16       (g)(1) If an offender's name is provisionally placed in the Child  
17 Maltreatment Central Registry the alleged offender may request a regular  
18 administrative hearing within thirty (30) days of receipt of the notice of  
19 the investigative determination.

20               (2) Failure to timely request a regular administrative hearing  
21 shall result in a finding by the administrative law judge that the  
22 provisional designation shall be removed and the offender's name shall be  
23 officially placed in the Child Maltreatment Central Registry.

24  
25       12-18-813. Notice of investigative determination upon satisfaction of  
26 due process.

27       (a)(1) Due process has been satisfied when:

28               (A) The alleged offender eighteen (18) years of age or  
29 older at the time the act or omission occurred was provided written notice of  
30 the true investigative determination as required by this chapter but failed  
31 to timely request an administrative hearing;

32               (B) The alleged offender eighteen (18) years of age or  
33 older at the time the act or omission occurred timely requested an  
34 administrative hearing and a decision has been issued by the administrative  
35 law judge; or

36               (C) The alleged offender was a child at the time the act

1 or omission occurred and the child or his or her legal parent or legal  
2 guardian waived the administrative hearing or the administrative law judge  
3 issued a decision.

4 (2) Upon satisfaction of due process, if the investigative  
5 determination is true, the alleged offender's name shall be placed in the  
6 Child Maltreatment Central Registry.

7 (b) If the person or agency making the initial notification of  
8 suspected child maltreatment is a mandated reporter, the Department of Human  
9 Services shall provide to the mandated reporter the following information:

10 (1) The investigative determination; and

11 (2) Services offered and provided.

12 (c)(1) Upon satisfaction of due process and if the investigative  
13 determination is true, the department shall provide the local educational  
14 agency, specifically the school counselor at the school the maltreated child  
15 attends, a report including the name and relationship of the offender to the  
16 maltreated child and the services offered or provided by the department to  
17 the child.

18 (2) Upon completion of due process, the department shall provide  
19 the local educational agency, specifically the school counselor at the school  
20 the maltreated child attends, a report indicating the department's true  
21 investigative determination on any child age ten (10) or older who is named  
22 as the offender in a true report and the services offered or provided by the  
23 department to the juvenile offender.

24 (3) Any local educational agency receiving information under  
25 this section from the department shall make this information, if it is a true  
26 report, confidential and a part of the child's permanent educational record  
27 and shall treat information under this section as educational records are  
28 treated under the Family Educational Rights and Privacy Act, 20 U.S.C. §  
29 1232g.

30 (d)(1) Upon satisfaction of due process and if the investigative  
31 determination is true, if the offender is engaged in child-related activities  
32 or employment and the department has determined that children under the care  
33 of the offender appear to be at risk of maltreatment by the offender, the  
34 department may notify the following of the investigative determination:

35 (A) The offender's employer;

36 (B) A school superintendent, principal, or a person in an

1 equivalent position where the offender is employed;

2 (C) A person in charge of a paid or volunteer activity;  
3 and

4 (D) Any licensing or registering authority to the extent  
5 necessary to carry out its official responsibilities.

6 (2) The department shall promulgate rules that shall ensure that  
7 notification required under this subsection is specifically approved by a  
8 responsible manager in the department before the notification is made.

9 (3) If the department later determines that there is not a  
10 preponderance of the evidence indicating that children under the care of the  
11 alleged offender appear to be at risk, the department shall immediately  
12 notify the previously notified person or entity of that information.

13 (e) Upon satisfaction of due process, if the victim or offender is in  
14 foster care, notification of the investigative determination shall be  
15 provided to:

16 (1) The legal parents, legal guardians, and current foster  
17 parents of the victim; and

18 (2) The attorney ad litem and Court Appointed Special Advocate  
19 volunteer of any other children in the same foster home if the maltreatment  
20 occurred in the foster home.

21 (f) Upon satisfaction of due process, notification of the  
22 investigative determination shall be provided to the following:

23 (1) All subjects of the report;

24 (2) The juvenile division of circuit court if the child has an  
25 open dependency-neglect or family in need of services case and the child was  
26 named as a victim or offender;

27 (3) The attorney ad litem;

28 (4) Any person appointed by the court as the Court Appointed  
29 Special Advocate volunteer;

30 (5) The appropriate multidisciplinary team;

31 (6) A Child Safety Center if involved in the investigation;

32 (7) Law Enforcement;

33 (8) The prosecuting attorney in cases of severe maltreatment;

34 (9) Any licensing or registering authority to the extent  
35 necessary to carry out its official responsibilities;

36 (10) Any department division director or facility director

1 receiving notice of a Child Abuse Hotline report pursuant to this chapter;

2 (11) Any facility director receiving notice of a Child Abuse  
3 Hotline report pursuant to this chapter; and

4 (12) As required by § 21-15-110, the employer of any offender if  
5 the offender is in a designated position with a state agency.

6  
7 Subchapter 9

8 Child Maltreatment Central Registry.

9  
10 12-18-901. Creation.

11 There is established within the Department of Human Services a  
12 statewide Child Maltreatment Central Registry.

13  
14 12-18-902. Contents.

15 The Child Maltreatment Central Registry shall contain records of cases  
16 on all true investigative determinations of child maltreatment.

17  
18 12-18-903. Placement in the central registry.

19 An offender's name shall be placed in the Child Maltreatment Central  
20 Registry if:

21 (1) After notice, the offender eighteen (18) years of age or  
22 older at the time the act or omission occurred does not timely request an  
23 administrative hearing;

24 (2) The alleged offender was a child at the time of the act or  
25 omission and the child or his or her legal parent or legal guardian waived  
26 the administrative hearing;

27 (3) The administrative law judge upheld the investigative  
28 determination of true pursuant to a preliminary administrative hearing; or

29 (4) Upon completion of the administrative hearing process, the  
30 department's investigative determination of true is upheld.

31  
32 12-18-904. Central registry generally.

33 An offender's name shall remain in the Child Maltreatment Central  
34 Registry unless:

35 (1) The name is removed pursuant to this chapter or another  
36 statute;

1           (2) The name is removed under a rule;

2           (3) The name was provisionally placed in the Child Maltreatment  
3 Central Registry and the alleged offender subsequently prevails at an  
4 administrative hearing; or

5           (4) The offender prevails upon appeal.

6  
7           12-18-905. Provisional placement in the central registry.

8           If an alleged offender's name is provisionally placed in the Child  
9 Maltreatment Central Registry, any disclosure by the Child Maltreatment  
10 Central Registry shall include the notation that the name has only been  
11 provisionally placed in the Child Maltreatment Central Registry.

12  
13           12-18-906. Allegations determined to be unsubstantiated not to be  
14 included.

15           Records of all cases in which allegations are determined to be  
16 unsubstantiated shall not be included in the Child Maltreatment Central  
17 Registry.

18  
19           12-18-907. Rules.

20           The Department of Human Services may adopt rules as may be necessary to  
21 encourage cooperation with other states in exchanging true reports and to  
22 effect a national registration system.

23  
24           12-18-908. Removal of Name from the Child Maltreatment Central  
25 Registry.

26           (a) If an adult offender is found guilty of, pleads guilty to, or  
27 pleads nolo contendere to an act that is the same act for which the offender  
28 is named in the Child Maltreatment Central Registry regardless of any  
29 subsequent expungement of the offense from the offender's criminal record,  
30 the offender shall always remain in the Child Maltreatment Central Registry  
31 unless the conviction is reversed or vacated.

32           (b)(1) The Department of Human Services shall identify in its policy  
33 and procedures manual the types of child maltreatment that shall  
34 automatically result in the removal of the name of an offender from the Child  
35 Maltreatment Central Registry.

36           (2) If an offender has been entered into the Child Maltreatment



1 Central Registry as an offender for the named types of child maltreatment  
2 identified under subdivision (b)(1) of this section, the offender's name  
3 shall be removed from the Child Maltreatment Central Registry on reports of  
4 this type of child maltreatment if the offender has not had a subsequent true  
5 report of this type for one (1) year and more than one (1) year has passed  
6 since the offender's name was placed on the Child Maltreatment Central  
7 Registry.

8 (c)(1) The department shall identify in its policy and procedures  
9 manual the types of child maltreatment for which an offender can request that  
10 the offender's name be removed from the Child Maltreatment Central Registry.

11 (2)(A) If an offender has been entered into the Child  
12 Maltreatment Central Registry as an offender for the named types of child  
13 maltreatment identified under subdivision (c)(1) of this section, the  
14 offender may petition the department requesting that the offender's name be  
15 removed from the Child Maltreatment Central Registry if the offender has not  
16 had a subsequent true report of this type for one (1) year and more than one  
17 (1) year has passed since the offender's name was placed on the Child  
18 Maltreatment Central Registry.

19 (B) If the department denies the request for removal of  
20 the name from the Child Maltreatment Central Registry, the offender shall  
21 wait one (1) year from the date of the request for removal before filing a  
22 new petition with the department requesting that the offender's name be  
23 removed from the Child Maltreatment Central Registry.

24 (3) The department shall develop policy and procedures to assist  
25 it in determining whether to remove the offender's name from the Child  
26 Maltreatment Central Registry.

27 (d) Notwithstanding the provisions of this subchapter, with regard to  
28 an offender who was a child at the time of the act or omission that resulted  
29 in a true finding of child maltreatment, the department shall:

30 (1) Not remove the offender's name from the Child Maltreatment  
31 Central Registry if the offender was found guilty of, pleaded guilty to, or  
32 pleaded nolo contendere to a felony in circuit court as an adult for the act  
33 that is the same act for which the offender is named in the Child  
34 Maltreatment Central Registry unless the conviction is reversed or vacated;  
35 or

36 (2) Remove the offender's name from the Child Maltreatment

1 Central Registry if:

2 (A) The juvenile has reached the age of eighteen (18)  
3 years of age or more than one (1) year has passed from the date of the act or  
4 omission that caused the true finding of child maltreatment and there have  
5 been no subsequent acts or omissions resulting in a true finding of child  
6 maltreatment; and

7 (B) The offender can prove by a preponderance of the  
8 evidence that the juvenile offender has been rehabilitated.

9 (3) If the department denies the request for removal of the name  
10 from the Child Maltreatment Central Registry, the offender shall wait one (1)  
11 year from the date of the request for removal before filing a new petition  
12 with the department requesting that the offender's name be removed from the  
13 Child Maltreatment Central Registry.

14 (e)(1)(A) If the department denies the request for removal of the name  
15 from the Child Maltreatment Central Registry, the offender may request an  
16 administrative hearing within thirty (30) days from receipt of the  
17 department's decision.

18 (ii) The standard on review for the administrative  
19 hearing shall be whether the department abused its discretion.

20 (2)(A) At least ten (10) days prior to the administrative  
21 hearing, the alleged offender and the department shall share any information  
22 with the other party that the party intends to introduce into evidence at the  
23 administrative hearing that is not contained in the record.

24 (B) If a party fails to timely share information, the  
25 administrative law judge shall:

26 (i) Grant a continuance;

27 (ii) Allow the record to remain open for submission  
28 of rebuttal evidence; or

29 (iii) Reject the information as not relevant to the  
30 rehabilitation or the incident of child maltreatment.

31 (f) The Director of the Department of Human Services shall adopt rules  
32 necessary to carry out this chapter pursuant to the Arkansas Administrative  
33 Procedure Act, § 25-15-201 et seq., except that the director shall not begin  
34 the process under the Arkansas Administrative Procedure Act, § 25-15-201 et  
35 seq., until the proposed rules have been reviewed by the House Interim  
36 Committee on Aging, Children and Youth, Legislative and Military Affairs and

1 the Senate Interim Committee on Children and Youth.

2  
3 12-18-909. Availability of true reports of child maltreatment from the  
4 central registry.

5 (a) True reports of child maltreatment are confidential and may be  
6 disclosed only as provided in this chapter.

7 (b)(1) The Department of Human Services may charge:

8 (A) A reasonable fee not to exceed ten dollars (\$10.00)  
9 for researching, copying, and mailing records of the investigative files of  
10 child maltreatment cases; and

11 (B) A reasonable fee for reproducing copies of tapes and  
12 photographs.

13 (2) A fee may not be charged to:

14 (A) A nonprofit or volunteer agency that requests searches  
15 of the investigative files; or

16 (B) A person who is indigent.

17 (c)(1) The department shall not release data that would identify the  
18 person who made the report unless a court of competent jurisdiction orders  
19 release of the information after the court has reviewed in camera the record  
20 related to the report and has found it has reason to believe that the  
21 reporter knowingly made a false report.

22 (2) However, upon request, the information shall be disclosed to  
23 the prosecuting attorney or law enforcement.

24 (d)(1) Any person or agency to whom disclosure is made shall not  
25 disclose to any other person a report or other information obtained pursuant  
26 to this section.

27 (2) However, the person or agency is permitted to consult his or  
28 her own attorney regarding information provided by the department.

29 (3) However, a local educational agency or a school counselor  
30 shall forward all true reports of child maltreatment received from the  
31 department when a child transfers from one (1) local educational agency to  
32 another and shall notify the department of the child's new school and  
33 address, if known.

34 (4) Nothing in this chapter shall be construed to prevent  
35 subsequent disclosure by the subject of the report.

36 (e)(1) The department may provide information, including protected

1 health information, to a person or agency that provides services such as  
2 medical examination of, an assessment interview with, or diagnosis of, care  
3 for, treatment of, or supervision of a victim of maltreatment, a juvenile  
4 offender, or an underaged juvenile aggressor.

5 (2) This information may include:

6 (A) The investigative determination or the investigation  
7 report; and

8 (B) The services offered and provided.

9 (f) If an alleged offender's name has been provisionally placed in the  
10 central registry, any disclosure by the central registry shall include the  
11 notation that the name has only been provisionally placed in the central  
12 registry.

13 (g) A report made under this chapter that is determined to be true, as  
14 well as any other information obtained, including protected health  
15 information, and a report written or photograph or radiological procedure  
16 taken concerning a true report in the possession of the Department of Human  
17 Services shall be confidential and shall be made available only to:

18 (1) The administration of the adoption, foster care, children's  
19 and adult protective services programs, or child care licensing programs of  
20 any state;

21 (2) A federal, state, or local government entity, or any agent  
22 of the entity, having a need for the information in order to carry out its  
23 responsibilities under law to protect children from abuse or neglect;

24 (3) Any person who is the subject of a true report;

25 (4) A civil or administrative proceeding connected with the  
26 administration of the Arkansas Child Welfare State Plan when the court or  
27 hearing officer determines that the information is necessary for the  
28 determination of an issue before the court or agency;

29 (5) An audit or similar activity conducted in connection with  
30 the administration of such a plan or program by any governmental agency that  
31 may by law conduct the audit or activity;

32 (6)(A) To a person, agency, or organization engaged in a bona  
33 fide research or evaluation project having value as determined by the  
34 department in future planning for programs for maltreated children or in  
35 developing policy directions.

36 (B) However, any confidential information provided for a

1 research or evaluation project under this subdivision shall not be re-  
2 disclosed.

3 (C) However, if a research or evaluation project results  
4 in the publication of related material, confidential information provided for  
5 a research or evaluation project under this subdivision shall not be  
6 disclosed;

7 (7) A properly constituted authority, including  
8 multidisciplinary teams referenced in this chapter, investigating a report of  
9 known or suspected child abuse or neglect or providing services to a child or  
10 family that is the subject of a report;

11 (8)(A) The Division of Child Care and Early Childhood Education  
12 of the Department of Human Services and the child care facility owner or  
13 operator who requested the Child Maltreatment Central Registry information  
14 through a signed notarized release from an individual who is a volunteer,  
15 has applied for employment, is currently employed by a child care facility,  
16 or is the owner or operator of a child care facility.

17 (B) This disclosure shall be for the limited purpose of  
18 providing Child Maltreatment Central Registry background information and  
19 shall indicate a true finding only;

20 (9) Child abuse citizen panels described in the Child Abuse  
21 Prevention and Treatment Act, 42 U.S.C. § 5106a;

22 (10) Child fatality review panels as authorized by the  
23 department;

24 (11)(A) A grand jury or court upon a finding that information in  
25 the record is necessary for the determination of an issue before the court or  
26 grand jury; and

27 (B) The grand jury or court may disclose it to parties to  
28 a legal proceeding upon a finding that the report is necessary for the  
29 presentation of a party's complaint or defense and under such terms or  
30 protective order that the court orders;

31 (12) The current foster parents of a child who is a subject of a  
32 report;

33 (13)(A) Acting in their official capacities, individual United  
34 States and Arkansas senators and representatives and their authorized staff  
35 members but only if they agree not to permit any re-disclosure of the  
36 information.

1                   (B) However, disclosure shall not be made to any committee  
2 or legislative body of any information that identifies any recipient of  
3 services by name or address;

4                   (14) A Court Appointed Special Advocate upon presentation of an  
5 order of appointment for a child who is a subject of a report;

6                   (15) The attorney ad litem of a child who is the subject of a  
7 report;

8                   (16)(A) An employer or volunteer agency for purposes of  
9 screening an employee, applicant, or volunteer who is or will be engaged in  
10 employment or activity with children, the elderly, individuals with  
11 disabilities, or individuals with mental illness upon submission of a signed,  
12 notarized release from the employee, applicant, or volunteer.

13                   (B) The registry shall release only the following  
14 information on true reports to the employer or agency:

15                   (i) That the employee, applicant, or volunteer has a  
16 true report;

17                   (ii) The date the investigation was completed; and

18                   (iii) The type of true report;

19                   (17) The Division of Developmental Disabilities Services and the  
20 Division of Aging and Adult Services as to participants of the waiver  
21 program;

22                   (18) The Division of Child Care and Early Childhood Education of  
23 the Department of Human Services for purposes of enforcement of licensing  
24 laws and regulations;

25                   (19) Any licensing or registering authority to the extent  
26 necessary to carry out its official responsibilities;

27                   (20) Any person or entity to whom notification was provided  
28 under this chapter; and

29                   (21) Any school superintendent, principal, or a person in an  
30 equivalent position, or the Department of Education to the extent necessary  
31 to carry out its responsibility to ensure that children are protected while  
32 in the school environment or during off-campus school activities.

33  
34                   12-18-910. Availability of screened out and unsubstantiated reports.

35                   (a) Screened out and unsubstantiated reports of child maltreatment are  
36 confidential and may be disclosed only as provided in this chapter.

1       (b)(1) The Department of Human Services may charge:

2               (A) A reasonable fee not to exceed ten dollars (\$10.00)  
3 for researching, copying, and mailing records of the investigative files of  
4 child maltreatment cases; and

5               (B) A reasonable fee for reproducing copies of tapes and  
6 photographs.

7       (2) A fee shall not be charged to:

8               (A) A nonprofit or volunteer agency that requests searches  
9 of the investigative files; or

10              (B) A person who is indigent.

11       (c)(1) The department shall not release data that would identify the  
12 person who made the report unless a court of competent jurisdiction orders  
13 release of the information after the court has reviewed in camera the record  
14 related to the report and has found it has reason to believe that the  
15 reporter knowingly made a false report.

16              (2) However, upon request, the information shall be disclosed to  
17 the prosecuting attorney or law enforcement.

18       (d)(1) Any person or agency to whom disclosure is made shall not  
19 disclose to any other person a report or other information obtained pursuant  
20 to this section.

21              (2) However, the person or agency is permitted to consult his or  
22 her own attorney regarding information provided by the department.

23              (3) Nothing in this chapter shall be construed to prevent  
24 subsequent disclosure by the subject of the report.

25       (e) Any record of a screened-out report of child maltreatment shall  
26 not be disclosed except to the prosecuting attorney and law enforcement and  
27 may be used only within the department for purposes of administration of the  
28 program.

29       (f) An unsubstantiated report, including protected health information,  
30 shall be confidential and shall be disclosed only to:

31              (1) The prosecuting attorney;

32              (2) A subject of the report;

33              (3)(A) A grand jury or court upon a finding that information in  
34 the record is necessary for the determination of an issue before the court or  
35 grand jury; and

36              (B) The grand jury or court may disclose it to parties to

1 a legal proceeding upon a finding that the report is necessary for the  
2 presentation of a party's complaint or defense and under such terms or  
3 protective order that the court orders;

4 (4)(A) Acting in their official capacities, individual United  
5 States and Arkansas senators and representatives and their authorized staff  
6 members but only if they agree not to permit any re-disclosure of the  
7 information.

8 (B) However, disclosure shall not be made to any committee  
9 or legislative body of any information that identifies any recipient of  
10 services by name or address;

11 (5) Law enforcement;

12 (6) Any licensing or registering authority to the extent  
13 necessary to carry out its official responsibilities;

14 (7) Adult protective services;

15 (8) The Division of Developmental Disabilities Services and the  
16 Division of Aging and Adult Services as to participants of the waiver  
17 program.

18 (9) A Court Appointed Special Advocate upon presentation of an  
19 order of appointment for a child who is a subject of a report;

20 (10) The attorney ad litem of a child who is the subject of a  
21 report; and

22 (11) Any person or entity to whom notification was provided  
23 under this chapter.

24 (g) Hard copy records of unsubstantiated reports shall be retained no  
25 longer than eighteen (18) months for purposes of audit.

26 (h) Information on unsubstantiated reports included in the automated  
27 data system shall be retained indefinitely to assist the department in  
28 assessing future risk and safety.

#### 30 Subchapter 10

#### 31 Protective Custody.

#### 33 12-18-1001. Protective custody generally.

34 (a) A police officer, law enforcement, a juvenile division of circuit  
35 court judge during juvenile proceedings concerning the child or a sibling of  
36 the child, or a designated employee of the Department of Human Services may



1 take a child into custody or any person in charge of a hospital or similar  
2 institution or any physician treating a child may keep that child in his or  
3 her custody without the consent of the parent or the guardian, whether or not  
4 additional medical treatment is required, if:

5 (1) The child is subjected to neglect as defined under § 12-18-  
6 103(13)(B) and the department assesses the family and determines that the  
7 newborn and any other children, including siblings, under the custody or care  
8 of the mother are at substantial risk of serious harm such that the children  
9 need to be removed from the custody or care of the mother;

10 (2) The child is dependent as defined in the Arkansas Juvenile  
11 Code of 1989, § 9-27-301 et seq.; or

12 (3) Circumstances or conditions of the child are such that  
13 continuing in his or her place of residence or in the care and custody of the  
14 parent, guardian, custodian, or caretaker presents an immediate danger of  
15 severe maltreatment.

16 (b) However, custody shall not exceed seventy-two (72) hours except in  
17 the event that the expiration of seventy-two (72) hours falls on a weekend or  
18 holiday, in which case custody may be extended through the next business day  
19 following the weekend or holiday.

20  
21 12-18-1002. Placement in a foster home.

22 A sheriff or chief of police may place a child in a Department of Human  
23 Services foster home if:

24 (1) The sheriff or chief of police contacts the on-call worker  
25 for the department and does not get a return phone call within thirty (30)  
26 minutes;

27 (2) The sheriff or chief of police contacts the department  
28 Emergency Notification Line and does not get a return phone call within  
29 fifteen (15) minutes;

30 (3) The foster parent is personally well-known to the sheriff or  
31 the chief of police;

32 (4) The sheriff or chief of police has:

33 (A) Determined that the foster parent's home is safe and  
34 provides adequate accommodations for the child; and

35 (B) Performed a criminal record and child maltreatment  
36 check on the foster parent as required under § 9-28-409; and

1           (5) On the next business day, the sheriff or chief of police  
2 immediately notifies the department of the time and date that the child was  
3 placed in the foster parent's home.

4  
5           12-18-1003. Consent for health care and services.

6           An individual taking a child into custody may give effective consent  
7 for medical, dental, health, and hospital services during protective custody.

8  
9           12-18-1004. Notice when custody is invoked.

10          In any case in which custody is invoked, the individual taking the  
11 child into custody shall notify the Department of Human Services in order  
12 that a child protective proceeding may be initiated within the time specified  
13 in this subchapter.

14  
15          12-18-1005. Location.

16          (a) A school, residential facility, hospital, or similar institution  
17 where a child may be located shall not require a written order for the  
18 Department of Human Services to take a seventy-two hour hold under this  
19 section or § 9-27-313.

20          (b) Upon notice by the Department of Human Services that a hold has  
21 been taken on a child, a school, residential facility, hospital, or similar  
22 institution where the child is located shall:

23           (1) Retain the child until the department takes a hold on the  
24 child;

25           (2) Not notify the parent until the child has been removed by  
26 the department; and

27           (3) Provide the parent or guardian with the name and contact  
28 information of the department employee regarding the hold on the child.

29  
30          12-18-1006. Custody of children generally — Health and safety of the  
31 child.

32          (a) During the course of any child maltreatment investigation, whether  
33 conducted by the Department of Human Services, the Department of Arkansas  
34 State Police, or local law enforcement, the Department of Human Services  
35 shall assess whether or not the child can safely remain in the home.

36          (b) The child's health and safety shall be the paramount concern in

1 determining whether or not to remove a child from the custody of his or her  
2 parents.

3  
4 12-18-1007. Services to families generally.

5 (a) The Department of Human Services shall have the authority to make  
6 referrals or provide services during the course of a child maltreatment  
7 investigation.

8 (b) Any family may request supportive services from the Department of  
9 Human Services.

10 (c) Supportive services shall be offered for the purpose of preventing  
11 child maltreatment.

12  
13 12-18-1008. Removal from home — Procedure.

14 (a) If an investigation under this chapter determines that the child  
15 cannot safely remain at home, the Department of Human Services shall take  
16 steps to remove the child under custody as outlined in this chapter or  
17 pursuant to the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.

18 (b) After the Department of Human Services has removed the child, the  
19 child shall be placed in a licensed or approved foster home, shelter,  
20 facility, or an exempt child welfare agency as defined at § 9-28-402(12).

21 (c) No one, including the family, the Department of Human Services,  
22 the Department of Arkansas State Police, or local law enforcement shall allow  
23 a child to be placed in a nonapproved or nonlicensed foster home, shelter, or  
24 facility.

25  
26 12-18-1009. When the investigation determines that the child can  
27 safely remain at home.

28 If an investigation under this chapter determines that a child can  
29 safely remain at home, the parents retain the right to keep the child at home  
30 or to place the child outside the home.

31  
32 12-18-1010. When a child maltreatment investigation is determined to  
33 be true.

34 (a) If an investigation under this chapter is determined to be true,  
35 the Department of Human Services may open a protective services case.

36 (b)(1) If the Department of Human Services opens a protective services

1 case, it shall provide services to the family in an effort to prevent  
2 additional maltreatment to the child or the removal of the child from the  
3 home.

4 (2) The services shall be relevant to the needs of the family.

5 (c) If at any time during the protective services case the Department  
6 of Human Services determines that the child cannot safely remain at home, it  
7 shall take steps to remove the child under custody as outlined in this  
8 chapter or pursuant to the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.

9 (d) Upon request, the department shall be provided at no cost a copy  
10 of the child's public and private school records if the department has an  
11 open protective services case.

12 (e) Upon request, the department shall be provided a copy of the  
13 results of radiology procedures, videotapes, photographs, or medical records  
14 on a child if the department has an open protective services case.

15  
16 12-18-1011. When a report of child maltreatment is determined to be  
17 unsubstantiated.

18 (a) If the report of child maltreatment is unsubstantiated, the  
19 Department of Human Services may offer supportive services to the family.

20 (b) The family may accept or reject supportive services at any time.  
21

22 SECTION 2. Arkansas Code Title 12, Chapter 12, Subchapter 5 is  
23 repealed.

24 ~~12-12-501. Title and purpose.~~

25 ~~(a) This subchapter shall be known and may be cited as the "Arkansas~~  
26 ~~Child Maltreatment Act".~~

27 ~~(b) It is the purpose of this subchapter to:~~

28 ~~(1) Provide a system for the reporting of known or suspected~~  
29 ~~child maltreatment;~~

30 ~~(2) Ensure the immediate screening, safety assessment, and~~  
31 ~~prompt investigation of reports of known or suspected child maltreatment;~~

32 ~~(3) Ensure that immediate steps are taken to:~~

33 ~~(A) Protect a maltreated child and any other child under~~  
34 ~~the same care who may also be in danger of maltreatment; and~~

35 ~~(B) Place a child who is in immediate danger of severe~~  
36 ~~maltreatment in a safe environment;~~

# **ARKANSAS DEPARTMENT OF HUMAN SERVICES**

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## **DIVISION OF CHILDREN AND FAMILY SERVICES**

### **Child Maltreatment Assessment Protocol**



## INTRODUCTION:

The following is a protocol to be used when a DCFS Family Service Worker (FSW) or the Arkansas State Police Crimes Against Children Division (CACD) Investigator conducts a Child Maltreatment Assessment. The protocol was developed under the authority of ACA 12-18-105, which authorizes the director to promulgate regulations to carry out the Child Maltreatment Act. It identifies and defines the various types of child maltreatment a FSW/CACD Investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. Finally, it identifies those conditions, which must be met before an allegation of abuse or neglect can be founded (determined to be true). Now, the FSW/CACD Investigator must show that a “preponderance of the evidence” supports the allegation of child maltreatment. This is a higher standard of evidence and should be understood to mean it is “more likely than not” that abuse or neglect occurred.

The Arkansas Child Maltreatment Hotline must accept reports of alleged maltreatment if the child or the child’s family is present in Arkansas OR the incident occurred in Arkansas  
If the alleged offender resides in another state and the suspected maltreatment occurred in another state or country, the Hotline shall: 1) screen out the report, 2) forward it to the Child Abuse Hotline of the state or country where the incident occurred or where the alleged offender resides, and 3) if child protection is an issue, send a copy of the report to the Department of Human Services..

If the alleged maltreatment occurred in another state, but the alleged offender is a resident of Arkansas AND the report of child maltreatment or suspected maltreatment in the other state or country would also be child maltreatment in Arkansas at the time the incident occurred, the Hotline shall refer the report to DCFS or CACD as appropriate.

If the alleged maltreatment occurred in Arkansas, but the victim, his parents and/or the alleged offender no longer reside here, the Hotline will accept the report.

No school, Head Start Program, or day care facility shall:

- Prohibit an employee or volunteer from directly reporting child maltreatment to the child abuse hotline.
- Require an employee or volunteer to obtain permission or notify any person, including an employee or supervisor, before reporting child maltreatment to the child abuse hotline.

If the nature of a child maltreatment report (Priority I or II) suggests that a child is in immediate risk begin the investigation immediately or as soon as possible.

If the nature of a child maltreatment report (Priority I or II) suggests that a child is in immediate risk begin the investigation immediately or as soon as possible.

For additional information regarding all types of child maltreatment and investigative powers and responsibilities, see the Arkansas Child Maltreatment Act.

# CHILD MALTREATMENT ASSESSMENT PROTOCOL

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## CHILD MALTREATMENT ASSESSMENT PROTOCOL

### DEFINITIONS

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#### I. GENERAL:

A. **ABUSE** - Any of the following acts or omissions by a parent, guardian, custodian, foster parent, person eighteen (18) years of age or older living in the home with a child whether related or unrelated to the child, or any person who is entrusted with the juvenile's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for the juvenile's welfare but excluding the spouse of a minor:

- Extreme or repeated cruelty to a juvenile;
- Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ.
- Injury to a juvenile's intellectual, emotional or psychological development as evidenced by observable and substantial impairment of the juvenile's ability to function within the juvenile's normal range of performance and behavior.
- Any history that is at variance with the history given.
- Any non-accidental physical injury.
- Any of the following intentional or knowing acts, with physical injury and without justifiable cause:
  1. Throwing, kicking, burning, biting or cutting a child;
  2. Striking a child with a closed fist;
  3. Shaking a child; or
  4. Striking a child age seven or older on the face or head.
- Any of the following intentional or knowing acts, with or without injury:
  1. Striking a child age six or younger on the face or head;
  2. Shaking a child age three or younger;
  3. Interfering with a child's breathing;
  4. Pinching, biting, or striking a child in the genital area;
  5. Tying a child to a fixed or heavy object or binding or tying a child's limbs together;
  6. Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;

## DEFINITIONS

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7. Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child, including, but not limited to, the following:
  - Marijuana;
  - Alcohol (excluding alcohol given to a child during a recognized and established religious ceremony or service);
  - Narcotics; or
  - Over-the-counter drugs (if a person purposely administers an overdose to a child or purposely administers an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug;
8. Exposing the child to chemicals that have the capacity to interfere with normal physiological functions, including, but not limited to , chemicals used or generated during the manufacture of methamphetamine; or
9. Subjecting a child to Munchausen’s Syndrome by Proxy or a Factitious Illness by Proxy if the incident is reported by a medical professional and confirmed by medical personnel.

NOTE: The prior list of unreasonable actions is considered illustrative and not exclusive.

- No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.
- “Abuse” shall not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes or restraining or correcting the child.
- Abuse shall not include when a child suffers transient pain or minor temporary marks as the result of a reasonable restraint if:
  1. The person exercising the restraint is an employee of an agency licensed or exempted from licensure under the Child Welfare Agency Licensing Act;
  2. The agency has policy and procedures regarding restraints;
  3. The person exercising the restraint has been trained in properly restraining children, de-escalation, and conflict resolution techniques;
  4. The restraint is in conformity with training and agency policy and procedures;
  5. No other alternative exists to control the child except for a restraint;
  6. The child is in danger of hurting himself or others; and

7. The restraint is for a reasonable period of time.
- Reasonable and moderate physical discipline inflicted by a parent or guardian shall not include any act that is likely to cause and which does cause injury more serious than transient pain or minor temporary marks.
  - The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable or moderate.
- B. **DEATH** – The permanent cessation of all vital, bodily functions. Death is not a type of child maltreatment. However, it may be the result of child maltreatment. Death can result from any type of child maltreatment. When a child dies as the result of maltreatment, document in CHRIS the type of child maltreatment that resulted in the death and specify “death” as the injury characteristic.
- C. **NEGLECT** - Acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile’s care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile’s welfare, but excluding the spouse of a minor and the parents of a married minor, which constitute:
- Failure or refusal to prevent the abuse of the juvenile when the person knows or has reasonable cause to know the juvenile is or has been abused;
  - Failure or refusal to provide the necessary food, clothing, or shelter, and education required by law, or medical treatment necessary for the juvenile’s well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;
  - Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known;
  - Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the juvenile including the failure to provide a shelter that does not pose a risk to the health or safety of the juvenile;
  - Failure to provide for the juvenile’s care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;

## **DEFINITIONS**

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- Failure, although able, to assume responsibility for the care and custody of the juvenile or participate in a plan to assume such responsibility; or
- Failure to appropriately supervise the juvenile that result's in the juvenile's being left alone at an inappropriate age or in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk of harm..

### **D. SEXUAL ABUSE –**

- By a person ten (10) years of age or older to a person younger than eighteen (18) years of age:
  1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
  2. Indecent exposure, or forcing, the watching of pornography or live sexual activity
- By a person eighteen (18) years of age or older to a person not his or her spouse who is younger than sixteen (16) years of age:
  1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact or solicitation;
- By a caretaker to a person younger than eighteen (18) years of age:
  1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact or solicitation;
  2. Forcing or encouraging the watching of pornography;
  3. Forcing, permitting, or encouraging the watching of live sexual activity;
  4. Forcing listening to a phone sex line; or
  5. Committing an act of voyeurism as defined by A.C.A. §12-18-103
- By a person younger than ten (10) years of age to a person younger than eighteen (18) years of age:
  1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion.

## **II. MALTREATMENT TYPES:**

- A. Most of the types of child maltreatment defined in the Child Maltreatment Assessment Protocol (PUB 357) were taken directly from the Arkansas Child Maltreatment Act (e.g., Kicking a Child and Educational Neglect).
- B. Those types of child maltreatment not defined directly by the Arkansas Child Maltreatment Act are clearly implied by content in the Act. For example, "Brain Damage/Skull Fracture" in PUB 357 is implied by "bone fracture, internal injuries" in the Act. Additionally, "Substantial Risk of Death" in the Act implies "Threat of Harm" in PUB 357.

### **III. ACCEPTING CHILD ABUSE HOTLINE REPORTS OF CHILD MALTREATMENT NAMING AN ADULT AS THE VICTIM:**

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

- A. The alleged offender is a caretaker of any child; and
- B. The person making the report is one of the following:
  - 1. The adult victim (who was a child at the time of the maltreatment);
  - 2. A law enforcement officer;
  - 3. The victim's counselor or therapist; or
  - 4. The offender's counselor or therapist.

# CHILD MALTREATMENT ASSESSMENT PROTOCOL

## **ABANDONMENT** (Priority I)

### I. Definition

Ark. Code Annotated 12-12-503(1): "Abandonment" means the failure of the parent to provide reasonable support and to maintain regular contact with the juvenile through statement or contact, when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future, and failure to support or maintain regular contact with the juvenile without just cause or an articulated intent to forego parental responsibility.

**NOTE:** Abandonment is parental conduct, which demonstrates intent to relinquish all parental or custodial rights and claims to the child. Abandonment is also defined as any parental or caretaker conduct which evinces a settled purpose to forego parental duties and relinquish parental claims to the child. Abandonment does not apply to the parents of a married minor, ACA 12-12-503(1)(B).

### II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was abandoned.

B. Usage

The reporter has reason to believe that a child has been abandoned due to the parent or caretaker's disregard of his or her responsibilities to the child.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been abandoned; and
- Secured a preponderance of evidence that the parent's or guardian identity and/or whereabouts are unknown or that the parent or guardian is no longer demonstrating an interest in retaining custody or caring for the child.

## **ABUSE WITH A DEADLY WEAPON (Priority I)**

- I. Definition - The assault or attempt to assault an individual by inflicting a wound, or conduct that reasonably could be expected to result in a wound, or the infliction of a wound, as the direct, non-accidental action of a parent or caretaker by any object which under the circumstances in which it is used creates a realistic and serious threat of causing death or serious injury. This may also include using a weapon to threaten a child:

A gunshot, stabbing injury, other injuries, or the attempt to inflict such injury using any deadly weapon.

A deadly weapon is any weapon or object that, under the circumstances in which it is used, is readily capable of causing death or serious physical injury.

Assault is conduct, which creates a substantial risk of death or physical injury.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has received an injury as a result of abuse with a deadly weapon.

B. Usage

The reporter has reason to believe that abuse with a deadly weapon resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in abuse with a deadly weapon (failure to protect).
- 

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the parent or caretaker attempted to injure the child; or
- Verified that the child currently has a wound caused by a deadly weapon or that the child has received such a wound in the past (verification of past wounds must come from a physician, a law enforcement officer, an equally credible witness or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the wound was sustained as the result of abuse or neglect as defined in Section I.
- Verified that a weapon was used to threaten bodily harm.

## **BONE FRACTURES (Priority I)**

### **I. Definition**

A fracture is a broken bone. There are ten types of fractures, the most common being:

- Chip fracture: A small piece of bone is flaked from the major part of the bone
- Simple fracture: The bone is broken, but there is no external wound.
- Compound fracture: The bone is broken, and there is an external wound leading down to the site of fracture or fragments of bone protrude through the skin.
- Comminuted fracture: The bone is broken or splintered into pieces.
- Spiral fracture: Twisting causes the line of the fracture to encircle the bone in the form of a spiral.
- Coroner fracture (metaphysical): Caused by a pulling or jerking of an extremity.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a bone fracture as a result of maltreatment.

#### **B. Usage**

The reporter has reason to believe that the bone fracture resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in a bone fracture (failure to protect).

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a bone fracture or has sustained a bone fracture in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the bone fracture was sustained as the result of the abuse or neglect as defined in Section I.



## **BRAIN DAMAGE/SKULL FRACTURE (Priority I)**

### **I. Definition**

Brain damage is an injury to the large, soft mass of nerve tissue contained within the cranium/skull.

Skull fracture is a broken bone in the skull.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained brain damage or a skull fracture as the result of maltreatment.

#### **B. Usage**

The reporter has reason to believe that the brain damage or skull fracture resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child sustaining brain damage or a skull fracture (failure to protect).

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is currently brain damaged or has a fractured skull or has been brain damaged or sustained a skull fracture in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the brain damage or skull fracture was sustained as the result of maltreatment as defined in Section I.

## **BURNS / SCALDING (Priority I)**

### **I. Definition**

Burns are any tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. Burns are usually classified as:

- First degree: Superficial burns, with damage being limited to the outer layer of skin, which displays scorching or painful redness.
- Second degree or partial thickness burn: The damage extends through the outer layer of the skin into the inner layers. Blistering will be present within 24 hours.
- Third degree or full thickness burn: Burns in which the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated. Skin grafting may be required.
- Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, such as steam.

### **II. Taking a report**

- A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a burn or was scalded as the result of maltreatment.

B. Usage

The reporter has reason to believe that the burn or scalding resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the burn or scalding (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been burned or scalded. Severe burns, burns of an unknown origin, or burns where the injury is not consistent with the explanation provided for a physician or registered nurse should examine it. This includes cigarette burns, or a burn in which it appears a hot instrument was applied to the skin. All immersion burns (scalds) must be confirmed by a physician unless the alleged offender has admitted to scalding the child; and
- Secured a preponderance of evidence that the burn or scalding was sustained as a result of maltreatment as defined in Section I.

**CUTS, BRUISES, & WELTS** (Priority I, referred to Crimes Against Children Division if the child is age 3 or under and the injury is reported by medical personnel, a medical facility, or law enforcement and involves injury to the head, face, neck, or torso excluding buttocks. All other reports are to be referred to DCFS.)

#### I. Definition

- Cut (laceration): An opening, incision, or break in the skin made by some external agent.
- Bruise (ecchymosis): An injury, which results in bleeding within the skin, where the skin is discolored but not broken.
- Welt An elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.

**NOTE:** Regardless of the child's age, depending on the location, severity and multiplicity of the injuries (cuts, bruises and/or welts), the case may be a Priority I.

The investigation of bruises cuts or welts in or on any portion of the head, face, neck or abdomen that are a direct act against the child by a parent or caretaker. This does not include an injury that is the result of a failure on the part of the parent or caretaker to safeguard the child from environmental situations that resulted in those injuries.

#### II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a cut, bruise, or welt as a result of maltreatment. For the allegation to be directed to the CACD, the report must come from medical personnel, a medical facility or law enforcement and involve injuries to the head, neck, face or torso excluding buttocks of a child age 3 or under.
- B. Usage

The reporter has reason to believe that the cut, bruise, or welt resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in a cut, bruise, welt (failure to protect).

**NOTE:** The hotline shall accept a report of physical abuse involving a bruise to a child even if at the time of the report the bruise is not visible, but the bruising occurred – (a) within the past 14 days and (b) as a result of physical abuse as defined in the law.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a cut, bruise, or welt or has sustained one in the past (such verification may come from a physician, registered nurse, law enforcement officer, observation by the Family Service Worker or by a direct admission from the alleged offender); and any injury must involve more than transient pain or minor temporary marks;
- If the bruise was not visible at the time of the report, the existence of the bruise must be corroborated (the corroboration must be independent i.e. a neighbor, teacher, counselor, someone other than the child must have seen the bruise or photographed it) for the finding to be true.
- Secured a preponderance of evidence that the cut, bruise, or welt was sustained as a result of maltreatment as defined in Section I.

Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable and moderate.

## **EDUCATIONAL NEGLECT (Priority II)**

### **I. Definition**

Any child who is not meeting compulsory school attendance requirements because his or her parent or custodian is failing or refusing to enforce these attendance requirements is educationally neglected. A parent or custodian is failing or refusing to enforce the state's compulsory attendance requirements if:

- The parent or guardian having custody or charge of any child between the ages of five through seventeen years (by September 15 of the school year), both inclusive, fails to enroll and send the child to a public, private, or parochial school, or provide a home school for the child, or
- The parent or guardian having custody or charge of a child of the above-referenced age disregards his or her responsibility to ensure that a child attends school, or actively prevents such child from attending school.

Examples of educational neglect include:

- The parent or custodian who does not enroll the child in school; or,
- The parent or custodian who prevents a child from attending school; or,
- The parent or custodian who does not take reasonable action to ensure that the child regularly attends school; or,
- The parent or custodian who has not made arrangements to home school the child.

**NOTE:** Failure to follow an Individualized Educational Program (IEP) does not constitute educational neglect.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child is educationally neglected.

#### **B. Usage**

The reporter has reason to believe that a child is not home schooled and is not attending school because:

- The parent or custodian did not enroll the child in the school program; or
- The parent or custodian disregards the responsibility to ensure that the child is attending school or the parent or custodian actively prevents the child from attending school; or,
- The parent or custodian has not taken the necessary steps to provide home schooling.

C. Factors to be considered in taking and/or founding a report

- The child's physical condition, particularly as it relates to the child's ability to get ready for school, and
- The child's mental abilities, particularly concerning the child's ability to get ready for school, and
- The number of days missed, and
- The parent's or custodian's attempts to ensure that the child attends school, and
- The parent or custodian has hand-delivered to the superintendent written notice of the parent or custodian's intent to home school the child.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is not or was not meeting mandated educational requirements; and
- Secured a preponderance of evidence that the child is/has been educationally neglected as defined in Section I; and
- Verified the parent or custodian has failed to provide written notice to the superintendent of the intent to home school the child.
- Applied the factors in Section II, C, above and determined that the child is/was educationally neglected.

## **ENVIRONMENTAL NEGLECT (Priority II)**

### **I. Definition**

The child's person, clothing, or living conditions are unsanitary to the point that the child's health is in danger. . This may include infestations of rodents, spiders, insects, snakes, lice, etc., human or animal feces, and rotten or spoiled food and/or garbage that the child can reach.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child is living in the conditions noted above and that the conditions are a significant threat to the child's health.

#### **B. Usage**

The reporter has reason to believe that the child is living in conditions defined above as the result of disregard of duty or negligence on the part of the child's parent or caretaker responsible for the child's welfare.

#### **C. Factors to be considered**

Special attention should be paid to the age of the child, the child's physical condition, and the living conditions in the home in order to determine whether the report constitutes an allegation of harm.

In addition, the following incident factors should be considered:

- Severity of the conditions,
- Frequency of the conditions,
- Duration of the conditions, and
- Chronicity or pattern of similar conditions.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the conditions described exist or had existed; and
- Secured a preponderance of evidence that the unhealthful/unsanitary conditions are/were the result of neglect as defined in Section I; and
- Applied the factors in Section II, C, above, and determined that the conditions represent a threat to the child's health.
- Secured a preponderance of evidence that a child was maltreated as in Section I.

## **EXTREME OR REPEATED CRUELTY TO A JUVENILE (Priority II)**

### **I. Definition**

The offender engages in activity that results in pain, suffering or grief. Examples of extreme cruelty include such things as forcing a child to observe the killing of his pet, forcing a child to eat vomit, locking a child in a closet or tying a child into a child seat for an extended period with its head covered. Milder forms of cruelty may still be identified as child maltreatment if there have been repeated acts by the offender.

### **II. Taking a Report**

A. An acceptable reporter is any person who has reasonable cause to suspect that a juvenile has been deliberately subjected to extreme or repeated cruelty.

B. Usage

The reporter has reason to believe that a juvenile has been deliberately subjected to extreme or repeated cruelty.

### **III. Founding a Report**

This allegation may be founded only after the Worker has:

- Verified that a juvenile has been subjected to extreme (excessive or severe) cruelty and/or there is evidence that the cruelty was repeated.
- Secured a preponderance of evidence that a juvenile was subjected to extreme or repeated cruelty.
- Documented that all other types of child maltreatment have been ruled out to ensure that extreme or repeated cruelty is the correct child maltreatment type. However, extreme or repeated cruelty can be used in conjunction with other child maltreatment types.



## **FAILURE TO PROTECT (Priority I or II)**

### **I. Definition**

Failure of an individual responsible for the care of a child to take reasonable action to protect that child from maltreatment when that individual had reasonable cause to believe that the child was in significant danger of being maltreated.

This allegation may include situations in which a person with a documented history as an offender of child sexual abuse is allowed to be an unsupervised caretaker of a child.

**NOTE:** The type of maltreatment from which the caregiver failed to protect the child, determines the Priority Level (I or II). This is a sub-issue when considering sexual abuse, physical abuse, neglect, etc.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child was endangered and that an individual responsible for the care of the child failed to take reasonable action to protect the child.

#### **B. Usage**

The reporter has reason to believe that failure to protect resulted from one of the following:

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in maltreatment to the child.
- A blatant disregard by the parent or caretaker of his or her responsibilities for the child's welfare.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has concluded that:

- An individual responsible for the care of a child had or should have had reasonable cause to believe that the child was in significant danger of maltreatment and failed to take action to protect the child from that danger.

**NOTE:** A finding of failure to protect should not be made against a caretaker who was in significant fear of his or her own safety.

- Secured a preponderance of evidence that failure to protect occurred as a result of maltreatment as defined in Section I.

## **FAILURE TO THRIVE (Priority I)**

### **I. Definition**

A clinical term used by pediatric clinicians to describe infants and young children, generally 3 years of age and younger, who fail to grow as expected based on established growth standards for age and gender. A central cause of failure-to-thrive is under-nutrition, whether or not an associated organic disease is present. Pediatric under-nutrition, or Failure-To-Thrive triggers an array of health problems in children and may be associated with long-term impairments in growth, physical and cognitive development, academic performance, and behavior. The majority of children who demonstrate Failure-To-Thrive do not have a physical disease. Most such situations are associated with problems in the child's environment.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child suffers from failure to thrive.

#### **B. Usage**

The reporter has reason to believe that the child has failure to thrive syndrome as a result of the parent's or caretaker's neglect.

#### **C. Factors to be considered**

- Central to the definition of Failure-To-Thrive is abnormal growth compared to children of similar age and sex, using typical national growth standards.
- The child's symptoms, i.e. weight and/or velocity of growth and/or clinical signs of deprivation improve when the child is properly nurtured.
- There appears to be significant environmental or psychosocial disruption in the child's family.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has or had failure to thrive (such verification must come from a physician); and
- Secured a preponderance of evidence that the failure to thrive was at least partially a result of the parent or caretaker's failure to provide for or meet the needs of the child.

## **HUMAN BITES (Priority II)**

### **I. Definition**

A bruise or cut in the skin caused by human teeth.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a human bite as a result of maltreatment.

#### **B. Usage**

The reporter has reason to believe that the human bite resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another, which resulted in a human bite (failure to protect).
- The failure of the parent or caretaker to appropriately supervise the child resulted in human bites (inadequate supervision).

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a human bite or has sustained a human bite in the past (such verification may come from a physician, dentist, registered nurse, law enforcement officer, observation by the Family Service Worker, or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the human bite was sustained as a result of maltreatment as defined in Section I.

## **IMMERSION (Priority I)**

### **I. Definition**

Interference with a child's ability to breathe by holding the child's nose and mouth under water or other liquid.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been immersed as a result of maltreatment.

#### **B. Usage**

The reporter has reason to believe immersion resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another that resulted in immersion (failure to protect).

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been immersed and restricted breathing.
- Secured a preponderance of evidence that the immersion occurred as a result of maltreatment as defined in Section I.

## **INADEQUATE CLOTHING (Priority II)**

### **I. Definition**

Lack of adequate clothing to protect the child from the elements.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child is inadequately clothed.

#### **B. Usage**

The reporter has reason to believe that a child is or recently has been inadequately clothed due to the parent or caretaker's disregard of his or her responsibilities.

#### **C. Incident factors to be considered**

- Frequency of the incident,
- Duration of the incident,
- Chronicity or pattern of similar incidents,
- Weather conditions such as extreme heat or extreme cold.

NOTE: Evidence of physical harm to the child such as frostbite, hypothermia, severe sunburn, or heat exhaustion is not required in order to indicate this allegation. Lack of clothing in the home is not sufficient to indicate a report of inadequate clothing unless other factors substantiate that the child is not being clothed. Other factors must be considered.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child is/has been inadequately clothed in accordance with Section II,B, above; and
- Applied the factors in Section II, C, above and determined that the clothing was not appropriate to protect the child from the elements.
- The mere availability of clothing is not sufficient to unfound a report of inadequate clothing.

## **INADEQUATE FOOD (Priority II)**

### **I. Definition**

Inadequate food is a lack of food adequate to sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis for a finding of “True”.

Examples include:

- The child who frequently and repeatedly misses meals or who is frequently and repeatedly fed insufficient amounts of food.
- The child who frequently and repeatedly asks a neighbor for food and other information substantiates that the child is not being fed.
- The child who is frequently and repeatedly fed unwholesome foods when his age, developmental stage, and physical condition are considered.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child has received/is receiving inadequate food.

#### **B. Usage**

The reporter has reason to believe that the child has not received/is not receiving adequate food due to the parent or caretaker's disregard of his responsibilities.

#### **C. Incident factors to be considered:**

- Frequency of the occurrence,
- Duration of the occurrence,
- Pattern or chronicity of occurrence,
- Previous history of occurrences,
- Availability of adequate food.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child received/is receiving inadequate food as the result of maltreatment as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the amount of food received is not adequate to sustain normal functioning.

**NOTE:** Lack of food in the home is not sufficient to indicate a report of inadequate food unless other factors substantiate that the child is not being fed. On the other hand, the mere availability of food in the home is not sufficient to unfound a report of inadequate food. Other factors must also be considered. Do not found a report if the parents are making alternative arrangements to provide adequate food.

## **INADEQUATE SHELTER (Priority II)**

### **I. Definition**

Lack of shelter which is safe and which protects from the elements.

Examples of inadequate shelter include, but are not limited to:

- No housing or shelter.
- Exposed, frayed electrical wiring.
- Housing with structural defects that endanger the health or safety of the child.
- Housing with indoor temperatures consistently below 50 degrees Fahrenheit.
- Housing which is a significant fire hazard obvious to the reasonable person.
- Housing with an unsafe heat source, which poses a significant fire hazard or threat of asphyxiation.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child is being inadequately sheltered.

#### **B. Usage**

The reporter has reason to believe that the child is being inadequately sheltered due to the parent or caretaker's disregard of his or her responsibilities.

#### **C. Shelter factors to be considered include:**

- Seriousness of the problem.
- Frequency of the problem
- Duration of the problem.
- Pattern or chronicity of the problem.
- Previous history of shelter-related problems.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child is being or has been inadequately sheltered as the results of maltreatment as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the shelter is inadequate.

### **INADEQUATE SUPERVISION (Priority II)**

#### I. Definition

The parent or caretaker has failed to appropriately supervise the juvenile resulting in the juvenile being left alone at an inappropriate age or in inappropriate circumstances that creates a dangerous situation or a situation that puts the child at risk of harm.

Examples include, but are not limited to:

- Leaving the juvenile alone when the juvenile is too young to care for him or for other children.
- Leaving a juvenile alone when the juvenile has a condition that requires close supervision. Such conditions may include medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical handicaps.
- Leaving a juvenile in the care of an inadequate or inappropriate caretaker, as indicated by the caretaker factors in Section II, C, below.
- Being present but unable to supervise because of the caretaker's condition. This includes the parent or caretaker who uses drugs or alcohol to the extent that it has the effect of producing a substantial state of stupor, unconsciousness, intoxication, or irrationality. This also includes the parent or caretaker who cannot adequately supervise the juvenile because of the parent's or caretaker's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap.
- Leaving a juvenile unattended in a place that is unsafe considering their maturity, physical condition, and mental abilities.



**NOTE:** The mere occurrence of a parent or caretaker being arrested does NOT of self constitute “inadequate supervision” unless the arrest was due to child maltreatment (e.g. DWI).

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a juvenile has been/is being inadequately supervised as a result of maltreatment.

B. Usage

The reporter has reason to believe that the juvenile has been/is being inadequately supervised due to the disregard of responsibilities by the parent or caretaker.

C. Factors to be considered

Caretaker factors include:

- How long does it take the caretaker to reach the juvenile?
- Can the caretaker see and hear the juvenile?
- Is the caretaker accessible by telephone or pager?
- Is the caretaker mature enough to assume responsibility for the situation?
- Is the caretaker physically, mentally, and emotionally able to care for the juvenile?
- Is the caretaker able to make appropriate judgments on the juvenile's behalf?

Incident factors include:

- Frequency of the occurrence.
- Duration of the occurrence.
- Time of day or night when the incident occurs.
- Juvenile's location.
- Other supporting persons who have agreed to assist in supervising the juvenile.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified/secured a preponderance of evidence that inadequate supervision occurred; and
- Secured a preponderance of evidence that the inadequate supervision is/was due to the parent or caretaker's neglect as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the supervision was inadequate.

## **INDECENT EXPOSURE (Priority I)**

### I. Definition

The exposure by a person aged 10 years or older of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

### II. Taking a Report

- A. An acceptable reporter is any person who has reasonable cause to suspect that a person age 10 years or older exposed his/her sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

B. Usage

The reporter has reason to believe that a person exposed his sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

### III. Founding a Report

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a person aged 10 years or older, exposed his/her sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

### **INTERFERING WITH A CHILD’S BREATHING** (Priority I)

This category of child maltreatment is contained within another category. See the category, “Suffocation”.

### **INTERNAL INJURIES** (Priority I)

#### I. Definition

Internal injury is an injury, which is not visible from the outside, e.g. an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semi-comatose. Pain is usually intense at first, and may continue or gradually diminish, as patient grows worse.

#### II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained internal injuries as the result of maltreatment.

#### B. Usage

The reporter has reason to believe that the internal injuries resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to stop an action by another person that resulted in internal injuries (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has internal injuries or has sustained internal injuries in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the internal injury was sustained as a result of maltreatment as defined in Section I.

## **KICKING A CHILD (Priority II)**

### I. Definition

The parent or caretaker has used a foot to deliver a non-accidental sudden and forceful blow to any portion of the child's body.

### II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has sustained a sudden, forceful and non-accidental blow from the parent or caretaker's foot.

#### B. Usage

The reporter has reason to believe that the child has sustained a sudden and forceful non-accidental blow from the parent's or caretaker's foot.

### III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- Secured a preponderance of evidence that the child sustained a sudden and forceful non-accidental blow from the parent's or caretaker's foot.
- Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

**NOTE:** The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable and moderate.

## **LOCKOUT (Priority II)**

### **I. Definition**

The parent or caretaker has denied the child access to the home necessary to the safety and health of the child.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been locked out of the home.

### **B. Usage**

The reporter has reason to believe that the child has been denied access to his home.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child was denied access to the home by the parent or caretaker; and
- Secured a preponderance of evidence that the lockout occurred as a result of maltreatment as defined in Section I.

## **MALNUTRITION (Priority I)**

### **I. Definition**

Lack of necessary or proper food substances in the body caused by inadequate food, lack of food, or insufficient amounts of vitamins or minerals results in malnutrition.

The child with malnutrition is not simply a diminutive version of a well-nourished child. There are various physical signs of malnutrition, including the following:

- A decrease in lean body mass or fat; very prominent ribs; the child may often be referred to as "skin and bones."
- The hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously.
- The child is often pale and suffers from anemia.

- Excessive perspiration, especially about the head.
- The face appears lined and aged, often with a pinched and sharp appearance.
- The skin has an old, wrinkled look with poor turgor. Classically, skin folds hang loose on the inner thigh and buttock.
- The abdomen is often protuberant.
- There are abnormal pulses, blood pressure, stool patterns, inter-current infections, abnormal sleep patterns, and a decreased level of physical and mental activity.

## II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was malnourished as a result of maltreatment.

### B. Usage

The reporter has reason to believe that the child was malnourished due to the parent or caretaker's disregard of his or her responsibilities. The malnourish must be non-organic in nature.

## III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was malnourished (such verification must come from a physician); and
- Secured a preponderance of evidence that the child was malnourished as a result of the parent or caretaker's disregard of his or her responsibilities.

## **MEDICAL NEGLECT (Priority II)**

### **I. Definition**

Lack of medical or mental treatment for a health problem or condition which, if untreated, could become severe enough to constitute a serious or long-term harm to the child; lack of follow-through on a prescribed treatment plan for a condition which could become serious enough to constitute serious or long-term harm to the child if the plan is unimplemented.

### **II. Taking a report**

A. Acceptable reporter is any person with reasonable cause to suspect that a child has been/is being medically neglected.

#### **B. Usage**

The reporter has reason to believe that the child has not or is not receiving proper and necessary medical care due to the parent's or caretaker's disregard of his or her responsibilities.

#### **C Factors to be considered**

- Seriousness of the current health problem,
- Probable outcome if the current health problem is not treated and the seriousness of that outcome,
- Generally accepted medical benefits of the prescribed treatment, and
- Generally recognized side effects/harm associated with the prescribed treatment.

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has/had an untreated health problem, or that a prescribed treatment plan was unimplemented. Such verification must come from a physician, registered nurse, psychologist, dentist, or by a direct admission from the alleged offender, and
- Secured a preponderance of evidence that the child is/was medically neglected as defined above.
- Applied the factors in Section II, C, above and determined that the problem or condition, if untreated, could result in serious or long-term harm to the child. Such verification must come from a physician, registered nurse, or dentist.

**NOTE:** If the Family Service Worker determines that the parent's decision to withhold medical treatment was based solely upon a religious belief, choosing instead to furnish the child with prayer and spiritual treatment in accordance with a recognized religious method of healing by an accredited practitioner, the investigative determination will be Exempted From Founded Due to Religious Exemption.

#### IV. Determining who is the offender

When a person, usually a relative, has assumed full-time responsibility for care of the child but has not been appointed the child's legal guardian or the guardianship status is unknown when the report is taken, both that caretaker and the child's legal parents shall be named as alleged offenders. If the legal parents did not make necessary arrangements for securing medical care for the child, the parents shall be indicated as offenders of medical neglect. If the caretaker had attempted to secure medical care, but was unable to do so because the parents did not make the necessary arrangements, the caretaker shall not be indicated as an offender of medical neglect.

### **MEDICAL NEGLECT OF DISABLED INFANTS (Priority I)**

#### I. Definition

The act of withholding of appropriate nutrition, hydration, medication, or other medically indicated treatment from a disabled infant with a life-threatening condition. Medically indicated treatment includes medical care which is most likely to relieve or correct all life threatening conditions and evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions. Nutrition, hydration, and medication, as appropriate for the infant's needs, is medically indicated for all disabled infants.

Other types of treatment are not medically indicated when:

- The infant is chronically and irreversibly comatose,
- The provision of the treatment would be futile and would merely prolong dying, or
- The provision of the treatment would be ineffective in ameliorating or correcting all the life-threatening conditions.

In determining whether treatment will be medically indicated, reasonable medical judgments, such as those made by a prudent physician knowledgeable about the case and its treatment possibilities, will be respected. However, opinions about the infant's future "quality of life" won't bear on whether a treatment is judged to be medically indicated.

**NOTE:** Review FSPP Policy and Procedure Section II-F, Medical Neglect Of a Disabled Infant.



## II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a disabled infant with a life-threatening condition has been/is being medically neglected.

B. Usage

The reporter has reason to believe that the disabled infant has not received / is not receiving medically indicated treatment (including needed nutrition, hydration, medication, and independent evaluations and consultations) due to the parent's or caretaker's disregard of his or her responsibilities.

C. Factors to be considered include:

- Infant's physical condition,
- Seriousness of the current health problem,
- Probable medical outcome if the current health problem is not treated and the seriousness of that outcome.
- Generally accepted medical benefits of the prescribed treatment,
- Generally recognized side effects/harms associated with the prescribed treatment,
- The opinions of the Infant Care Review Committee (ICRC), if the hospital has an ICRC,
- The judgment of the individual designated by contract for the purposes of coordination, consultation, and notification of cases of suspected medical neglect of disabled infants (Refer to FSPP II-F), and
- The parent's knowledge and understanding of the treatment and the probable medical outcome.

- D. On acceptance of this type allegation the Hot Line supervisor will be notified immediately. The Hot Line supervisor will immediately notify the designated DCFS Child Protective Services Field Assistance Unit (501) 682-8992.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that medical treatment (including appropriate nutrition, hydration, or medication) is/was withheld from an infant; and
- Secured a preponderance of evidence that the infant is/has been medically neglected due to the parent's or caretaker's disregard of his or her responsibilities; and
- Applied the factors in Section II, C, above and determined that the treatment was medically indicated. Such verification must come from a physician, and may come from experts in the field of neonatal pediatrics. Appropriate nutrition, hydration, and medication is medically indicated for all disabled infants.

## **MENTAL INJURY (Priority II)**

### I. Definition

Injury to the intellectual, emotional, or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function in a normal range of performance and behavior is mental injury.

### II. Taking a report

#### A. Reporter

1. A medical or mental health professional
2. A teacher
3. A day care center worker

#### B. Usage

The reporter has reason to believe that the mental injury resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the mental injury (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has been mentally injured. A psychiatrist, registered psychologist, licensed clinical social worker, professional employee of a community mental health center, or licensed psychological examiner must confirm that the child has suffered a mental injury; and
- Secured a preponderance of evidence that the mental injury resulted from maltreatment as defined in Section I.

**NOTE:** Under some circumstances, such as divorce, a mental injury to a child may be an unavoidable consequence of purposeful parental action. When determining whether to found a report, the Family Service Worker should consider whether the parents or caretakers took reasonable action to minimize the degree of mental injury resulting from a necessary action or uncontrollable event.

## **MUNCHAUSEN SYNDROME BY PROXY OR FACTITIOUS ILLNESS BY PROXY (Priority II)**

### I. Definition

A form of child maltreatment in which the parent or guardian falsifies a child's medical history or alters a child's laboratory tests or actually causes an illness or injury in a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures.

### II. Taking a report

A. Acceptable reporters include medical professionals with reasonable cause to suspect that a parent or caregiver has fabricated a medical condition in a child.

#### B. Usage

The reporter has reason to believe that the parent or caregiver is presenting a child to a health care provider for a fabricated medical condition.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has been presented to a health care provider with a fabricated medical condition. Such verification must come from a physician, registered nurse, dentist, or by a direct admission from the alleged offender; and
- Secured a preponderance of the evidence that the parent or caregiver has presented the child to a health care provider with a fabricated medical condition.

**PRESENCE OF AN ILLEGAL SUBSTANCE IN A CHILD OR ITS MOTHER AT THE TIME OF BIRTH RESULTING FROM THE MOTHER’S KNOWING USE OF THE SUBSTANCE (Priority II)**

I. Definition

Causing a child to be born with:

An illegal substance present in the child’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the child’s birth; or

Presence of an illegal substance in the mother at the time of birth:

An illegal substance present in the mother’s bodily fluids or bodily substances as a result of her knowingly using an illegal substance before the child’s birth.

“Illegal substance” means a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code, § 5-1-101 et seq.

II. Taking a Report

- A. An acceptable reporter is limited to any one of the following mandated reporters, who have reasonable cause to suspect that a child has been subjected to an illegal substance before birth or the mother had an illegal substance in her system at the time of the birth: a licensed nurse; an osteopath; a physician; a resident or intern; a surgeon; an hospital social worker; or any medical personnel who may be engaged in the admission, examination, care or treatment of persons in hospitals or similar medical settings.

B. Usage:

The reporter has reason to believe that the child’s condition (having an illegal substance in its body) is the direct result of prenatal exposure of the newborn to an illegal substance abused by the mother.

The reporter has reason to believe that the mother had an illegal substance in her system at the time of the birth from knowingly using an illegal substance.

When a child is stillborn and the reporter believes the child died as a result of the mother’s prenatal illegal drug use, the hotline will not accept a report of neglect. Based on Arkansas statute, a stillborn delivery is not considered a birth.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Verified that the child has an illegal substance in its bodily fluids or bodily substances or;
- Verified that the mother’s bodily fluids or substances contained an illegal substance at the time of the birth.

IV. Garrett’s Law, Illegal Substance and Adoption

During the course of an investigation, or when DCFS has custody, when the mother or child has tested positive for the presence of an illegal substance in the bodily fluids or bodily substances, and the mother indicates that she wants to place the child for adoption through a private agency or private entity, the Family Service Worker must contact OCC immediately.

**NOTE:** All Garrett’s Law investigations must be initiated within twenty-four (24) hours.

**NOTE:** CAPTA still requires a Plan of Safe Care for all infants born affected by prenatal drug abuse (See Executive Directive SPP 2004 -05 issued June 18, 2004, located in CHRISNet under “DCFS Exe Directives”).

## **ORAL SEX (Priority I)**

### **I. Definition**

Any contact, however slight or the attempted contact between the sex organs of one person and the mouth of another person when one of those persons is a child. This includes acts commonly known as cunnilingus and fellatio.

This form of maltreatment does not require that the offender be a caretaker of the child.

### **II. Taking a Report**

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been involved in oral sex.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
  - The adult victim;
  - A law enforcement officer;
  - The victim's counselor or therapist; or
  - The offender's counselor or therapist.

### **B. Usage**

The reporter has reason to believe that oral sex resulted from one of the following:

- A direct action by a parent or caretaker ten years of age or older (abuse); or
- A direct action by any person under any of the following circumstances:
  - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
  - (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender ; or
  - (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
  - (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

**NOTE:** Forcible Compulsion is defined as physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in oral sex (failure to protect).

### III. Founding a report

This allegation may be founded only after the Worker has:

- Verified that the child has been involved in oral sex, or the attempt to engage in oral sex; and
- Secured a preponderance of evidence that the oral sex, or the attempt occurred.

## **PINCHING, BITING OR STRIKING A CHILD IN THE GENITAL AREA: (Priority II)**

### I. Definition

Any act of pinching, biting or striking, directly or through clothing, a child's genital area or sex organs. The contact can be with by any part of the alleged offender or any object.

### II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was pinched, bitten or struck in the genital area as the result of maltreatment.

#### B. Usage

The reporter has reason to believe that the child was pinched, bitten or struck in the genital area as a result of one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in the child being pinched, bitten or struck in the genital area (failure to protect.)

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was pinched, bitten or struck in the genital area; and
- Secured a preponderance of evidence that the pinching, biting or striking of the child's genital area was sustained as a result of maltreatment as defined in Section I.

## **POISON/NOXIOUS SUBSTANCES (Priority I)**

### **I. Definition**

Poison is any substance, including mood-altering chemicals taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. This includes, but is not limited to any chemical used in, or generated during, the manufacture of methamphetamine. (Almost any substance, including water, can be poisonous if consumed in sufficient quantity; therefore, the term poison can include an excessive amount of an item rather than a specific group of substances);

Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions; or

Exposing a child to chemicals that have the capacity to interfere with normal physiological functions, including, but not limited to, chemicals used or generated during the manufacture of methamphetamine.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child consumed, inhaled or was exposed to poison and/or a noxious substance as the result of maltreatment.

#### **B. Usage**

The reporter has reason to believe the child was poisoned or ingested, inhaled or was exposed to a noxious substance as a result of one of the following:

- The parent or caretaker does a direct, non-accidental action (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child consuming, inhaling or being exposed to poison or a noxious substance (failure to protect).
- The offender blatantly disregards his responsibilities for the child's welfare (neglect).

### **III. Founding a report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has consumed, inhaled or been exposed to, poison or a noxious substance (as verified by chemical analysis or by a direct admission from the alleged offender); or
- Verified that a child has been physically present, or has been in the location, during any phase of the manufacturing of methamphetamine or other illegal drugs, and
- Secured a preponderance of evidence that the consumption, inhaling, or exposure to the poison or noxious substance was the result of maltreatment as defined in Section

**NOTE:** See Appendix VIII (Protocol for Family Service Workers) in the DCFS Policy Manual. It explains how to respond to children exposed to methamphetamine or methamphetamine lab related chemicals.

## **PORNOGRAPHY/LIVE SEX ACT EXPOSURE (Priority I)**

### **I. Definition**

The parent, caretaker or person forces, permits or encourages a juvenile to view or observe:

- Pictures, movies or videos that lack serious literary, artistic, political, or scientific value and that, when taken as a whole and applying contemporary community standards, would appear to the average person to appeal to the prurient interest; or
- Material which depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political or scientific value; or
- Any live human sexual activity.

### **II. Taking a Report**

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
  - The adult victim;
  - A law enforcement officer;
  - The victim's counselor or therapist; or
  - The offender's counselor or therapist.

### **B. Usage**

The reporter has reason to believe that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.

### **III. Founding a Report**

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.



## **SEXUAL CONTACT (Priority I)**

### **I. Definition**

Any act of sexual gratification involving the touching, directly or through clothing, of the sex organs, or buttocks, or anus of a person or the breast of a female. This includes encouraging of the child to touch the offender in a sexual manner. This further includes the offender requesting to touch the child in a sexual manner. Normal affectionate hugging will not be construed as sexual contact.

### **II. Taking a Report**

- A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been the victim of sexual contact. Evidence of sexual gratification is not necessary when taking or accepting a report.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
  - The adult victim;
  - A law enforcement officer;
  - The victim's counselor or therapist; or
  - The offender's counselor or therapist.

### **B. Usage**

The reporter has reason to believe that sexual contact resulted from one of the following circumstances:

- (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
- (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender ; or
- (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
- (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

Forcible Compulsion is physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in sexual contact (failure to protect).

## II. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child has been the victim of sexual contact.
- There must be evidence of sexual gratification. Evidence of sexual gratification may be inferred from the attendant circumstances surrounding the specific complaint of child maltreatment.
- Normal affectionate hugging will not be construed as sexual contact.

## **SEXUAL EXPLOITATION (Priority I)**

### I. Definition

Allowing, permitting, or encouraging participation or depiction of the child in prostitution, obscene photography, obscene filming, or obscenely depicting, obscenely posing, or obscenely posturing a child for any use or purpose.

This form of maltreatment does not require that the offender be a caretaker of the child.

### III. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been sexually exploited.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
  - The adult victim;
  - A law enforcement officer;
  - The victim's counselor or therapist; or
  - The offender's counselor or therapist.

### B. Usage

The reporter has reason to believe that a child has been sexually exploited.

The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in sexual exploitation. (Failure to protect).

### III. Founding a report

This allegation may be founded only after the Worker has:

- Verified that the child has been sexually exploited; and
- Secured a preponderance of evidence that the sexual exploitation occurred.

## **SEXUAL PENETRATION (Priority I)**

### **I. Definition:**

Any penetration, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person when at least one of the persons involved is a child. This includes acts commonly known as anal penetration, digital penetration, coition, coitus and copulation.

This form of maltreatment does not require that the offender be a caretaker of the child.

### **II Taking a report**

#### **A. An acceptable reporter is any person with reasonable cause to suspect that a child was sexually penetrated as a result of maltreatment.**

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
  - The adult victim;
  - A law enforcement officer;
  - The victim's counselor or therapist; or
  - The offender's counselor or therapist.

#### **B. Usage**

The reporter has reason to believe that sexual penetration of a child resulted from one of the following:

- A direct action by any person under any of the following circumstances:
  - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
  - (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender; or
  - (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
  - (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

Forcible Compulsion – physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable and prudent efforts

to prevent an action by another person, which resulted in sexual penetration (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child was sexually penetrated; and
- Secured a preponderance of evidence that the sexual penetration or attempted sexual penetration occurred.

**SHAKING A CHILD AGE FOUR OR OLDER** (Priority II)

I. Definition

The parent or caretaker uses one or both hands to violently and rapidly intentionally or knowingly move the body of a child age four or older in a back and forth, side to side or up and down motion.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child ages four or older has been intentionally or knowingly shaken by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child ages four or older has been shaken by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child age four years or older has been intentionally or knowingly shaken by a parent or caretaker causing an injury.

**SHAKING A CHILD AGE THREE OR YOUNGER** (Priority II)

I. Definition

The parent or caretaker uses one or both hands to violently and rapidly intentionally or knowingly move the body of a child age three or younger in a back and forth or up and down motion.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that children age three or younger has been intentionally or knowingly shaken by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child ages three or younger has been shaken by a parent or caretaker.

### III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child age three years or under has been intentionally or knowingly shaken by a parent or caretaker with or without causing an injury.

## **SPRAINS/DISLOCATIONS (Priority II)**

### I. Definition

Sprain: trauma to a joint, which causes pain and disability depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are rapid swelling, heat, and disability, often discoloration and limitation of function.

Discoloration: the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. The types include:

- Complicated dislocation: a dislocation associated with other major injuries.
- Compound dislocation: a dislocation in which the joint is exposed to the external air.
- Closed dislocation: a simple dislocation.
- Complete dislocation: a dislocation that completely separates the surfaces of a joint.

### II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a sprain or dislocation as a result of maltreatment.

#### B. Usage

The reporter has reason to believe that a sprain or dislocation resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child sustaining a sprain or dislocation (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a sprain or dislocation or had a sprain or dislocation in the past (such verification must come from a physician, registered nurse, or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the sprain or dislocation was sustained as a result of maltreatment as defined in Section I.

## **STRIKING A CHILD AGE SEVEN OR OLDER ON THE FACE OR HEAD (Priority II)**

### **I. Definition**

The victim child, age seven or older, has sustained a blow to the face or head inflicted intentionally or knowingly by a parent or caretaker with either an open hand or an object.

### **II. Taking a Report**

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been intentionally or knowingly struck on the face or head by a parent or caretaker.

### **B. Usage**

The reporter has reason to believe that a child has been intentionally or knowingly struck on the face or head by a parent or caretaker.

### **III. Founding a Report**

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child ages seven or older has been intentionally or knowingly struck on the face or head by a parent or caretaker causing a physical injury.

**NOTE:** Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

**NOTE:** The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable and moderate.



## **STRIKING A CHILD AGE SIX OR YOUNGER ON THE FACE OR HEAD (Priority II)**

### **I. Definition**

The victim child aged six years or younger has sustained an intentional or knowing blow to the face or head inflicted by a parent or caretaker with either an open hand or an object.

### **II. Taking a Report**

A. An acceptable reporter is any person with reasonable cause to suspect that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker.

#### **B. Usage**

The reporter has reason to believe that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker.

### **III. Founding a Report**

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker with or without causing an injury.

## **STRIKING A CHILD WITH A CLOSED FIST (Priority II)**

### **I. Definition**

The parent or caretaker has used a clenched hand to intentionally or knowingly hit the child on any part of his body.

### **II. Taking a Report**

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been intentionally or knowingly struck with a fist by a parent or caretaker.

#### **B. Usage**

The reporter has reason to believe that the child has been intentionally or knowingly struck with a fist by a parent or caretaker.

### III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that the child has been intentionally or knowingly struck and physically injured by a parent or caretaker with a closed fist.

**NOTE:** Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

**NOTE:** The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable and moderate.

### **SUBDURAL HEMATOMA (Priority I)**

#### I. Definition

Hematoma is a swelling or mass of blood (usually clotted) confined to an organ, tissue, or space and caused by a break in a blood vessel.

Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain).

A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in loss of consciousness, seizures, mental or physical damage, or death.

#### II. Taking a report

A. Acceptable reporters are medical personnel, medical facilities or pediatric facilities with reasonable cause to suspect that a child sustained a subdural hematoma as the result of maltreatment.

#### B. Usage

The reporter has reason to believe that the subdural hematoma resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in a subdural hematoma (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a subdural hematoma or has sustained a subdural Hematoma in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the subdural hematoma was sustained as a result of maltreatment as defined in Section I.

## **SUBSTANCE MISUSE (Priority II)**

### I. Definition

The consumption of a substance capable of intoxication to the extent that it observably affects the child's health, behavior, motor coordination, judgment, or intellectual capability. This may include such mood altering chemicals as cannabis (marijuana), hallucinogens, stimulants (including cocaine), sedatives (Valium), narcotics, or inhalants, alcohol (except alcohol given a child during a recognized religious ceremony or service); over-the-counter drugs (if a person purposely administers an overdose to a child or purposely gives an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug.

Examples of substance misuse may include, but are not limited to:

- Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, or methaqualude or encouraging, insisting, or permitting a minor's consumption of the above substances.
- Giving any mood altering substance, including alcohol or sedatives (unless prescribed by a physician) to an infant or toddler.
- Encouraging, assisting, or permitting a child to consume alcohol, drugs, or another mood altering substance.
- Encouraging, assisting, or permitting an adolescent to consume alcohol, drugs, or another mood altering substance.
- Encouraging, assisting, or permitting any minor to consume alcohol, drugs, or another mood altering substance, even if on an infrequent basis.

## II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has consumed a mood altering substance as a result of maltreatment.

### B. Usage

The reporter has reason to believe that the substance misuse resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- One or more of the foregoing persons encouraged or assisted the child's consumption of the mood altering substances.
- The failure of the parent or caretaker to make reasonable efforts to stop another person from giving mood-altering substances to the child (failure to protect).
- A blatant disregard to responsibilities for the child's welfare. This includes the failure of the parent or caretaker to take reasonable actions to prevent the child from misusing mood altering substances (neglect).

### C. Factors to be considered

The following factors should be considered when determining whether a child is involved in substance misuse:

- Age of child.
- Frequency of substance misuse.
- Amount of substance consumed.
- Degree of behavior dysfunction, or physical impairment linked to substance misuse.
- The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions.
- Whether the parent's or caretaker's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances.

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child is currently involved in or has been involved in substance misuse; and
- Secured a preponderance of evidence that the substance misuse was the result of maltreatment as defined in Section I.
- Applied the factors in Section II, C, above and determined that the substance misuse is significant enough to constitute child abuse and neglect.

## **SUFFOCATION (Priority I)**

### I. Definition

The parent or caretaker intentionally or knowingly uses any means to interfere with a child's ability to breathe. This includes, but is not limited to choking the child, compressing the child's chest, placing a binding material around the child's neck or covering the child's nose and mouth with a hand or other object that restricts breathing.

### II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been suffocated as a result of maltreatment.

#### B. Usage

The reporter has reason to believe suffocation resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another that resulted in suffocation (failure to protect).

### III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been suffocated.
- Secured a preponderance of evidence that the suffocation occurred as a result of maltreatment as defined in Section I.

## **THREAT OF HARM (Priority I)**

### **I. Definition**

Conduct of the parent or caretaker creating a realistic and serious threat of death, permanent or temporary disfigurement, impairment of any bodily organ, or an injury to a juvenile's intellectual, emotional or psychological development as evidenced by observable and substantial impairment of the juvenile's ability to function within the juvenile's normal range of performance and behavior.

### **II. Taking a report**

A. An acceptable reporter is any person with reasonable cause to suspect that a parent or caretaker's conduct has created a realistic and serious threat of harm.

#### **B. Usage**

The reporter has reason to believe that the parent or caretaker's conduct created a realistic and serious threat of harm that resulted from one of the following:

- A non-accidental action of the parent or caretaker.
- An intentional or knowing act of the parent or caretaker.

### **III. Founding a Report**

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident occurred; and
- Determined that the child is/was facing a realistic and serious threat of harm; and
- Secured a preponderance of evidence that the parent or caretaker created a significant and realistic threat of harm as defined above in

## **THROWING A CHILD (Priority II)**

### **I. Definition**

The parent or caretaker of the child has thrown, hurled or flung the child into an object or across a space.

### **II. Taking a Report**

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been thrown, hurled, or flung by a parent or caretaker.

### **B. Usage**

The reporter has reason to believe that the child has been thrown, hurled, or flung into an object or across space by his parent or caretaker.

### **III. Founding a Report**

This allegation of maltreatment may be founded only after the Worker has:

- Secured a preponderance of evidence that the child was thrown, hurled, or flung by a parent or caretaker into an object or across space and a physical injury occurred.

**NOTE:** Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

**NOTE:** The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable and moderate.

## **TYING/CLOSE CONFINEMENT: (Priority II)**

### **I. Definition**

Tying a child to a fixed (or heavy) object, or binding or tying a child's limbs together.

Examples include, but are not limited to:

- Tying one or more limbs to a bed, chair, or other object except as authorized by a licensed physician.
- Tying a child's hands or legs together.

## II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was tied or closely confined as the result of maltreatment.

### B. Usage

The reporter has reason to believe that the child was tied or closely confined as a result of one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child being tied or closely confined (failure to protect.)

## III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was tied or closely confined; and
- Secured a preponderance of evidence that the tying or close confinement was sustained as a result of maltreatment as defined in Section I. If the alleged offender contends that reasonable tying/close confinement was recommended by a physician or psychiatrist as a suggested means to ensure the child's safety or control the child's behavior, this must be verified by the physician or psychiatrist.



## **UNDERAGED JUVENILE AGGRESSOR (UNDER 10 YEARS OF AGE) (Priority I)**

### **I. Definition:**

Sexual abuse by a child younger than ten (10) years of age of another child younger than eighteen (18) years of age. The sexual abuse may be any of the following acts:

- Any contact or attempted contact between the sex organ of one child and the mouth of another child.
- Any act of sexual gratification involving the touching, directly or through clothing, of the sex organs, buttocks or anus of another child or the breast of a female child.
- Any penetration, however slight, of the anus or mouth of another child by his penis
- The penetration of the labia majora or anus of another child by any body member or foreign instrument manipulated by the child being assessed.

### **II. Taking a Report**

A. An acceptable reporter is any person, who has reasonable cause to suspect that a child (under age 10 years) has sexually abused another child

B. Usage

The reported age of the child being investigated is under the age of 10.

### **III. Founding a Report**

A determination may be made only after the Worker has:

- Established the exact age of the child being assessed and whether or not he/she has sexually abused (such as the behaviors listed above) another child; and
- Secured a preponderance of evidence that the sexual abuse or attempted sexual abuse either occurred or did not occur.

The overall finding or determination will be one of the following:

- **Unfounded** (unsubstantiated) - If there is no preponderance of evidence that the sexual abuse occurred.
- **Exempt From Finding** (under ten years of age) – There is a preponderance of evidence that the sexual abuse occurred AND the child being assessed is less than ten (10) years old.

**NOTE:** If there is a preponderance of evidence that the sexual abuse occurred AND the child being assessed is ten (10) years of age or older, then an overall finding or determination of “True” will fall under one of the following types of sexual child maltreatment, whichever is most appropriate –

1. Oral Sex
2. Pornography/Live Sex Act Exposure
3. Sexual Contact
4. Sexual Exploitation
5. Sexual Penetration

## INITIAL CHILD MALTREATMENT POLICIES AND PROCEDURES

The following list sets out those sections of Policy and Procedure that pertain to child maltreatment assessments. **This information is current as of August 21, 2009.**

**POLICY I-F: Confidentiality** (related to confidentiality of information in maltreatment reports)

**POLICY II-C: Child Abuse Hotline for Child Maltreatment Reports**

Procedure II-C2: Related to taking a report if a person contacts the county office and will not or cannot call the Hotline

**POLICY II-D: County Office Assessment of Child Maltreatment Reports**

All related procedures (II-D1 through II-D12)

**POLICY II-E: Medical Neglect of a Disabled Infant**

All related procedures

**POLICY II-H: Division of Developmental Disabilities Services Children's Service Referrals**

Procedure II – H1: DDS Referrals for Services – related to making DDS referral for early intervention on children under the age of 3 years if there is a true finding of maltreatment.

**POLICY II-J: Protection Plans**

Procedure II-J1 through II-J2

**POLICY III-B: Notification of Relatives When a Child is Taken Into Custody by the Division**

Procedure III –B1 (coupled with Policy XIV below)

**POLICY IX-A: Internal Review and Administrative Hearing Process**

Procedures IX-A1 through IX-A7

**POLICY IX-B Child Death, Near-Fatalities and Significant Injury**

Procedures IX-B1 through IX-B7

**POLICY XIV: Child Maltreatment Notifications**

Procedure XIV-A1 through XIV-A7

**Glossary**

**Maltreatment Statute – for definition of Severe Maltreatment**

**Protocols on CHRISNet:**

**CACD/DCFS Interface**

**CHRIS CACD Has Primary Responsibility of Investigation**

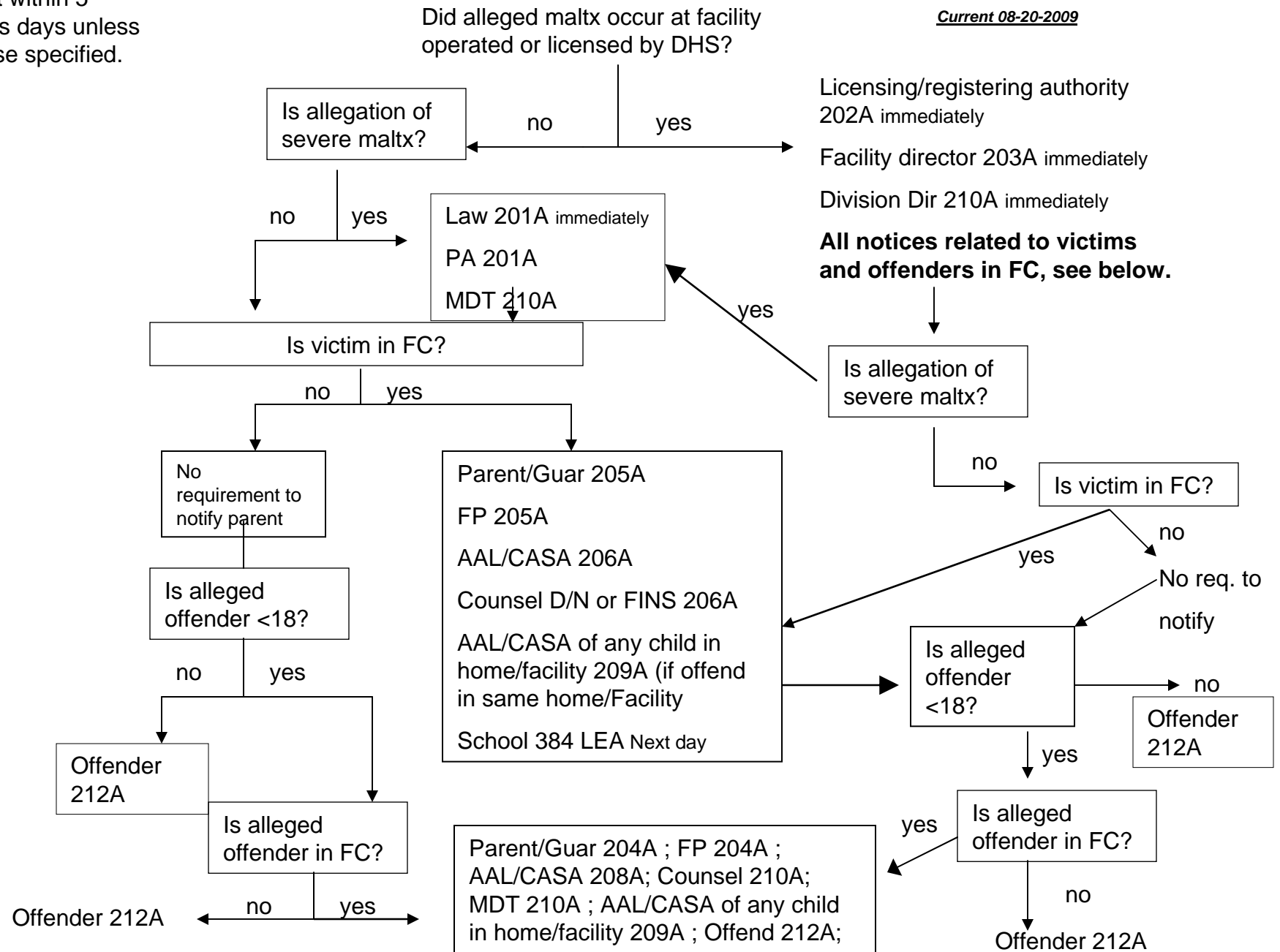
**Safety And Risk Assessment (in conjunction with POLICY II-d and II-J)**

**CHRISNET for forms related to initial maltreatment assessments**

All notices of allegations are sent within 5 business days unless otherwise specified.

# Notice of Allegations

Current 08-20-2009

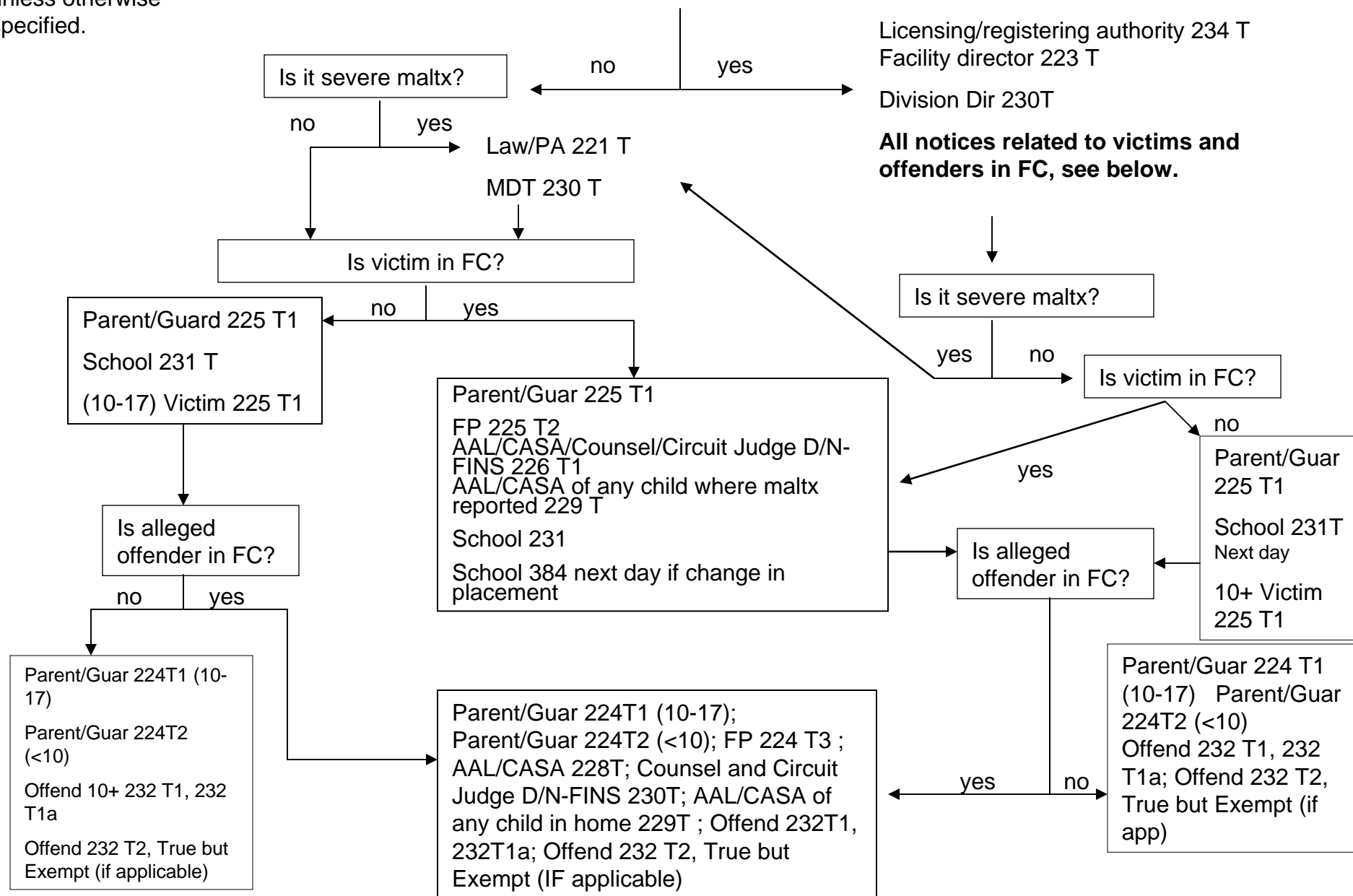


# Notices of True Findings of Child Maltreatment

All notices for True Findings sent within 10 days of determination unless otherwise specified.

## Notice of TRUE Findings

Did maltx occur at facility operated or licensed by DHS?



Unsubs are sent in 10 business days from date of determination unless otherwise noted

Did maltx occur at facility operated or licensed by DHS?

## Notice of Unsubstantiated

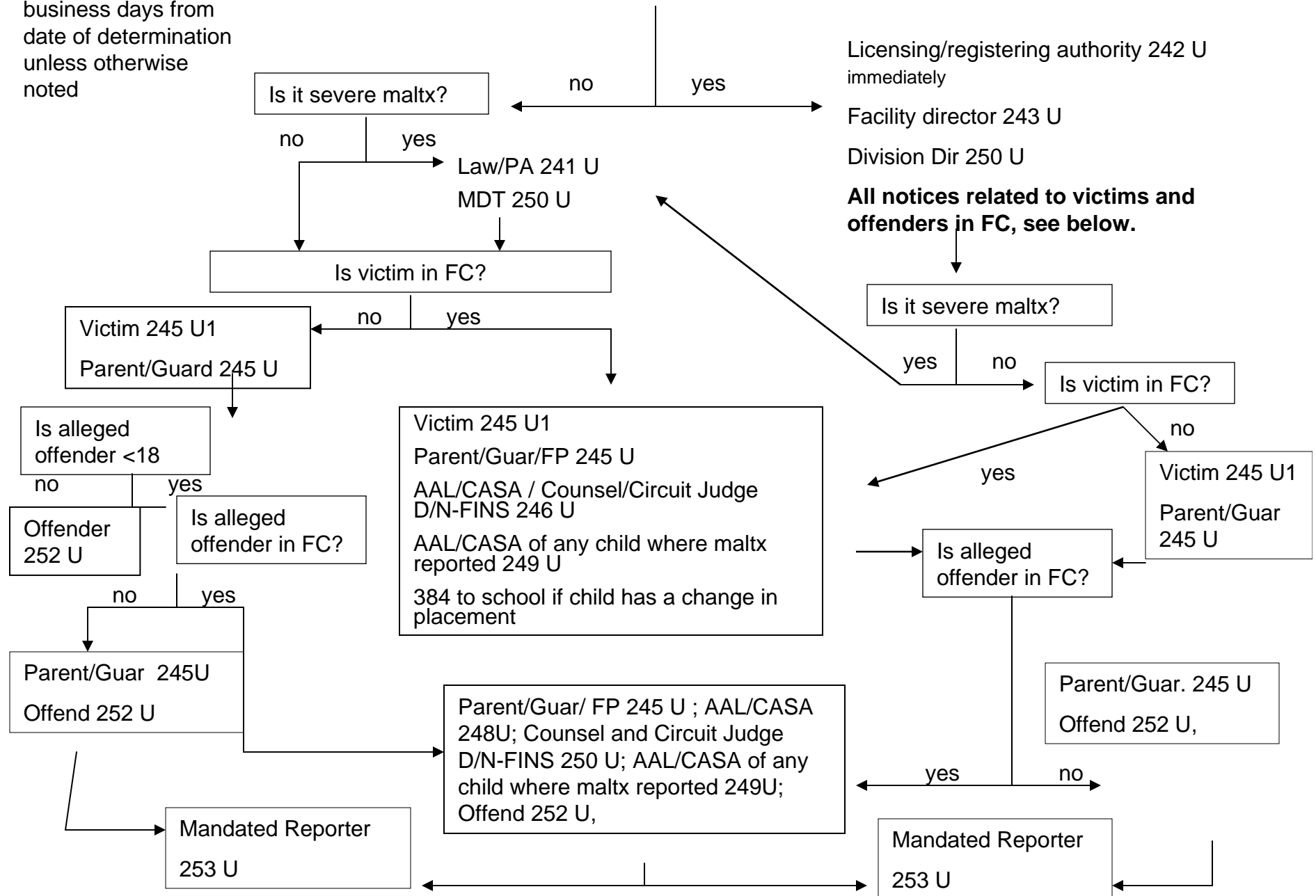
Current 08-20-2009

Licensing/registering authority 242 U immediately

Facility director 243 U

Division Dir 250 U

**All notices related to victims and offenders in FC, see below.**



# JOB AIDS



# **JOB AIDS**

- 1. Suspected Child Maltreatment Reporting Form (Fax)**
- 2. Visual Inspection of Children**
- 3. Investigator's Survival Kit: On Call Grab Bag**
- 4. Note pages for Interviews**
  - Collateral**
  - Victim**
  - PRFC/Offender**
- 4. Investigation Time Lines**
- 5. Checklist**
  - Regular Investigation**
  - Multi-county or multi-agency Investigation**
  - Investigation When a Child Comes into Custody on a 72 Hour Hold**
- 6. Protection Plan Work AID**
- 7. Photo Documentation**



# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

Please Print or Type

And Fax to;

1-501-618-8952

\* INDICATES MANDATORY FIELDS

\*Note That this form is to be used for non-emergency use only

Reporting party	<b>*Name of Reporter</b>		<b>Title</b>	
	<b>Reporters Address</b>			
	<b>Street</b>	<b>City</b>	<b>ZIP</b>	
	<b>*Phone Number</b>		<b>*Date of Report</b>	
<b>*Did Mandated Reporter witness the incident?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>				
Victim Information	<b>Name (last, first, middle)</b>		<b>DOB or Approx age</b>	<b>Sex</b>
	<b>Address</b>	<b>Street</b>	<b>City</b>	<b>ZIP</b>
				<b>Phone</b> ( )
	<b>*Present location of the victim</b>		<b>School or Daycare</b>	
#2 VIC	<b>Relationship to alleged Offender</b>		<b>Child in Foster Care?</b>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
#2 VIC	<b>Name (Last, first, middle)</b>		<b>DOB or Approx age</b>	<b>Sex</b>

**DEMOGRAPHIC ROLES:**

A/V = Alleged Victim

A/O = Alleged Offender

PFRC = Person Responsible for Care (of the victim child)

Sibling = Sibling to the victim child

Other Person = A person living in the home

With the victim child not already mentioned

#1	Name	Race	Sex
Role in Referral		Address	Age/DOB
#2	Name	Race	Sex
Role in Referral		Address	Age/DOB
#3	Name	Race	Sex
Role in Referral		Address	Age/DOB
#4	Name	Race	Sex

<b>Role in Referral</b>		<b>Address</b>		<b>Age/DOB</b>	
#5	<b>Name</b>		<b>Race</b>		<b>Sex</b>
<b>Role in Referral</b>		<b>Address</b>		<b>Age/DOB</b>	
<b>Incident Information</b>	<b>Date/time of incident</b>		<b>Place of incident</b>		
	Narrative- Please include the following: What Happened; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? Where is child now?				

## **VISUAL INSPECTION OF CHILDREN**

### **Maintaining the Dignity of the Child**

#### **CODE CITATION: 12-18-608**

The Maltreatment Act requires DCFS to make a visual inspection of children if there is an allegation of abuse, neglect or sexual abuse taken by the Hotline for investigation. The DCFS Family Service Worker assessing this situation must find a way to insure the safety of the child while still allowing the child to retain his or her dignity. The following are suggestions when a visual inspection of a child is required to assess alleged physical abuse:

- **Establish rapport before asking to see alleged injuries.**
  - Take the time to engage the child before asking to see any part of the child's body that may be covered by clothing.
  - As part of the engagement process, tell the child who you are, and what you do.
  - Get on the child's level.
  - Rapport building is also a foundation of good interviewing so it is time well spent.
  
- **Consider whether to have another adult present in the room. 12-18-608 gives permission to limit who sits in on the interview but does not prohibit permitting a supportive adult.**
  - What is the developmental level of the child?
  - Will the child be more comfortable if there is a trusted adult present while you assess injuries?
  - If the alleged victim is a teenager, do you need a witness to protect against allegations that you engaged in inappropriate touching?
  - Is there a gender issue – especially a teenager being assessed by an opposite gender worker?
  - Is there a trusted adult present?

- Under no circumstances should the alleged offender or the alleged offender's attorney be present while the visual inspection is occurring.
- **Conduct the visual inspection in a place that is private and free from interruptions.**
- **Explain to the child what you are doing.**
  - "I heard that you had some bruises (marks, boo-boos, owies). I need to talk to you about what happened."
  - "I will need to take some pictures of these bruises (if any are found)."
  - "I will need to look at your body where you have bruises."
  - Use developmentally appropriate language.
  - Be prepared to answer questions about whether Mommy and Daddy will know, who will see the pictures and whether the child is in trouble.
  - Reassure the child he or she is not in trouble.
- **Do not make the child disrobe completely.**
  - Inspect the body in pieces. For example, tell the child, "I need to look at your back. Will you lift up your shirt so I can see your back?" Then let the child lower the shirt and move to another part of the body.
  - Use discretion about asking to see the buttocks and/or genital area (penis or labia majora). A good rule of practice is only look at the buttocks and genital area if the report indicates these areas have been injured or if the child tells you there are injuries. However, if the child has multiple marks on all other body surfaces or tells you he/she was hit on the buttocks or genitals, a visual inspection of the buttocks and exterior genital area is warranted.
  - ***Do not under any circumstances attempt an examination of the vagina or the anus. If there is an allegation of injuries to these body areas, it must be assessed by a physician (preferably one with experience in pediatric examinations).***

- Allow the child to keep his or her underwear on if you must view the legs. If you need to see under the underwear, pull it gently aside.
- **Notify the parents as soon as possible after seeing the child.**
  - The Maltreatment Act permits DCFS workers to see the child and talk with the child without parental notification first. However, it makes sense to contact them as soon as possible after the child has been seen to let them know you have been to see their child.
  - This notification takes the child out of the role of having to keep a secret about an adult looking at his or her body.
  - It gives the worker an opportunity to hear the parents' account of what happened (or if the child had no injuries, to explain why the worker had been to see the child).
  - It gives the worker an opportunity to answer any questions the parents have about what the worker did with the child.
  - It provides an opportunity to assess the parent's ability/willingness to protect the child from further harm.
- **Be honest with the child.**
  - Do not promise that everything will be all right – that is out of your power to control.
  - Do not promise that Mommy or Daddy (or whoever was the offender if the allegation has merit) will not get into trouble.
  - If you are going to have to share the pictures with law enforcement or another agency, let the child know (depending on age).

## INVESTIGATOR'S SURVIVAL KIT ON-CALL GRAB BAG

### GENERAL FORMS

- |  |  |
|--|--|
| 1. CFS-6052 – Referral Snapshot<br><b>Warning:</b> Reporter's name is on this form   | 6. CFS-6003 – Report to PA – <i>carry a blank copy as a reminder of information needed</i>   |
| 2. CFS-212-A: Notice of Child Maltreatment Allegation (Alleged offender)   | 7. CFS-327a – Body Diagram   |
| 3. CFS 323 – Protective Custody/ Parental Notification   | 8. DHS-81 – Release of Information or DHS-4000, Authorization to Disclose Health Information |
| 4. Health & Safety Checklist (print blank form From CHRIS)   | 9. DHS-4000- HIPPA release   |
| 5. There are 12 Notification forms that can be used in an initial assessment depending on circumstances. Check CHRISNet and Flow Charts. |  |

### MEDICAL PASSPORT FORMS

- |   |   |
|---|---|
| 1. CFS-366 – Health Screening<br><i>to be completed by medical provider</i> | CFS-353 – Requested Medical Records Log |
| 2. CFS-362 – Medi-Alert to Foster Care Provider                             | CFS-368 – Child's Health Services Plan  |

### FOSTER PARENT FORMS

- |  |   |
|--|---|
| 1. CFS-6007 – Placement Provider Information Report (From CHRIS) | 2. CFS-462a– Foster Home Agreement Addendum |
|--|---|

### PUBLICATIONS

- |   |   |
|---|---|
| 1. PUB-052 – Child Protective Services: A Caregiver's Guide | 4. PUB-035 – Child Maltreatment: The Arkansas Law and Child Protective Services |
| 2. PUB -011 – Your Child and Foster Care                    | 5. Maltx Statute – copy in training material                                    |
| 3. PUB-357 Investigative Protocol                           |   |

### EQUIPMENT

- |  |   |
|--|---|
| 1. Camera, extra film, batteries               | 4. Ruler with name of worker and DHS printed in red, used for reference in photos |
| 2. Engagement toys – paper, crayons, markers   | 5. Injury Assessment Chart or Portable Guides from OJJDP                          |
| 3. Ink pens, paperclips, business cards, badge | 6. Maps – city and county   |

### TELEPHONE NUMBERS

Crimes Against Children Division (CACD)  
Child Abuse Hotline 1-800-482-5964  
List of staff/supervisors' home numbers  
Juvenile Intake Worker, PA, Juvenile Judge

Resource numbers: Battered Women's Shelter,  
homeless shelters, food banks, churches, suicide  
hotlines

### ADDRESSES

After hours directory  
Pager access information and beeper numbers  
Emergency numbers – OCC, law enforcement  
Foster home list with telephone numbers and  
addresses



## Process

### A. Initiate the Assessment

1. Confirm the alleged offender is a Parent/Caregiver/Relative in Caregiving Role (unless it is a sexual abuse allegation)
2. Immediate Response to:
  - Parent making self-referral
  - Allegations of abuse to infants and toddlers
  - Failure to Thrive
  - Small children left alone
  - Reports of bizarre or psychotic behavior by parents
  - Abandonment
  - Allegations of bizarre or sadistic nature
  - Child reporting self
3. Notify law enforcement on Priority I reports; arrange for joint assessment if possible. If you are secondary, be available to assess safety.
4. The assessment is initiated by interviewing the alleged victim (alone) unless victim is unable to be interviewed. Must see alleged victim.
5. If physical abuse, complete body diagram and photograph injuries.
6. If denied access to a school or facility to interview, contact OCC attorney.
7. Interview parents and alleged offender.
8. Interview collateral sources as indicated.
9. If the alleged offender is an employee of a child care facility, school or any organization where he or she has access to children, see Policy XIV for additional notifications

### B. Assess Safety and Risk to the Child

1. Assess safety with caregiver.
2. Make a plan for immediate protection.
  - a. Remain in home and if so, is
    - i. An order of protection needed
    - ii. Is an order of less than custody needed (must be severe maltreatment allegation – when in doubt, check with OCC)
    - iii. Is a viable safety plan in place
  - b. 72 hour protective custody
  - c. Other (hospital takes 72 hour hold)

- d. Remember the requirement for emergency custody is immediate danger of **severe** maltreatment.
3. If 72 hour custody, the child must be placed in an approved foster placement. Follow Procedure II-D-9: Protective Custody of Child in Immediate Danger.
4. Seek medical evaluation as indicated by situation and by policy (within 24 hours for severe maltreatment). Ask medical provider to complete CFS-366, Initial Health Screen.

**C. Placement**

1. Locate appropriate substitute care placement.
2. Give caregiver CFS-6007, Placement Provider Information Report (or CFS-362 Medi-Alert) and all pertinent information about the child.
3. Have caregiver sign the CFS-462A, Foster Home Agreement Addendum.

**D. Runaways**

If the child cannot be located within approximately two hours, notify the supervisor and area manager. Then notify the local police and file a pickup order. Notify the OCC attorney, the child's attorney and the parents within 12 hours of discovering the child is missing. Complete DHS-1910, Incident Report.



## VICTIM INTERVIEW

Date of Interview:  
Time of Interview:

Type of Contact:  
Location of Interview:

Name:

Address:

Phone:

DOB:

SSN:

Others present During Interview:

Information Provided:

- a. What Happened (from the child's perspective)?
- b. When/Where?
- c. Other Abuse/Neglect Effects
- d. Others with Information

What is Child's Current Physical Condition/Functioning?

Worker Observations:

Additional Information:

## PRFC/OFFENDER INTERVIEW

<b>Date of Interview:</b> <b>Type of Contact:</b> <b>Time of Interview:</b> <b>Location of Interview:</b>  <b>Name:</b>  <b>Address:</b>  <b>Phone:</b>  <b>DOB:</b>  <b>SSN:</b>  <b>Others present During Interview:</b>  <b>Information Provided:</b> a. What Happened  b. Response to Incident  c. Prospect of Accepting Responsibility  d. What is PFRC/Alleged Offender's current functioning level?  <b>Worker Observation:</b>     <b>Additional Information:</b>	<b>Date of Interview:</b> <b>Type of Interview:</b> <b>Time of Interview:</b> <b>Location of Interview:</b>  <b>Name:</b>  <b>Address:</b>  <b>Phone:</b>  <b>DOB:</b>  <b>SSN:</b>  <b>Others Present During Interview:</b>  <b>Information Provided:</b> a. What Happened  b. Response to Incident  c. Prospect of Accepting Responsibility  d. What is PFRC/Alleged Offender's current functioning level?  <b>Worker Observation:</b>     <b>Additional Information:</b>
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**TIMELINE: PRIORITY I ASSESSMENTS (IN-HOME OFFENDER or NON-INSTITUTIONAL SEXUAL ABUSE)**

<b>POLICY/PROCEDURE</b>	<b>FORMS</b>	<b>MALTX ACT</b>
<b>First 24 Hours</b>		
Report received in county office – either on CHRIS or direct call; assign Priority I level of response Initiate within <b>24 hours</b> (from the time keyed into CHRIS)	CHRIS	12-18-103 12-18-602
Acknowledge receipt of Priority I w/in 2 working hours. Check workload @ minimum of once in a.m. and once in p.m. Print out the Initial Referral Snapshot	CHRIS CHRIS	PROCEDURE II-C2
Notify law enforcement (local law enforcement) immediately. Notify prosecuting attorney (PA) and MDT within 5 working days. Refer to POLICY XIV for other required notifications which will vary from case to case.	CHRIS – Document Tracking Notice of Child Maltreatment Allegation (Policy XIV) CHRISNet Template ( <b>hard copy file</b> )	12-18-503
Interview reporter if possible (by phone is permissible but least preferred) (Failure to identify/interview collaterals was a frequent deficiency in federal reviews.)	CHRIS – collateral interview	12-18-605 (relevant person)
Interview victim child (ren) face to face; outside presence of alleged offender <b>within 24 hours</b> (also outside the presence of alleged offender's attorney)	CHRIS – victim interview screen (each victim); date in date field <b>must be within 24 hours of assignment</b> ; victim interview must be entered into CHRIS for investigation to be initiated	12-18-608 (b) (1)
Complete records checks – Central Registry via CHRIS (prior report), local records	Document in Interview Screens – additional info (depends on who was checked)	12-18-606 (extent of previous injuries)
Contact parents within 24 hours of contact with child (ren)	Document in interview screen CHRIS	
Provide parents written notification if you take protective custody	CFS – 323 Protective Custody/Parental Notification	PROCEDURE II-D9
Provide Parents written notification if you return children from protective custody within the 72 hour period	CFS – 336 Expiration of Protective Custody	PROCEDURE II-D9
Assess for need for medical exam – see PROCEDURE (II-D4) <ul style="list-style-type: none"> <li>If the allegation is sexual abuse an exam is required unless there is an exemption by the Area Manager</li> <li>Obtain release of information if parents will sign (if parents will not sign records</li> </ul>	Document in medical information in child's medical visits screen <a href="#">DHS-81 Release Form (Hard copy file)</a> DHS-4000 Authorization to Disclose Health	12-18-614, 12-18-615

- can be released according to law)
- Complete body diagram on physical abuse cases
- Take pictures as indicated
- If the child enters care there must be a medical evaluation within 24 hours (See Procedure VI-C1)

**Within 48 Hours (CACD is Primary)**

- Determine whether risk factors have been identified, and if yes, whether a protection plan is needed or whether the children must be removed
- Open Supportive Service case if there is a protection plan

**Within 30 Days**

Interview parents (custodial, non-custodial), caregivers, other children in the home, offenders face-to-face; provide notification

Interview all children in the household; assess need for medical evaluation of these children. See PROCEDURE II-D2

Obtain demographic information on all family members

Assess home environment including a visit to the residence; assess environmental risk factors

Identify/Interview collaterals

Complete Health and Safety Assessment on each child in the family [regardless](#) of case determination

Supervisory conference and case determination

Note: Policy requires that the CFS 6025 (Health and Safety Assessment); the CFS-6027 (Safety Response) and the 6026 (Risk Assessment) be completed. This sounds like they are forms but they are actually reports that print from the HSA (not from CHRIS Reports). So if the worker completes the HSA these "forms" are

Information (**hard copy file**)

CFS 327a–Physical Doc Body Diagram (**hard copy file**) victim/child interview screen –

CHRIS – victim interviews entered; Health and Safety Checklist (CACD); Safety Plan tab (DCFS) if there is a protection plan,

CACD/ DCFS Interface Protocol

PUB-052, Child Protective Services: A Caretaker's Guide, give notification – Doc Tkrg screen

CHRIS: Document- offender/perpetrator interview screen

CHRIS: Document parent(s) interview

CAPTA  
PROCEDURE II-D1;  
PROCEDURE II-D2  
Policy XIV  
12-18-616

CHRIS – sibling interview screen; other person in home if the child is not a sibling (Collateral)

12-18-606  
PROCEDURE II-D2

CHRIS – demographics screens for each client  
CHRIS \_ Relationship screens

12-18-606

Document – ask your supervisor which screens

12-18-606  
PROCEDURE II-D2

CHRIS - Document – collateral interview screen

12-18-605

CFS-6025 CHRIS

Complete:  
CHRIS: HSA

- Health and Safety Check list – all children regardless of case determination

12-18-1006  
PROCEDURE II-D3

covered.

Send Notifications. (Determination): Notification are now too numerous to list in a work aid. You must refer to both POLICY XIV and the instructions on various forms. The forms related to determination notifications will have one of these letters at the end of the form – T (True), U (unsubbed), O (Overturned on Appeal), N (Name placed on Central Registry)

One Exception: Case determination has an additional 30 days on institutional investigations to allow for assessment of offender's own children

#### Other required notifications

It is not possible to give exact dates in this section. The named offender has the right to appeal before being placed on the register. The 30 day count down starts on the date entered in document tracking when the the green postal card back was received from the certified letter. If he/she does not appeal, the forms on the right are sent 35 days from the day the green card was received. If they appeal, you wait for the decision from Appeals and Hearings before sending notice.

- Safety Plan
- Risk Assessment – True Report (both Scales)

CHRIS:

- Findings screen
- CFS-6003 (report to PA)
- Case connect screen (if case opened)
- Investigation closed screen
- Relations screens for each client

Complete for **hard copy file**

See policy XIV for time frames and forms  
(Depends on Investigation Determination)

- If True and offender is notified on CFS 232-T 1
  - Document Tracking dates become critical
  - Must be sent by certified mail
  - Must enter the date sent in Date Requested Field
  - Date the green card is received in Date Received.
- There are **numerous** other notifications; check policy requirements

12-18-703  
Policy XIV

12-18-616

12-18-703  
Policy XIV

**See CHRIS Desk Guide Cheat Sheets for Screen Paths to all CHRIS Work.**



## TIMELINE: PRIORITY II ASSESSMENTS (IN-HOME OFFENDER or NON-INSTITUTIONAL SEXUAL ABUSE)

POLICY/PROCEDURE First 72 Hours	FORMS	MALTX ACT
Report received in county office – either on CHRIS or direct call; assign Priority II level of response Initiate within <b>72 hours</b> (from the time keyed into CHRIS)	CHRIS	12-18-103 12-18-602
Acknowledge receipt of Priority II w/in 3 working hours. Check workload @ minimum of once in a.m. and once in p.m. Print out the Initial Referral Snapshot	CHRIS CHRIS	PROCEDURE II-C2
Check Policy XIV for required notifications – these will vary depending on the specifics of the case	CHRIS – Document Tracking See Policy XIV for notification forms CHRISNet Template ( <b>hard copy file</b> )	12-18-503
Interview reporter if possible (by phone is permissible but least preferred) (Failure to identify/interview collaterals was a frequent deficiency in federal reviews.)	CHRIS – collateral interview	12-18-605 (relevant person)
Interview victim child (ren) face to face; outside presence of alleged offender <b>within 72 hours</b> (also outside the presence of alleged offender's attorney)	CHRIS – victim interview screen (each victim); date in date field <b>must be within 72 hours of assignment</b> ; victim interview must be entered into CHRIS for investigation to be initiated	12-18-608
Complete records checks – Central Registry via CHRIS (prior report), local records	Document in Interview Screens – additional info (depends on who was checked)	12-18-606 (extent of previous injuries)
Contact parents within 24 hours of contact with child (ren)	Document in interview screen CHRIS Provide CFS-204-A/205-A	
Provide parents written notification if you take protective custody	CFS – 323 Protective Custody/Parental Notification	PROCEDURE II-D9
Provide Parents written notification if you return children from protective custody within the 72 hour period	CFS – 336 Expiration of Protective Custody	PROCEDURE II-D9
Assess for need for medical exam – see PROCEDURE (II-D4) <ul style="list-style-type: none"> <li>If the allegation is sexual abuse an exam is required unless there is an exemption by the Area Manager</li> <li>Obtain release of information if parents will sign (if parents will not sign records can be released according to law)</li> </ul>	Document in medical information in child's medical visits screen <a href="#">DHS-81 Release Form (Hard copy file)</a> DHS-4000 Authorization to Disclose Health Information ( <b>hard copy file</b> )	12-18-615; 12-18-614

- Complete body diagram on physical abuse cases
- Take pictures as indicated

CFS 327a–Physical Doc Body Diagram (**hard copy file**) victim/child interview screen – Procedure II—D2

**Within 30 Days**

Interview parents (custodial, non-custodial), caregivers, other children in the home, offenders face-to-face; provide notification

PUB-052, Child Protective Services: A Caretaker's Guide, give notification forms – Doc Tkrg screen  
CHRIS: Document- offender/perpetrator interview screen  
CHRIS: Document parent(s) interview  
12-18-616  
CAPTA  
PROCEDURE II-D1;  
PROCEDURE II-D2  
Policy XIV

Interview all children in the household; assess need for medical evaluation of these children. See PROCEDURE II-D2

Document – sibling interview screen; document non-related child in collateral screen  
12-18-606  
PROCEDURE II-D2

Obtain demographic information on all family members

CHRIS – demographics screens for each client  
CHRIS \_ Relationship screens  
12-18-606

Assess home environment including a visit to the residence; assess environmental risk factors

Document – ask your supervisor which screens  
12-18-606  
PROCEDURE II-D2

Identify/Interview collaterals

CHRIS - Document – collateral interview screen  
12-18-605

Determine whether there needs to be a Protection Plan (See Policy II-L)

CHRIS – Safety Plan tab (HSA)  
PROCEDURE II-D3

Complete Health and Safety Assessment on each child in the family regardless of case determination

CFS-6025 CHRIS  
12-18-1006  
PROCEDURE II-D3

Supervisory conference and case determination

Note: Policy requires that the CFS 6025 (Health and Safety Assessment); the CFS-6027 (Safety Response) and the 6026 (Risk Assessment) be completed. This sounds like they are forms but they are actually reports that print from the HAS (not from CHRIS Reports). So if the worker completes the HSA these “forms” are covered.

Complete:  
CHRIS: HSA  
• Health and Safety Check list – all children regardless of case determination  
• Safety Plan  
• Risk Assessment – True Report (both Scales)  
CHRIS:  
• Findings screen  
• CFS-6003 (report to PA)  
PROCEDURE II-D3

Send Notifications (Determination) Notification are now too numerous to list in a work aid. You must refer to both POLICY XIV and the instructions on various forms. The forms related to determination notifications will have one of these letters at the end of the form – T (True), U (unsubbed), O (Overturned on Appeal), N (Name placed on Central Registry)

- Case connect screen (if case opened)
- Investigation closed screen
- Relations screens for each client

Complete for **hard copy file**  
**See Policy XIV for time frames and forms**  
**(depends on Investigation Determination)**

12-18-703  
Policy XIV

- If True and offender is notified on CFS 232-T 1
  - Document Tracking dates become critical
  - Must be sent by certified mail
  - Must enter the date sent in Date Requested Field
  - Date the green card is received in Date Received.
- There are numerous other notifications; check policy requirements

12-18-616

One Exception: Case determination has an additional 30 days on institutional investigations to allow for assessment of offender's own children

Policy XIV  
PROCEDURE XIV-A7

#### **Other required notifications**

It is not possible to give exact dates in this section. The named offender has the right to appeal before being placed on the register. The 30 day count down starts on the date you enter in document tracking for when you received the green postal card back from the certified letter. If he/she does not appeal, the forms on the right are sent 30 days from the day the green card was received. If they appeal, you wait for the decision from Appeals and Hearings before sending notice.

**See CHRIS Desk Guide Cheat Sheets for Screen Paths to all CHRIS Work.**

## CHILD MALTREATMENT ASSESSMENT CHECKLIST 1

Tasks	Yes	No	Comments
<p>Is the allegation Priority 1 or severe maltreatment?</p> <p>If yes,</p> <ul style="list-style-type: none"> <li>Assessment initiated in 24 hrs</li> <li>Telephone notification to prosecutor/law enforcement with CFS-201-A sent as written confirmation</li> <li>Documentation in CHRIS of call and form sent</li> </ul> <p>If no, assessment initiated within 72 hrs (or if sexual abuse over one year ago and alleged offender does not have access to victim)</p> <p>Was reporter interviewed? (Collateral interview)</p> <p>Victim child interviewed, face-to-face; outside the presence of the alleged offender, Pub 052 given if the child is old enough to understand it.</p> <p>Victim child seen and assessed if too young for an interview</p> <p>Other children in the home seen, assessed and interviewed (whether or not they are related to alleged victim)</p> <p>Custodial parent(s) interviewed; Pub 052 given; CFS-205-A given</p> <p>Non-custodial parent interviewed (if applicable); Pub 052; CFS-205-A given</p> <p>Alleged offender interviewed (if different from the parent); Pub 052 given; CFS-212-A given (CAPTA Requirement)</p> <p>Other collaterals identified and interviewed</p> <p>All interviews documented; all forms and Pubs documented</p> <p>Home visit made to determine child's environment and circumstances?</p> <ul style="list-style-type: none"> <li>Home visit documented (Document in Pertinent Information field on the Findings screen)</li> </ul> <p>Does the Child/Family member need:</p> <ul style="list-style-type: none"> <li>Medical evaluation, including X-rays</li> </ul>			

<ul style="list-style-type: none"> <li>• Psychological evaluation</li> <li>• Drug/alcohol assessment</li> <li>• CFS-327a completed (body diagram for physical abuse)</li> <li>• Criminal background check</li> </ul> <p>Are pictures needed (of child or of environmental setting)?</p> <p><b>Within 30 days:</b></p> <ul style="list-style-type: none"> <li>• Checked for previous reports via Central Registry or old records in the office</li> <li>• Health and Safety Assessment (CFS-6025) completed on all children in the family</li> <li>• Document all contacts and interviews</li> <li>• Conference with supervisor and investigative determination made</li> <li>• CFS-6003 (Report to Prosecuting Attorney) regarding case determination</li> <li>• CFS-6003 sent to PA <b>if</b> the report is found to be true</li> <li>• Risk Assessment (CFS-6026) completed on true reports</li> <li>• Case connect on true reports opened for services</li> </ul> <p><b>At Time of case determination:</b></p> <ul style="list-style-type: none"> <li>• Notifications sent per POLICY XIV</li> </ul> <p><b>Other Notifications</b></p> <ul style="list-style-type: none"> <li>• Per POLICY XIV (exact notifications will depend on determination may and unique circumstances of the referral.</li> <li>• On true reports, referral of all children in the home under age 3 years old for DDS assessment for early intervention (whether or not that child is a victim of maltreatment) – within 30 days of determination – referral on DCS 3350</li> </ul> <p><b>DON'T FORGET</b></p> <ul style="list-style-type: none"> <li>• Close the investigation in CHRIS</li> <li>• Key Case Connect Screen on cases to be opened for PS or Foster Care (if True determination)</li> <li>• Key Case Connect ASAP if child enters care on a 72 hr hold</li> </ul>			
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## CHILD MALTREATMENT ASSESSMENT CHECKLIST 2

### Multi-County, Multi-Agency Assessment

Tasks	Yes	No	Comments
<p><b>Everything on Checklist 1 +</b></p> <p>Multi-County</p> <p>Originating county should notify the receiving county that the family moved before the assessment was complete. Policy does not specify the method of notification:</p> <ul style="list-style-type: none"> <li>▪ Recommend telephone notification followed up by e-mail or other written notice</li> </ul> <p>Did the original county initiate the assessment in required time frames?</p> <ul style="list-style-type: none"> <li>▪ <b>If yes</b> proceed with assessment. Consider contacting the alleged victim within 24 hours as a good practice (not required by policy)</li> <li>▪ <b>If no</b>, interview or view the alleged victim within the required time frames</li> <li>▪ <b>If no</b> consider making contact within 24 hours as a good practice (not required by policy)</li> </ul> <p>The primary county is the county where the child <b>resides</b>.</p> <p>Identify any collateral contacts that need to be made by the originating county and request assistance.</p> <p>Primary county completes the "Investigation" portion of CHRIS.</p>			

## CHILD MALTREATMENT ASSESSMENT CHECKLIST 3

### DCFS Takes 72 Hour Protective Custody – PROCEDURE II-D9

Tasks	Yes	No	Comments
<p>Everything on Checklist 1 +</p> <p>There must be immediate danger of <u>severe</u> maltreatment (Statutory Requirement)</p> <p>Determine whether anyone in the family has an order of protection or whether one is needed for the child.</p> <p>Notify the OCC attorney immediately and request an emergency order.</p> <p>Continue the assessment of whether to make a recommendation to the juvenile court of no reunification services (ASFA considerations to fast track to permanency).</p> <p>Determine whether grandparents have rights to notice and an opportunity to be heard in the juvenile court. <b>All</b> of the following conditions must be present:</p> <ul style="list-style-type: none"> <li>▪ The grandchild resided with the grandparent for at least 6 consecutive months prior to the child's first birthday or lived with the grandparent for at least one continuous year regardless of age;</li> <li>▪ The grandparent was the primary financial caregiver during the time the child resided with the grandparent; and</li> <li>▪ The continuous custody occurred within one year of the initiation of the custody proceeding does not include the parent of a putative father).</li> <li>▪ Provide OCC with the name and address of any grandparent entitled to notice.</li> </ul> <p><b>Check this section with OCC and Supervisor – grandparent requirements for notification may be different after 2009 legislation but the information above reflects current policy.</b></p> <p>Provide Pub 11</p> <p>Prepare an affidavit and give it to the OCC attorney.</p> <p>Have the child thoroughly examined by a physician within <b>24 hours</b> of removal.</p>			

<p>Place the child in a licensed or approved placement. (If placed in a provisional relative home it must be <b><u>approved</u></b> as a provisional home.)</p> <p>Notify the Intake Officer Circuit Court, Juvenile Division.</p> <p>Complete and route "Protective Custody/Parental Notification" (CFS-323)</p> <p>Open an out-of-home placement case (Case Connect) at time of removal</p> <p>Return the child to the legal custodian if the emergency necessitating Protective Custody passes or if the judge does not grant custody to the Department.</p> <ul style="list-style-type: none"> <li>▪ Protective custody cannot be extended.</li> <li>▪ If the child is returned, complete the CFS-336, "Expiration of Protective Custody/Parental Notification"</li> <li>▪ Notify OCC immediately if the child returns home</li> <li>▪ Close the out-of-home placement case</li> <li>▪ Determine whether to open a non-court involved PS case or initiate a petition for dependency/neglect</li> </ul>			
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## PROTECTION PLAN

The attached Protection Plan is a **WORK AID ONLY!** It is provided as an example of what a written protection plan might address. Before using this document:

- Check with your supervisor to be sure he or she does not have another document that is used in your county
- Make several copies and put them in your Investigator Grab Bag

## PROTECTION PLAN

### Date of Protection Plan:

I \_\_\_\_\_, parent/caregiver of the child or children  
(use another page if necessary):

Name, DOB, SSN:

Name, DOB, SSN:

Name, DOB, SSN:

Name, DOB, SSN:

Name, DOB, SSN:

Agree to keep him or her safe by doing (use another page if necessary):

1. I understand that if I do not do the things listed below, my child or children may be taken into foster care.

2.

3.

4.

I, \_\_\_\_\_, FSW will do or need:

1.

2.

3.

4.

I, \_\_\_\_\_, will help keep these children safe by (use another page if necessary):

1. I agree to call DCFS at \_\_\_\_\_ if I become aware of any abuse or neglect of the children.

2.

3.

4.

*I understand that by signing this document I have agreed to the conditions of this plan.*

Parent/Caregiver:

Parent/Caregiver:

Family Service Worker:

Family Service Worker Supervisor:

Other People Who Are Helping with the Plan:



# Photo- documentation in the Investigation of Child Abuse

*Portable Guides to  
Investigating Child Abuse*

# Foreword

A picture, so the saying goes, is worth a thousand words. In the case of the investigation of a charge of child abuse, a picture can determine the eventual case result.

To do the task of documentation properly, child abuse investigators require the right tools and the right techniques. Photodocumentation is one of the most important of these tools.

This guide provides valuable pointers regarding the selection and use of camera equipment, film, and photographic techniques that are most appropriate for use in cases of suspected child abuse. Proper photographing of the child's physical condition will help provide evidence integral both to the investigation and to the courtroom presentation, should formal charges ensue.

It is my hope, therefore, that this guide will help protect children from abuse through the enhancement of investigative techniques.

**Shay Bilchik**

*Administrator*

Office of Juvenile Justice and  
Delinquency Prevention

June 1996

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Photographs documenting a victim's injuries often provide key evidence in child abuse cases and convictions. To ensure effective photodocumentation, it is important to use the most appropriate camera equipment and film and to properly identify and investigate the child victim. Critical to all investigations of child abuse is the method of photographing injuries such as pressure injuries, bite marks, bruises, burns, facial injuries, amputations, neglect, and sexual abuse injuries. Accurate courtroom evidence can be hindered by the following:



- ✱ Ineffective camera equipment and film.
- ✱ Insufficient methods of photographing the victim or the victim's injuries.
- ✱ Misinformation regarding the photographs of the case.
- ✱ Mislabeling of child abuse information, including photographs.

This guide offers important information on how to document cases of suspected child abuse through photography to enhance the investigation process or provide courtroom evidence and testimony.



## Camera Equipment

To be effective in documenting child abuse cases, camera equipment should have the following capabilities:

- ✱ Be easy to use and require little training.
- ✱ Offer accurate color balance.
- ✱ Provide automatic exposure and the capability for film advance and rewind.
- ✱ Have a built-in flash with quick recharge (flash recharges within 2 to 3 seconds).
- ✱ Offer comfortable operating distance from subject.
- ✱ Be able to produce life-size reproductions of trauma sites and to show much larger areas of the body or the device believed to have caused the injury.

Camera systems for photographing abused children range from expensive and sophisticated colposcopic (a specialized camera/examination unit used specifically by medical examiners for viewing or photographing subtle abnormalities or injuries to the vagina, cervix, or anus) and 35mm closeup systems to less expensive and simpler “bridge” cameras and instant or self-developing cameras. Table 1 lists the types of cameras and their advantages and disadvantages.

# Film

The standard film for medical use in documenting child abuse cases is 35mm color slide film, sometimes referred to as color transparency or color reversal film. Color slides are relatively inexpensive and easy to file and can be quickly developed and converted into color prints if necessary.

Regardless of the camera equipment used, the following points concerning type and use of film are important in ensuring consistency in results and reproduction of the injury, its location, color, size, and pattern:

- ★ Use fine-grain color slide or print film that has a film speed rating of 100 or 200 ISO (International Standards Organization). This type of daylight film allows for a greater depth of field (sharpness) with a minimum amount of grain and blurriness. Always use a flash when shooting indoors with daylight film. *Sixty-second, self-developing film is not recommended.*
- ★ Keep film and camera equipment in a clean, empty, dry thermal container or picnic cooler. Do not store the film unprotected in a vehicle. Sunlight and extreme temperatures can adversely affect color accuracy, reduce the film's sensitivity to light, and in some cases, result in tearing or splitting.
- ★ Store film in the refrigerator or freezer to keep it fresh, but place at room temperature for approximately 2 to 3 hours before it is to be used (24 hours if film is frozen).
- ★ Process exposed film as soon as possible to avoid a color imbalance or shift.
- ★ Remember when the film was loaded, the type of film, and how many exposures a roll contains. Attach an end flap from the film carton to the camera back as a reminder. Failure to do so could result in lost evidence. Always remove rewind film from the camera and attach an identification sticker or place in an evidence bag before the film is sent for processing.
- ★ Make sure an extra camera and set of flash batteries are available at all times.



Table 1

## Advantages and Disadvantages of Types of Cameras Used in Photodocumentation

Type of Camera	Advantages	Disadvantages
Instant-processing cameras	Simple operation and low cost.	Poor resolution/poor color compared with 35mm film.
Fixed-focus lens “point-and-shoot” or “compact” 35mm cameras	Inexpensive and easy to use.	Limited closeup capability and expendability.  Viewfinder does not view the same image as the lens. It creates blurred images when the photographer attempts to magnify the image by moving in closer (6–7 feet) than the focusing limit of the lens.
Colposcopic cameras	Accurate, standardized equipment for examination or photography of sexual abuse injuries. Able to document findings not otherwise seen with the naked eye.	Expensive, not portable, and cumbersome to operate. Require training usually reserved for healthcare providers (i.e., physicians). Not equipped for photography of large areas of the body.
35mm-format cameras	Provide choices of cameras, lenses, and accessories that offer excellent resolution and closeup capabilities.	Generally no disadvantages.

Offer integrated (dedicated) flash that automatically adjusts during photo sessions. Compare favorably with and are significantly less expensive than colposcopic cameras for photographing the sexually abused child.

Require little training and offer comfortable operating distance from the subject.

Provide accurate color balance, automatic exposure, film advance and rewind, built-in flash, and quick flash recharge.

#### "Bridge" cameras

Combine the simplicity and easy use of a point-and-shoot camera with the versatility, expendability, and closeup capability of a 35mm prepackaged camera system, "bridging the gap" between these two kinds of equipment.

Relatively inexpensive, fully automatic, and incorporate telephoto (35–70mm or 35–105mm) capability, built-in flash, autofocus, motor drive, and optional databack.

Cannot attach specialized lenses or flash units for optional documentation of some injuries (intraoral, intravaginal, ophthalmic).

# Ultraviolet Photography

Ultraviolet (UV) photography has an established role in clinical forensic medicine and is beginning to be used in child abuse assessments. UV is a method of photography in which a standard, high-speed (ISO 800/1600) color slide film is used in conjunction with a high-powered electronic flash. The flash must be covered with a Wood's Filter (Wratten Filter 18A); another filter (Wratten Filter 2B or 2E) must be used on the camera lens. The end result of UV photography is an image that may display healed wounds, bite marks, belt imprints, and old pattern-type injuries.

There are disadvantages to UV photography. Photographing conscious subjects can be difficult and may produce little usable evidence, and the image cannot be seen until after development. In addition, the methodology is complex, the working parameters are tight, and any proof may be altered by subject movement or inaccurate focusing. If UV is to be used, the subject should also be recorded on conventional color slide film using a standard nonfiltered flash and lens combination.

## Photographing Injuries

Prior to photographing the injuries, the investigator should identify the suspected child abuse victim by completing an identification sheet and/or taking a full-face picture of the child that also displays the child's name. Separate rolls of film should be used for each case to avoid losing or mixing up evidence, which could result in dismissal of the case. Although time-consuming, it is helpful to place an identifying sign, including name or initials, date of birth, date and time of photographs, case number, and the photographer's name or initials, in front of the victim's injury for each picture. In addition, many 35mm cameras contain databack attachments that imprint the time, date, and an identifying code on each film frame.

In addition, the investigator can use a medical photography form as a tool for highlighting injury sites, description of injuries, time and date of photographs, the victim's identification or case number, and the number of photographs taken and by whom. The form is then included in the finished photo envelope as relevant to the chain of evidence. A sample form is included as figure 1.

## **Tips for Photographing a Suspected Victim of Child Abuse**

- ✱ Take two pictures of every view and angle, one for the file and one for court.
- ✱ Photograph the injury with an anatomic landmark. The inclusion of an elbow, knee, belly button, or other body part identifies the location of the wound.
- ✱ Include two pictures of each wound or other injury—one that identifies a landmark and one that provides a closeup (fills the film frame) of the wound.
- ✱ Position the camera so that the film surface or plane is parallel to or directly facing the injury.
- ✱ Vary the perspective of the picture by taking various shots from different angles and distances. This is particularly important since the flash may produce unpredictable reflections. Darker complexions can cause flash reflections and loss of definition. If unsure about correct exposures, take pictures at the camera's recommended exposure and one slightly lighter and one slightly darker (bracketing). To do this, adjust the lens aperture by one-half to one full f-stop on either side of the recommended exposure. Bracketing will ensure proper color balance and brightness when documenting victims with very light or very dark skin tones.
- ✱ Place a measuring device such as an adhesive metric scale directly above or below the injury to ensure accurate representation of the size and depth of the injury. A standardized color bar may be placed in the photographic plane for comparison with the color of the injury. This ensures that if color is distorted in the film developing process, adequate color comparisons can still be made.

Figure 1

Request For \_\_\_\_\_  
S or A No. \_\_\_\_\_

## MEDICAL PHOTOGRAPHY

CHILDREN'S HOSPITAL OF BUFFALO

(please print) Form must be filled out completely

Name \_\_\_\_\_  
Last First

Unit No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Photograph to show \_\_\_\_\_

How Patient dressed \_\_\_\_\_  
☐ B&W ☐ Color

Grant or Account No. \_\_\_\_\_

Requested by \_\_\_\_\_  
Physician Signature

Remarks - \_\_\_\_\_

Form - 44

Addressograph Plate

No. \_\_\_\_\_

Date \_\_\_\_\_  
AMOUNT CHARGED: \_\_\_\_\_

Dept use only

OUTLINE AREAS TO BE PHOTOGRAPHED

Reproduced courtesy of the Children's Hospital of Buffalo, New York.

# Methods for Photographing Specific Injuries

## Punctures, slashes, rope burns, or pressure injuries

When documenting these types of injuries, take photographs straight on and at a slight angle. Photographing the injury straight on provides an overall view of the surface and extent of the injury, while shooting from a slight angle provides depth and texture to a picture.

## Bite marks

Forensic bite mark photography is a specialized field of medical photography and is interpreted best by a forensic dentist or pathologist. Bite marks can be recorded by following the method described above for punctures, slashes, and so forth, but the size, shape, color, depth of indentations, and three-dimensional contours also need to be documented. Multiple views from various perspectives are important in delineating texture and shape. Parallel or direct views best depict shape and size, while slanted or indirect views and lighting highlight texture.

## Bruises

Bruising goes through several stages of development—a bruise discovered several hours after abuse will become more pronounced as time goes on, and additional photographs will be needed to document the injury. If a second or third series of pictures is required, the investigator should reproduce the angles and positions that were used to photograph the first series. If a child shows evidence of having old and new bruises, repeated abuse may be suspected. Both old and new bruises should be photographed. Areas of swelling (edema) sometimes exhibit a strong reflection that is caused by the flash bouncing off the swollen/rounded injury site. This effect may obscure the photograph. To help minimize the reflections, take photographs from several different angles, then do a followup series when the swelling has gone down.

## Burns

In cases of burns or severe scalding, take pictures from all angles *before* (especially before any creams or oils are applied) and *after* treatment. Accidental burns usually exhibit splash marks or indiscriminate patterns of injury. Intentional submersions show distinct lines or well-defined areas of damaged skin compared with healthy skin.

## Facial injuries

If an injury is inside the mouth, use a plastic or wooden tongue depressor to keep the mouth open and the injury visible. If there is an eye injury, use a pocket flashlight or toy to distract the child's gaze in different directions to show the extent of the damage to the eye area.

## Amputation

In cases where abuse involves the amputation of a body part, photograph the dismembered part alone and then in relation to the body as a whole. Closeups should also be taken of the skin's torn edges, which may help verify the method of amputation in court.

## Neglect

When there is suspected child neglect, the child's general appearance should be photographed, including any signs such as splinters in the soles of the feet, hair loss, extreme diaper rash, wrinkled or wasted buttocks, prominent ribs, and/or a swollen belly.

## Sexual abuse

If sexual abuse is suspected, the child and his or her injuries should be approached as follows:

- ✱ Photograph the child in the presence of a trusted relative or guardian.
- ✱ Inform the child of what will be involved in taking the pictures.
- ✱ Remember to consider the child's level of development when speaking to him or her.

- ✱ Do not make quick moves toward the child, as these may be frightening.
- ✱ Make eye contact with the child to make him or her feel more comfortable.
- ✱ Keep a supply of toys or coloring books as a reward for being helpful.
- ✱ Allow time for the child to become accustomed to the photographer before being photographed. Do not surprise the child. Tell him or her what parts of the body need to be photographed.
- ✱ Let the child undress himself or herself or have the parent or guardian help.
- ✱ Photograph sexual organs, including an overall view and closeups of the injury. This may require that the labia (vaginal lips) be spread apart for closer photography or that the child kneel down on all four limbs to allow the anus to be photographed.
- ✱ In general, photographing a sexual abuse injury is best done by a medical specialist in the field of child abuse, with appropriate equipment such as a colposcope.

## Photodocumentation as Court Evidence

Photographic evidence should include a form with the victim's name, the case number, and the date and time the photographs were taken. The form should also contain a remarks section that includes case notes. Outline drawings of the child's body are also helpful to show the specific areas that were photographed. Photographs must be properly verified and relevant to the case so that:

- ✱ The photographer or investigator can testify in court that the pictures accurately portray the findings and can explain how the photographs were taken.
- ✱ A health professional who examined the child (other than the photographer) can verify in court that the photographs accurately represent the findings.



# Photography Tips

- \* Establish a protocol or checklist for photodocumentation.
- \* Decide in advance who will be photographing the victim.
- \* Shoot a test roll before using a new camera system.
- \* Compose the picture as the injured area would normally appear.
- \* Magnify the picture (create a closeup to fill the film frame) as it is being taken, not during printing.
- \* Bracket (vary f-stop above, at, and below expected correct or recommended exposure) if correct exposures are uncertain.
- \* Take many pictures from different angles and distances (more is better than less).
- \* Review all pictures after they are developed.
- \* Label all the prints and slides after development.
- \* Keep photographs protected and techniques logged.

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## Supplemental Reading

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# Organizations

American Professional Society on the  
Abuse of Children (APSAC)  
407 South Dearborn, Suite 1300  
Chicago, IL 60605  
312-554-0166  
312-554-0919 (fax)  
Internet: [www.apsac.org](http://www.apsac.org)

APSAC is the Nation's only interdisciplinary society for professionals working in the field of child abuse and neglect. APSAC's annual colloquium offers advanced interdisciplinary professional education with seminars addressing all aspects of child maltreatment: prevention, assessment, intervention, and treatment with victims, perpetrators, and families affected by physical, sexual, and psychological abuse and neglect. These seminars are designed specifically for advanced professionals in mental health, law, medicine, law enforcement, child protective services, and allied fields.

Missing and Exploited Children's Training Programs  
Fox Valley Technical College  
Criminal Justice Department  
P.O. Box 2277  
1825 North Bluemound Drive  
Appleton, WI 54913-2277  
800-648-4966  
920-735-4757 (fax)  
Internet: [www.foxvalley.tec.wi.us/ojjdp](http://www.foxvalley.tec.wi.us/ojjdp)

Participants are trained in child abuse and exploitation investigative techniques, covering the following areas:

- ✱ Recognition of signs of abuse.
- ✱ Collection and preservation of evidence.
- ✱ Preparation of cases for prosecution.
- ✱ Techniques for interviewing victims and offenders.
- ✱ Liability issues.

Fox Valley also offers intensive special training for local child investigative teams. Teams must include representatives from law enforcement, prosecution, social services, and (optionally) the medical field. Participants take part in hands-on team activity involving:

- ✱ Development of interagency processes and protocols for enhanced enforcement, prevention, and intervention in child abuse cases.
- ✱ Case preparation and prosecution.
- ✱ Development of the team's own interagency implementation plan for improved investigation of child abuse.

National Center for Prosecution of Child Abuse  
American Prosecutors Research Institute (APRI)  
99 Canal Center Plaza, Suite 510  
Alexandria, VA 22314  
703-739-0321  
703-549-6259 (fax)

The National Center for Prosecution of Child Abuse is a nonprofit and technical assistance affiliate of APRI. In addition to research and technical assistance, the Center provides extensive training on the investigation and prosecution of child abuse and child deaths. The national trainings include timely information presented by a variety of professionals experienced in the medical, legal, and investigative aspects of child abuse.

National Children's Alliance  
1319 F Street NW., Suite 1001  
Washington, DC 20004-1106  
800-239-9950 or  
202-639-0597  
202-639-0511 (fax)  
Internet: [www.nca-online.org](http://www.nca-online.org)

Regional Children's Advocacy Centers (CAC's):

- ★ Midwest Regional Children's Advocacy Center, St. Paul, MN, 888-422-2955, 651-220-6750, [www.nca-online.org/mrcac](http://www.nca-online.org/mrcac).
- ★ Northeast Regional Children's Advocacy Center, Philadelphia, PA, 215-387-9500, [www.nca-online.org/nrcac](http://www.nca-online.org/nrcac).
- ★ Southern Regional Children's Advocacy Center, Rainbow City, AL, 256-413-3158, [www.nca-online.org/srcac](http://www.nca-online.org/srcac).
- ★ Western Regional Children's Advocacy Center, Pueblo, CO, 719-543-0380, [www.nca-online.org/wrcac](http://www.nca-online.org/wrcac).

OJJDP funds the National Children's Alliance and the four regional CAC's to help communities establish and strengthen CAC and MDT programs. The Alliance does this by promoting national standards for CAC's and providing leadership and advocacy for these programs on a national level. The Alliance also conducts national training events and provides grants for CAC program development and support. The four regional CAC's provide information, onsite consultation, and intensive training and technical assistance to help establish and strengthen CAC's and facilitate and support coordination among agencies responding to child abuse. The Alliance publishes a number of manuals and handbooks of use to MDT's, including *Handbook on Intake and Forensic Interviewing in the CAC Setting*, *Guidelines for Hospital-Collaborative Forensic Investigations of Sexually Abused Children*, *Organizational Development for Children's Advocacy Centers*, and *Best Practices*.

## Other Titles in This Series

Currently there are 12 other Portable Guides to Investigating Child Abuse. To obtain a copy of any of the guides listed below (in order of publication), contact the Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Clearinghouse by telephone at 800-638-8736 or e-mail at [puborder@ncjrs.org](mailto:puborder@ncjrs.org).

*Recognizing When a Child's Injury or Illness Is Caused by Abuse,*  
NCJ 160938

*Sexually Transmitted Diseases and Child Sexual Abuse,* NCJ 160940

*Diagnostic Imaging of Child Abuse,* NCJ 161235

*Battered Child Syndrome: Investigating Physical Abuse and Homicide,*  
NCJ 161406

*Interviewing Child Witnesses and Victims of Sexual Abuse,*  
NCJ 161623

*Child Neglect and Munchausen Syndrome by Proxy,* NCJ 161841

*Criminal Investigation of Child Sexual Abuse,* NCJ 162426

*Burn Injuries in Child Abuse,* NCJ 162424

*Law Enforcement Response to Child Abuse,* NCJ 162425

*Understanding and Investigating Child Sexual Exploitation,*  
NCJ 162427

*Forming a Multidisciplinary Team To Investigate Child Abuse,*  
NCJ 170020

*Use of Computers in the Sexual Exploitation of Children,* NCJ 170021

# Additional Resources

American Bar Association  
(ABA)  
Center on Children and the  
Law  
Washington, DC  
202-662-1720  
202-662-1755 (fax)

American Humane Association  
Englewood, Colorado  
800-227-4645  
303-792-9900  
303-792-5333 (fax)

American Medical Association  
(AMA)  
Department of Mental Health  
Chicago, Illinois  
312-464-5066  
312-464-5000  
(AMA main number)  
312-464-4184 (fax)

American Professional Society  
on the Abuse of Children  
(APSAC)  
Chicago, Illinois  
312-554-0166  
312-554-0919 (fax)

C. Henry Kempe National  
Center for the Prevention  
and Treatment of Child  
Abuse and Neglect  
Denver, Colorado  
303-864-5250  
303-864-5179 (fax)

Federal Bureau of Investigation  
(FBI)  
National Center for the  
Analysis of Violent Crime  
Quantico, Virginia  
703-632-4400

Fox Valley Technical College  
Criminal Justice Department  
Appleton, Wisconsin  
800-648-4966  
920-735-4757 (fax)

Juvenile Justice Clearinghouse  
(JJC)  
Rockville, Maryland  
800-638-8736  
301-519-5212 (fax)

National Association of Medical  
Examiners  
St. Louis, Missouri  
314-577-8298  
314-268-5124 (fax)

National Center for Missing  
and Exploited Children  
(NCMEC)  
Alexandria, Virginia  
703-235-3900  
703-274-2222 (fax)

National Center for  
Prosecution of Child Abuse  
Alexandria, Virginia  
703-739-0321  
703-549-6259 (fax)

National Children's Alliance  
Washington, DC  
800-239-9950  
202-639-0597  
202-639-0511 (fax)

National Clearinghouse on  
Child Abuse and Neglect  
Information  
Washington, DC  
800-FYI-3366  
703-385-7565  
703-385-3206 (fax)

National SIDS Resource  
Center  
Vienna, Virginia  
703-821-8955, ext. 249  
703-821-2098 (fax)

Prevent Child Abuse America  
Chicago, Illinois  
800-835-2671  
312-663-3520  
312-939-8962 (fax)

**U.S. Department of Justice**

Office of Justice Programs

*Office of Juvenile Justice and Delinquency Prevention*

*Washington, D.C. 20531*

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**CHILD MALTREATMENT INVESTIGATIONS – PRIORITY 1 – DCFS IS THE INVESTIGATING AGENCY**

*Time Frames start when the Hotline keys the report  
Current as of 08/07/09*

<b>TASKS – FIRST 24 HOURS</b>		<b>CHRIS PATH</b>
<b>Report is received in county office (can be CHRIS or a telephone call)</b>		
Supervisor	Checks inbox a minimum of once in am/once in pm Assigns investigation to FSW or Unit Group Acknowledges receipt of Priority 1 within 2 hours	Inbox/County/highlight the investigation/Show Workload/Assign/Transfer
FSW	Checks Workload a minimum of once in am/once in pm Print Initial Referral Snapshot (CFS – (6059) Initiates investigation within 24 hours <ul style="list-style-type: none"> <li>Initiated when child victim is interviewed outside the presence of the alleged offender</li> <li>Physically view the child/assess condition if too young to interview</li> <li>Take pictures if indicated and complete CFS-327a (physical abuse)</li> <li>Document child victim interview with <u>date within 24 hours</u> of the time report was made to hotline (Victim Interview Screen)</li> <li>Provide Pub 052 if child is old enough to understand; note in Document Tracking</li> <li>Interview reporter in this time frame if possible (Collateral Interview Screen)</li> <li>Contact custodial parent within 24 hours of contacting child</li> <li>Provide parents with Pub 52 and with CFS-205A (note in Document Tracking and Findings checkbox)</li> <li>Began assessing safety in home (if 72 hour hold, see Tip Sheet on Protective Custody)</li> </ul>	Workload/OK (most current shown on top) Workload/Investigation/Reports  Workload/Investigate/Interview/Vctm Intv  Workload/Doc Trkg  Workload/Investigate/Interview/Coll Intv  Workload/Doc Trkg and Workload/Investigate/Findings
<b>WITHIN 5 DAYS</b>		<b>CHRIS PATH</b>
Notify Prosecutor and local law enforcement; follow up with CFS-201A; note in Document Tracking If Alleged Offender/Victim is in foster care immediately notify and follow up in 5 working days: <ul style="list-style-type: none"> <li>Attorney ad Litem for other children in the foster home</li> <li>Attorney as Litem for Alleged Offender/victim</li> <li>Parents (custodial/non-custodial) of Alleged Offender/Victim</li> <li>OCC Attorney</li> <li>See Notice Flow Chart or POLICY XIV; Note in Document tracking</li> </ul>		Workload/Doc Trkg
<b>WITHIN 30 DAYS</b>		<b>CHRIS PATH</b>
Complete records check for prior reports; document in Interview Screens – Additional Information		Client Search (Search Button) Referral Search-Wkload/Referral/Search Case Search – Wkload/Case/Search
Complete the following <b>required</b> interviews: <ul style="list-style-type: none"> <li>Alleged offender if different from parent (O/P Interview Screen)</li> <li>Non-custodial parent (O/P Interview Screen)</li> <li>Other children in the home (Sib Intv Screen if siblings/Collateral screen if not related)</li> <li>Collaterals (Coll Intv Screen)</li> <li>Document all interviews</li> <li>Provide Pub-052 and CFS-212A to Alleged offender,</li> <li>Provide Pub-052 to custodial and non-custodial parents (Note in Document Tracking)</li> </ul>		Workload/Investigate/Interview/O/P Intv Workload/Investigate/Interview/O/P Intv Workload/Investigate/Interview/Sblg Intv  Workload/Investigate/Interview/Coll Intv  Workload/Doc Trkg
Assess need for medical evaluation – must have evaluation if the allegation is sexual abuse unless a supervisor approves an exception <ul style="list-style-type: none"> <li>Obtain parental signatures on Release forms (DHS 81; CFS – 4000)</li> <li>Document exam in Client Screen (Med Visits)</li> <li>Assess need for mental health, drug and alcohol or other referral during the investigation for household members; if referred document Client Screen (Med)</li> </ul>		Workload/Investigate/Client/Medical/Med Visit Workload/Investigate/Client/Medical
Make a home visit to the child's residence to assess the safety and/or environmental, physical and emotional risk factors; <i>suggest</i> doc in child interview – additional information		Workload/Investigate/Interview/Vctm Intv
Obtain and enter information needed for the Client Screens on all members of the		Workload/Investigate/Client



case <ul style="list-style-type: none"> <li>General Information – names, DOB, SSN, Role in Investigation</li> <li>Demographic information – address, telephone, alias, physical characteristics, marital status</li> <li>Relationships; employment, financial</li> </ul>	WkL/Inv/Client/Gen. Info WkL/Inv/Client/Demo  WkL/Inv/Client/Relations
Enter information about collaterals – name, relationship, address, phone number	Workload/Investigate/Coll. Info.
<b>DOUBLE CHECK TO AVOID COMMON ERRORS</b>	<b>CHRIS PATH</b>
Be sure you selected the right individual finding Be sure narrative in interview screens matches the selected Contact Be sure you selected the correct role for the client Be sure you interviewed necessary collaterals to support your case findings Be sure the client and selected relationship match Be sure the date of victim interview is within 24 hours of the date Hotline keyed report	Workload/Investigate/Findings Workload/Investigate/Interviews Workload/Investigate/Client/Gen.Info Workload/Investigate/Interviews/Coll & Workload/Investigate/Findings Workload/Investigate/Client/Relations Workload/Investigate/Interview/Vctm Intv.
<b>DETERMINATION</b>	
Confer with you supervisor regarding investigation determination	
Complete: <ul style="list-style-type: none"> <li>If new maltreatment allegations are found during investigation, enter these into the Abuse/Neglect Screen</li> <li>Findings screen</li> <li>Health and Safety Checklist</li> <li>Safety Plan</li> <li>Initial Risk Assessment (if true)</li> <li>Report to Prosecuting Attorney (CFS – 6003)</li> <li>Investigative Notes (pertinent information)</li> <li>Case Connect (if found true)</li> <li>If Overdue, enter reason for delay</li> <li>Investigation Closure Screen; Send for supervisory approval</li> </ul>	Workload/Investigation/A/N Alleg (click CLEAR to enter the victim, new allegation and offender  Workload/Investigate/Findings Workload/Investigate/Client/HSA Workload/Investigate/Client/HSA Workload/Investigate/Client/HSA Workload/Investigate/PA & Workload/Investigate/Reports Workload/Investigation/Inv Notes Workload/Investigate/Case Conn. Workload/Investigate/Overdue  Workload/Investigate/Inv.Close
Complete Child Maltx. Inv. Determination Notification (Offender) for Hard Copy File <ul style="list-style-type: none"> <li>(SEE Notice of Finding Flow Chart); sent at time of case decision after supervisory approval; <b>SEE FORM INSTRUCTIONS</b>; certified mail – return receipt requested; (note date sent in document tracking; note date green card received in document tracking (<b>starts the 30 day appeal “count down”</b>))</li> </ul>	Workload/Doc Trkg/Date Requested  Workload/Doc Trkg/Date Received (green card)
On true reports, referral all children under age 3 years to DDS for Early Intervention Assessment (whether or not they were named as victims) – DCO 3350; Note in Doc. Tracking	Workload/Doc Trkg (for DCO 3350) Workload/Investigate/Service Log (Select DDS Service)
<b>OTHER NOTIFICATIONS – TIME FRAMES DEPEND ON OFFENDER APPEAL</b>	<b>CHRIS PATH</b>
The following forms will be sent at the end of 30 days if the named offender does not appeal the decision. If the named offender appeals, these forms will be sent after the Appeals and Hearings decision. Note all in Document Tracking <ul style="list-style-type: none"> <li>(SEE Notice of Finding Flow Chart )</li> <li>Follow Up with Mandated Reporters</li> <li>Notice to LEA</li> <li>All other people needing notification (see form)</li> </ul>	Workload/Doc Trkg

**CHILD MALTREATMENT INVESTIGATIONS – PRIORITY 2***Time Frames start when the Hotline keys the report**Current as of 08/07/09*

<b>TASKS – FIRST 72 HOURS</b>		<b>CHRIS PATH</b>
<b>Report is received in county office (can be CHRIS or a telephone call)</b>		
Supervisor	Checks inbox a minimum of once in am/once in pm Assigns investigation to FSW or Unit Group Acknowledges receipt of Priority 1 within 2 hours	Inbox/County/highlight the investigation/Show Workload/Assign/Transfer
FSW	Checks Workload a minimum of once in am/once in pm Print Initial Referral Snapshot (CFS – (6059) Initiates investigation within 24 hours <ul style="list-style-type: none"> <li>Initiated when child victim is interviewed outside the presence of the alleged offender</li> <li>Physically view the child/assess condition if too young to interview</li> <li>Take pictures if indicated and complete CFS-327a (physical abuse)</li> <li>Document child victim interview with <u>date within 72 hours</u> of the time report was made to hotline (Victim Interview Screen)</li> <li>Provide Pub 052 if child is old enough to understand; note in Document Tracking</li> <li>Interview reporter in this time frame if possible (Collateral Interview Screen)</li> <li>Contact custodial parent within 24 hours of contacting child</li> <li>Provide parents with Pub 52 and with CFS-205A (note in Document Tracking and Findings checkbox)</li> <li>Began assessing safety in home (if 72 hour hold, see Cheat Sheet on Protective Custody)</li> </ul>	Workload/OK (most current shown on top) Workload/Investigation/Reports  Workload/Investigate/Interview/Vctm Intv  Workload/Doc Trkg  Workload/Investigate/Interview/Coll Intv  Workload/Doc Trkg and Workload/Investigate/Findings
<b>WITHIN 5 DAYS</b>		<b>CHRIS PATH</b>
If Alleged Offender/Victim is in foster care immediately notify and follow up in 5 working days: <ul style="list-style-type: none"> <li>Attorney ad Litem for other children in the foster home</li> <li>Attorney as Litem for Alleged Offender/victim</li> <li>Parents (custodial/non-custodial) of Alleged Offender/Victim</li> <li>OCC Attorney</li> <li>Follow up is done with CFS – (see notice flow chart) ; Note in Document tracking</li> </ul>		Workload/Doc Trkg
<b>WITHIN 30 DAYS</b>		<b>CHRIS PATH</b>
Complete records check for prior reports; document in Interview Screens – Additional Information		Client Search (Search Button) Referral Search-Wkload/Referral/Search Case Search – Wkload/Case/Search
Complete the following <b>required</b> interviews: <ul style="list-style-type: none"> <li>Alleged offender if different from parent (O/P Interview Screen)</li> <li>Non-custodial parent (O/P Interview Screen)</li> <li>Other children in the home (Sib Intv Screen if siblings/Claateral Screen if not related to alleged victim)</li> <li>Collaterals (Coll Intv Screen)</li> <li>Document all interviews</li> <li>Provide Pub-052 and CFS-212A to Alleged offender, custodial and non-custodial parents (Note in Document Tracking)</li> </ul>		Workload/Investigate/Interview/O/P Intv Workload/Investigate/Interview/O/P Intv Workload/Investigate/Interview/Sblg Intv Workload/Investigate/Interview/Coll Intv  Workload/Doc Trkg
Assess need for medical evaluation – must have evaluation if the allegation is sexual abuse unless a supervisor approves an exception <ul style="list-style-type: none"> <li>Obtain parental signatures on Release forms (DHS 81; CFS – 4000)</li> <li>Document exam in Client Screen (Med Visits)</li> <li>Assess need for mental health, drug and alcohol or other referral during the investigation for household members; if referred document Client Screen (Med)</li> </ul>		Workload/Investigate/Client/Medical/Med Visit Workload/Investigate/Client/Medical
Make a home visit to the child's residence to assess the safety and/or environmental, physical and emotional risk factors; <i>suggest</i> doc in child interview – additional information		Workload/Investigate/Interview/Vctm Intv
Obtain and enter information needed for the Client Screens on all members of the case <ul style="list-style-type: none"> <li>General Information – names, DOB, SSN, Role in Investigation</li> <li>Demographic information – address, telephone, alias, physical</li> </ul>		Workload/Investigate/Client  WkL/Inv/Client/Gen. Info WkL/Inv/Client/Demo

<ul style="list-style-type: none"> <li>characteristics, marital status</li> <li>Relationships; employment, financial</li> </ul>	WkL/Inv/Client/Relations
Enter information about collaterals – name, relationship, address, phone number	Workload/Investigate/Coll. Info.
<b>DOUBLE CHECK TO AVOID COMMON ERRORS</b>	<b>CHRIS PATH</b>
Be sure you selected the right individual finding Be sure narrative in interview screens matches the selected Contact Be sure you selected the correct role for the client Be sure you interviewed necessary collaterals to support your case findings Be sure the client and selected relationship match Be sure the date of victim interview is within 72 hours of the date Hotline keyed report	Workload/Investigate/Findings Workload/Investigate/Interviews Workload/Investigate/Client/Gen.Info Workload/Investigate/Interviews/Coll & Workload/Investigate/Findings Workload/Investigate/Client/Relations Workload/Investigate/Interview/Vctm Intv.
<b>DETERMINATION</b>	
Confer with you supervisor regarding investigation determination	
Complete: <ul style="list-style-type: none"> <li>If new maltreatment allegations are found during investigation, enter these into the Abuse/Neglect Screen</li> <li>Findings screen</li> <li>Health and Safety Checklist</li> <li>Safety Plan</li> <li>Initial Risk Assessment (if true)</li> <li>Report to Prosecuting Attorney (CFS – 6003)</li> <li>Investigative Notes (pertinent information)</li> <li>Case Connect (if found true)</li> <li>If Overdue, enter reason for delay</li> <li>Investigation Closure Screen; Send for supervisory approval</li> </ul>	Workload/Investigation/A/N Alleg (click CLEAR to enter the victim, new allegation and offender)  Workload/Investigate/Findings Workload/Investigate/Client/HSA Workload/Investigate/Client/HSA Workload/Investigate/Client/HSA Workload/Investigate/PA & Workload/Investigate/Reports Workload/Investigation/Inv Notes Workload/Investigate/Case Conn. Workload/Investigate/Overdue  Workload/Investigate/Inv.Close
Complete Child Maltx. Inv. Determination Notification (Offender) for Hard Copy File <ul style="list-style-type: none"> <li>(SEE Notice of Finding Flow Chart) sent at time of case decision after supervisory approval; <b>SEE FORM INSTRUCTIONS</b>; certified mail – return receipt requested; (note date sent in document tracking; note date green card received in document tracking (<b>starts the 30 day appeal “count down”</b>))</li> </ul>	Workload/Doc Trkg/Date Requested  Workload/Doc Trkg/Date Received (green card)
On true reports, referral all children under age 3 years to DDS for Early Intervention Assessment (whether or not they were named as victims) – DCO 3350; Note in Doc. Tracking	Workload/Doc Trkg (for DCO 3350) Workload/Investigate/Service Log (Select DDS Service)
<b>OTHER NOTIFICATIONS – TIME FRAMES DEPEND ON OFFENDER APPEAL</b>	<b>CHRIS PATH</b>
The following forms will be sent at the end of 30 days if the named offender does not appeal the decision. If the named offender appeals, these forms will be sent after the Appeals and Hearings decision. Note all in Document Tracking <ul style="list-style-type: none"> <li>(SEE Notice of Finding Flow Chart )</li> <li>Follow Up with Mandated Reporters</li> <li>Notice to LEA</li> <li>All other people needing notification (see form)</li> </ul>	Workload/Doc Trkg

**CHILD MALTREATMENT INVESTIGATIONS – 72 Hour Hold  
PROTECTIVE CUSTODY***Time Frames start when the Hotline keys the report**Current as of 08/26/2009**Different offices may assign these tasks to different people. The important point is **SOMEONE** has to do them – Investigator, Caseworker, Placement Unit Worker etc.***TASKS – Refer to Guides for Priority 1 and 2 Investigations  
for All Investigation Tasks  
First 24 Hours****CHRIS PATH**

Notify the following people immediately:

- OCC Attorney
- Determine if grandparents are entitled to notice (see Procedure II-D9); have address, telephone, contact info available for OCC
- Have contact and demographic information on parents (legal and putative) for OCC *Please note: Check with OCC – the requirements for grandparent notification may not be as strict with the 2009 legislation*
- Parents if available; use CFS 323; Note in Document Tracking
- Health Specialist (if your area has one – check to see if your area has a notification form)

Workload/Doc Trkg

Prepare affidavit; use CFS – 411 (CHRIS Net)

Main Toolbar/CHRIS Net/Templates

Have child examined by a physician; Document in Medical Screen

- Please Note: If you are **SECONDARY**, you cannot enter the medical information into the investigation; coordinate with CACD to get this information documented; see Protocol on CHRISNet

Workload/Client/Medical/Med Visits  
(may also be documented in the case – check with your supervisor))

Notify Juvenile Intake Officer, Juvenile Court (There is no policy requirement on time frame but it should be done as soon as possible.)

**OPEN OUT-OF-HOME PLACEMENT****CHRIS PATH**

Place child in an approved placement

- Child **cannot** be placed with relatives until their home is approved as a provisional foster home or there is a court order for placement following a home study

**Immediately** complete Case Connect – select either Open a New Case, Connect to Open Case or Connect to Closed Case and Reopen the Case (see cheat sheet on OOHPlacement)

Workload/Investigate/Case Conn.

- Explain in Comments text field that child was placed in foster care

Caseworker will:

- Complete Removal Screen
- Complete Placement Recommendation Screen selecting the correct Placement Service and Provider

Workload/Removal

Workload/Place/Recommend

**WITHIN 72 HOURS****CHRIS PATH**

Decide if there should be no reasonable efforts to reunify

Decide if the child can safely return to the home; if yes:

- Notify OCC
- Notify parents in writing; CFS – 336, Note in Document Tracking
- End Date Child's Placement with Reason of Reunification
- Notify Juvenile Intake Worker if you have already notified them of the hold
- If no there services will be offered, close the cps case

Workload/Doc Trkg

Workload/Place/Enter/Exit

See Cheat Sheet for Case Closure

Signs of Safety Assessment and Planning Form

**DANGER/  
HARM**



**SAFETY**

Safety and Context Scale

**Safety Scale:** Given the danger and safety information rate the situation on a scale of 0-10, where 0 means reoccurrence of similar or worse abuse/neglect is certain and 10 means there is sufficient safety to close the case.

**Context Scale:** rate this case on a scale of 0-10 where 10 means this is not a situation where any action would be taken and 0 means it is the worst case of child abuse/neglect the agency has seen.

Agency Goals

Family Goals

Immediate Progress



# **Initial Child Maltreatment Assessments Two Day Version**

Participant Manual

Continuing Education

## **INITIAL CHILD MALTREATMENT ASSESSMENTS**

### **Participant Manual**

### **Training Agenda**

#### **I. Introductions and Expectations**

- A. Introduction, agenda, competencies and training objectives
- B. Mission, Model and Initial Maltreatment Assessments
- C. Ice Breaker – Training expectations & assessment of participants' strengths

#### **II. Brief Review of Maltreatment Law and Policy**

- A. Elements of a child maltreatment initial assessment
- B. Review of notice requirements
- C. 2009 renewed areas of emphasis
  - a. Requirements to interview all children in the home
  - b. Requirements to identify and interview collaterals
  - c. Assess in the broader sense – not just the presenting issue in the Hotline Report
  - d. Balance between identifying risk factors and identifying protective factors in order to create reasonable safety plans
  - e. Consider alternatives to safety besides removal from the home

#### **III. Safety and Risk Assessment Issues**

- A. Differentiating Between Safety and Risk
- B. Elements of a safety plan
- C. Critique of safety plan

#### **IV. Eliciting Information About Protective Factors**

- A. Signs of Safety
- B. 12 Principles/6 Practice Elements
- C. Work Aid and Demonstration

#### **V. Introduction to Interviewing**

- A. Principles of good interviewing
- B. Practice session – Collateral
- C. Visual Inspection
- D. Stages of an interview

#### **VI. Interviewing - Child**

- A. Tasks
- B. Practice and feedback

### Competencies Addressed in the Training

- 100-1** The worker knows how to use the state's legal definitions of physical abuse, sexual abuse, neglect, dependency/neglect and endangerment to determine the validity of protective complaints. (Very brief presentation)
- 101-4** The worker knows the state's legal definitions of physical abuse, sexual abuse, neglect, dependency/neglect and endangerment. (Brief presentation)
- 101-7** The worker knows what data must be gathered from collateral contacts, case records, and other sources to thoroughly assess health, safety, abuse or neglect, family strengths and risk to children, and knows how to use this data to plan and provide relevant protective and supportive services.
- 102-12** The worker knows strategies to conduct effective casework interviews. This includes communicating the purpose of the interview; controlling the process and direction of the interview while encouraging family members to participate; using a variety of interviewing methods, including open and closed-ended questions, clarification, support, summarization and confrontation; and helping families communicate feelings as well as facts.
- 204-1** The worker has a thorough knowledge of the personal, interpersonal, family and environmental factors that increase or reduce risk to children of abuse, neglect, or sexual abuse by their families.
- 204-2** The worker knows how to use specialized observation, assessment, and interviewing strategies to assess all pertinent health and safety factors in a situation of suspected maltreatment, and to weigh their relative effects on the overall need for protection of the child.
- 204-3** The worker can formally record and document the findings of the health and safety assessment using a standardized case recording or health and safety assessment instrument. ***Caveat: Documentation will be discussed but not covered in the official documentation system of the Division.***
- 204-4** The worker can determine when emergency protection of a child is necessary and knows how to access intensive, family-centered, in-home services to protect the child and prevent removal of the child from the home.
- 204-5** The worker can use casework methods at the intake level to begin to establish a supportive casework relationship, to involve families in a joint assessment of the need for services, and to empower families to collaborate to develop service interventions that best meet their needs.
- 204-6** The worker can gather and weigh pertinent information about the referral from family members, the child, relatives, and collateral sources; and can make the appropriate case disposition.



- 204-7** The worker knows how to identify and involve naturally occurring community and neighborhood based supports and resources that can strengthen the family's ability to care for their children, or that can provide temporary care for the child within the extended family or neighborhood.
- 204-8** The worker understands the ways in which cultural variables can confound an assessment of maltreatment and can conduct family and risk assessment activities that consider and are congruent with a family's culture.
- 204-10** The worker can document the process and conclusions of the initial maltreatment assessment in the case record in a thorough, concise and timely manner.
- 205-2** The worker understands the legal issues that affect child welfare practice, and knows how to implement legal requirements into practice.

## TRAINING OBJECTIVES

After completing this training, participants will understand the need for and will have developed skills to enable them to:

- Accurately identify and interview pertinent collateral witnesses in an initial child maltreatment assessment
- Interview all children in the residence of the alleged victim child – whether or not the children are related to the alleged victim
- Interview adults related to child maltreatment initial assessments
- Accurately identify both safety and protective factors in the child's situation and environment
- Use the information identified to develop, implement and document safety plans that include input from the family and significant others in the child's life

## ARKANSAS PRACTICE MODEL GOALS and PRINCIPLES

### **Practice Model Goals:**

Our practice model combines our casework process with an approach that values and supports families at every step of their encounter with the system. The goals of our practice model are:

- Safely keep children with their families
- Enhance well-being in all of our practice with families
- Use foster care and other placements as temporary services to help achieve reunification
- When reunification is not possible, permanent placement with relatives or other adults who have a close relationship to the child or children is the preferred permanency option
- Adoptions, when that is the best permanency option are timely, well-supported and lifelong
- Youth have access to an array of resources to help achieve successful transition to adulthood

### **Principles to Guide Casework**

- Belief in behavior change and the work of change is a part of our daily challenge
- Safety for children is achieved through positive protective relationships with caring family members
- Meaningful decisions require close family participation in decision making
- Supporting the strengths of families contributes to life-long permanent relationships for children
- Families' success depends on community involvement and shared problem solving
- Practice with families is interrelated at every step of the casework process
- Sustainable success with families is the work of a team
- The entire system supports frontline practice to achieve the right outcomes with families
- Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism
- Skill based training and consultation forms the foundation for successful practice with families
- Quality improvement and accountability guide all of our work
- How we do our work is as important as the work we do

## WHO ARE WE? WHY ARE WE HERE?

Name: \_\_\_\_\_

- Strengths I Bring to Initial Assessments:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  
- Areas Where I Would Like to Improve My Skills:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  
- What I Want to Know/What I Hope to Learn:  
\_\_\_\_\_
  
- Which Part of the Practice Model Do I Most Strongly Identify with?  
\_\_\_\_\_

## REQUIRED ELEMENTS OF AN INITIAL CHILD MALTREATMENT ASSESSMENT

- When must the child maltreatment assessment be started?
- When is the assessment considered initiated?
- When must the child maltreatment assessment be completed?
- Can the assessor release the name of the reporter to a subject of the report?
- Who must be interviewed?
- What must the assessment/investigation attempt to determine (purpose and scope)? What does this require in addition to the required interviews?
- What other actions may be taken during an assessment/investigation?
- When and to whom do you give PUB-052?

## **WHO GETS NOTICE, WHEN AND ON WHAT FORM?**

Hotline receives a report from a doctor of non-organic FTT of a 2 month old infant. The child weighs less than the birth weight. In addition, the baby tested positive for opiates. This child takes no prescribed medications that could have resulted in a positive drug screen. The child has no medical diagnosis that would explain being below the 3<sup>rd</sup> percentile for height and weight. This example would be severe maltreatment if true but would be assessed by DCFS. The child lives in a county with an MDT that has a standing membership of 10 people.

### **Initial Notifications:**

### **Report is Found to be True:**

### **Mother Does Not Appeal:**

**If the child came into care, would there be additional notifications?**

1. Your ideas:

2. Your group's ideas:

3. Notes from policy discussion and samples:

4. Work Aid:

## HEALTH AND SAFETY CHECKLIST SAFETY PLAN – FROM CHRIS

Health and Safety Checklist	
<input type="checkbox"/> Unable to Locate Family	Date: 02/12/2007 Time: 11:05 <input checked="" type="radio"/> am <input type="radio"/> pm
1. Caretaker(s) behavior toward child(ren) is violent or out of control. If yes, explain:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Wendy's mother has seriously injured her brother, but Wendy has not been harmed.	
2. Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Caretaker(s) caused serious physical injury to the child or made a plausible threat to cause severe physical injury. If yes, explain	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Caretaker(s) Explanation of the injury is unconvincing. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. The family refuses access to the child, or there is reason to believe the family is about to flee, or the child's whereabouts cannot be ascertained. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Caretaker(s) has not, cannot or will not provide supervision necessary to protect child from potentially dangerous harm. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Caretaker(s) is unwilling or unable to meet the child's immediate need for food, clothing, shelter and/or medical or mental health care. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Child is fearful of caretaker(s), other family members, or other people living in or having access to the home. If yes, explain	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Child(ren)'s physical living conditions are hazardous and immediately threatening based on child's age and developmental status. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
11. Caretaker(s) current substance use seriously affects his/her ability to supervise, protect or care for the child. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
12. Caretaker(s) fails to protect child(ren) from serious physical harm or threatened harm. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
13. Caretaker(s) emotional stability seriously affects current ability to supervise, protect or care for the child. If yes, explain.	<input type="radio"/> Yes <input checked="" type="radio"/> No
14. Caretaker(s) has previously maltreated a child and the severity of the maltreatment or the caretaker(s)' response to the previous incidents suggest that child safety may be an immediate concern. Check All that apply:	
Termination of Parental Rights <input type="checkbox"/>	Prior Placement of any child <input type="checkbox"/>
Prior Death <input type="checkbox"/>	Prior Hospitalization from abuse and neglect <input type="checkbox"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No	
15. Other. If yes, explain	

Assessment Information			
Case Worker Name: Student Twentyeight			
Case Id:	Case Name:	Case Open Dt: 00/00/0000	
Client Id: 3072034	Client Name: WENDY FORRESTER		
Refer Id: 1225851	Refer Date: 02/01/2007		



Safety Plan - Protecting Interventions	
Date:	02/12/2007 Time: 11:08 <input checked="" type="radio"/> am <input type="radio"/> pm
1. Monitoring or Direct services by Family Service Worker. <input checked="" type="radio"/> Yes <input type="radio"/> No	
Fsw will monitor.	
2. Use of family resources, neighbors or other individuals in the community as safety resources <input type="radio"/> Yes <input checked="" type="radio"/> No	
3. Use of community agencies or services as safety resources. (Check one) <input type="radio"/> Intensive Family Services <input checked="" type="radio"/> Other Community Services	
4. Recommend that the alleged perpetrator leave the home. <input type="radio"/> Yes <input checked="" type="radio"/> No	
5. Recommend that non-maltreating caretaker move to a safe environment with the child. <input type="radio"/> Yes <input checked="" type="radio"/> No	
6. Other (Explain) <input checked="" type="radio"/> Yes <input type="radio"/> No	
If Wendy has injuries she will come into foster care	
7. Child(ren) must be removed from Home <input type="radio"/> Yes <input checked="" type="radio"/> No	

Safety Decision:
CONDITIONALLY SAFE - Protecting safety interventions have been received, and those interventions have resolved the unsafe situ: ▼

Child Injury Survey:	
Was any child injured in this case. <input checked="" type="radio"/> Yes <input type="radio"/> No	
If "Yes" what was the age of the youngest child with most serious injuries?	5 to 12 Months Old ▼
If "Yes", What was the most serious injury to a child?	Hospitalization required ▼

Assessment Information			
Case Worker Name: Student Twentyeight			
Case Id:	Case Name:	Case Open Dt: 00/00/0000	
Client Id: 3072034			
Refer Id: 1225851	Client Name: WENDY FORRESTER	Refer Date: 02/01/2007	

CFS-6027

08/2009

## PROTECTION PLAN

Date of Protection Plan: 02/12/2007

### Safety Issues Identified:

- 1) Jon has bruises to his head, face, and abdomen. He has a fracture of a bone around his left eye. These injuries do not appear to be accidental.
- 2) Jon's sister Wendy does not have any physical injuries. All family members agreed that Wendy is not punished the same way Jon is.

### Care Giver Section

I \_\_\_\_\_, parent/caregiver of the child or children  
(use another page if necessary):

Name, DOB, SSN: Jon Forrester DOB: 4/85/1997 SSN 999-99-9990

Name, DOB, SSN: Wendy Forrester DOB: 5/22/2002 SSN: 666-66-6660

Name, DOB, SSN:

Name, DOB, SSN:

Name, DOB, SSN:

Agree to keep <sup>Wendy</sup> ~~him or her~~ safe from punishment that results in physical injury  
by doing:

1. I understand that if I do not do the things listed below, my child or children may be taken into foster care.
2. I will make sure Wendy is available for DCFS to see her every day.
3. I will sign a consent so that DCFS can see Wendy at Child Care and to talk to them about Wendy's care.
4. I will have Wendy examined by a doctor with expertise in non-accidental injury.

Use another page if necessary. see back

### FSW Section

I, Carol Social Worker, FSW will do or need:

1. Provide my cell phone number to Ms. Forrester so she can call if she feels out-of-control with Wendy
2. Meet with Ms. Forrester at least every other day to be sure Wendy remains injury free. This will be face-to-face and not by text at Ms. Forrester's home or child care
3. I will meet with Wendy's child care teacher to get her help to make sure Wendy does not have injuries.
4. I will get a daily report from the child care center

Use another page if necessary.

5. I will talk with Ms. Forrester next week and we will see how well the plan is working.

5. I will use only non-physical punishments with Wendy. I will not spank her with an open hand. I will use time out and restricting privileges because I think this works well with her.
6. I will call my worker if I feel myself getting angry and out-of-control with Wendy.

*Angie Forester 02-12-2007*

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Family Support Section

I, Juanita Valdez - Head Start, will help keep these children safe by (use another page if necessary):

1. I agree to call DCFS at (870) 683-1600 if I become aware of any abuse or neglect of the children. Wendy.
2. I will check Wendy daily for injuries and will make a report to DCFS when they contact me.
3. I understand that Ms. Forrester has given permission for me to share this information.
- 4.

I understand that by signing this document I have agreed to the conditions of this plan.

Parent/Caregiver:

Parent/Caregiver: Juanita Valdez 2-12-2007

Family Service Worker: Carol Social Worker

Family Service Worker Supervisor: Robt Supervisor

Other People Who Are Helping with the Plan: Juanita Valdez, Head Start

## SIGNS OF SAFETY-THE OTHER SIDE OF THE SAFETY COIN\*



This information is developed from Signs of Safety: A solution and safety oriented approach to child protection casework\*. The emphasis on this material is how it would be used in the initial child maltreatment assessment.



### **PRINCIPLES THAT BUILD PARTNERSIPS**

1. Respect service recipients as people worth doing business with.
2. Cooperate with the person, not the abuse.
3. Recognize that cooperation is possible even where coercion is required.
4. Recognize all families have signs of safety.
5. Maintain a focus on safety.
6. Learn what the service recipient wants.
7. Always search for detail – for both negative and positive aspects of the situation.
8. Focus on creating small change.
9. Don't confuse case details with judgments.
10. Offer choices.
11. Treat the interview as a forum for change.
12. Treat these principles as aspirations, not assumptions.

### **6 PRACTICE ELEMENTS**

1. Understand the position of each family member regarding the problem, its solution and DCFS.
2. Find exceptions to the maltreatment – when children are not being maltreated, what is the family doing differently?
3. Ask about family strengths and resources.
4. Focus on goals – even in the initial maltreatment assessment.
5. Scale safety and progress.
6. Assess willingness, confidence and capacity – what is the family's buy-in and do they have the capacity to work the plan?

Signs of Safety: A solution and safety oriented approach to child protection casework. Turnell, A. and Edwards, S.; W.W. Norton & Co.; New York; 1999.

## USING THE APPROACH IN A COLLATERAL INTERVIEW

Dr. Peterson has called the Hotline to report that he has seen a 7 month old child who has a greenstick fracture of the left arm and two healed rib fractures. The mother brought the child in. The child has been admitted for further evaluation and the mother is staying with her.

Interview Notes:

Dangers (Risks):

Safety Signs (Protective Factors):

Practice Elements Demonstrated:

## **ASSUMPTIONS AND CAVEATS OF INITIAL CHILD MALTREATMENT ASSESSMENT INTERVIEWING TRAINING**

### **CHILD INTERVIEWS**

#### **Assumptions**

- The interviewing skills covered are applicable no matter what type of maltreatment is being assessed.
- Different age children require different interviewing techniques.
  - Young children are concrete and have not developed abstract thinking – thinking may not be linear, thinking may not be logical (this happened first, this happened second but more all over the place).
  - Children have different understanding of space, time, enumeration, distance and size than adults.
  - Children's perceptions/understanding of verbal concepts must be checked out.
  - The younger the child, the more egocentric the child.
  - Children can be accurate reporters of things they experience through their 5 senses.
  - Very young children may not understand the cultural significance of abuse or neglect.
- Interviewing children can include questions about their perception of safety (depending on age)

#### **Caveat**

- There will not be time to cover interviewing strategies for all ages of children in depth.

## FORENSIC INTERVIEWING - What Does THAT Mean?

Forensic: \_\_\_\_\_

---

Interview Characteristics:

- 
- 
- 

Other Notes:



**GOOD INTERVIEW STRATEGIES  
TIPS AND SUGGESTIONS**

Tips for Adults (note section)	Tips for Kids (note section)

## INTAKE SCENARIO

Information provided by the caller to the Hotline called in Nov. 15, 2002

Child: Terry Adams

Age: 9-years-old (DOB: 4/14/1993)

Address: 2575 Old Wagon Rd

Anyplace, Arkansas

No home phone (school records have message phone at aunt's house – (870) 438-9821

Wk phone (870) 438-6200 (Woodrow's Lamp Factory)

### Household Composition

Antoinette Adams – Mother, PRFC

Terry Adams, alleged victim, 4<sup>th</sup> grade

Anton Adams – 8-year-old brother, goes to same school, 2<sup>nd</sup> grade (held back one year)

Jeanette Adams – 6-year-old sister, goes to same school, 1<sup>st</sup> grade

Alleged victim has missed lots of school.

Alleged offender: Unknown but caller suspects the mother. It is listed as unknown because the caller did not ask the child who inflicted the injuries.

Central registry check shows prior report on victim for neglect in 2001, unsubstantiated; and prior reports the on brother 2001(abuse), 2000 (neglect), unsubstantiated.

You are getting ready to interview a 9-year-old child. The interview will take place in the counselor's office at the child's school. The school made a report to the Child Abuse Hotline that the child had come to school with 7 belt marks that extended across the shoulders, back and backs of one arm. The teacher noticed the marks on the child's arm. The child was sent to the school counselor who found the other marks. When the counselor questioned the child about the marks, the child said they were from a whipping for making an F on a spelling test. The school called the Hotline at that point. The report does not indicate who the alleged perpetrator is.

What collateral(s) do you identify from this scenario?

What questions would you ask the collateral(s)?

### OBSERVATION OF A COLLATERAL INTERVIEW

NOTES ON INTERACTION	WHAT DID YOU LEARN FROM THE INTERVIEW
<ul style="list-style-type: none"> <li>Note things you saw/heard the interviewer do.</li> <li>Note anything you particularly liked.</li> <li>Note things you would have done differently.</li> <li>On a scale of 1 – 10, where 1 equals very valued and 10 equals not at all valued, rank how you thought the person being interviewed felt?</li> </ul>	<ul style="list-style-type: none"> <li>What parts of the report have you confirmed?</li> <li>What did you learn that is new or different from the original report?</li> <li>Does this interview broaden or narrow the scope of the maltreatment assessment?</li> <li>What did you learn about protective factors?</li> </ul>

## FOOD FOR THOUGHT

You are going out on a Priority II report of cuts, welts and bruises. Policy requires that you make a visual inspection of the child and document whether or not there are injuries. If there are injuries, how did the child say they happened?

1. List the ways that you insure the dignity of the child while examining him/her for injuries?
2. How do you tell the child what you are doing or getting ready to do?
3. When do you notify the parent that you have seen his or her child, taken pictures, etc?

## STAGES OF THE INTERVIEW

### *ENGAGEMENT*

**Purposes of this stage:**

- Gain the child's trust
- Get the child used to providing narrative answers to questions
- Assess the child's communication/language skills
- Assess the child's comfort level, possible fears or other feelings

### *FACT-FINDING*

**Purposes of this stage:**

- Determine if the alleged event(s) occurred
- Get as much detail as possible (including details to support a determination that the alleged event did not occur)
- Questions for safety

### *CLOSURE*

**Purposes of this stage:**

- Give the child an opportunity to ask questions

If maltreatment was disclosed:

- ☐ Reassure the child he/she was right to tell
- ☐ Establish that it was the adult's fault (not the child's)
- ☐ Discuss next steps

## ENGAGEMENT STAGE

### INTERVIEWER'S TASKS

#### GOALS:

- Put the child at ease.
  - Convey an attitude of helpfulness.
  - Provide an opportunity for the child to provide narrative answers to questions.
  - Assess the child's ability to communicate.
- 

#### THINGS TO DO/ASK:

- Introduce yourself.
- What you do/why you are there?
- Determine child's feeling about/expectations of the interview.
- Find out how many places the child calls "home."
- Find out the names/relationships of people in the child's home(s).
- Find out the names of pets, friends, teachers, and relatives who are important in the child's life.
- Ask questions about known events – things to which you know the answer.
- Set and **practice** the interview "rules."
  - Tell only things that are true.
  - Correct the interviewer if he/she makes a mistake.
  - If the child does not know the answer, it is OK to say, "I don't know."

## NOTES ON ENGAGEMENT

- Are there things you would do differently?
- Are there things you like?
- What type of questions does the interviewer use?
- Did the interviewer do any assessment of safety at this stage?
- Other things you note:

## **FACT-FINDING STAGE INTERVIEWER'S TASKS**

### **GOALS:**

- Determine whether the child has been abused or neglected.
- Be able to say with a relative degree of surety that the child is safe or to begin planning for safety.

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### **THINGS TO DO/ASK:**

- Think of ways to transition from engaging to fact-finding.
- Try “probes.”
- Concentrate on the Big W's – Who, What, When, Where and How (yes, it's not a W but...)
- Avoid “Why” questions. This type question may feel blaming. The child may not know why the offender did something and may try to guess at the offender's motivation.
- Be attuned to evidence of pressure, coercion, secrecy and threats.
- Be attuned to the possibility of other types of maltreatment than the one in the report being assessed/investigated.
- If the allegation was sexual abuse, look for evidence of progression from less intrusive to more intrusive acts.
- If the allegation is physical abuse, be attuned to signs that the abuse is escalating in severity and/or frequency.
- Do not assume – that the abuse was painful, that the child is angry with the abuser, that the child wants to be away from the abuser



## WHAT DO YOU SAY AFTER YOU SAY HELLO?

Transitioning from stage to stage in an interview is an art, not an exact science. The interviewer is trying to focus the child's attention on the abuse content (if indeed the child was abused) without putting words into the child's mouth or suggesting an answer to the child.

Set out below are some 'probes' that may help in the transition. These probes are listed from least directive to most directive. They are used after rapport has been established.

### **PROBE #1**

**Do you know why you are here?** Use this question if the child has been brought to you for the interview – to your office, to a room at the school where you are already seated, etc.

**Do you know why I am here?** Use this question if you have gone to where the child is – home, a room at school where the child is already seated, etc.

### **PROBE #2**

**Who brought you here? What did Ms./Mr. \_\_\_\_ tell you we would be doing? What did Ms./Mr. \_\_\_\_ tell you we would be talking about?** Use this question if the child has been brought to you for the interview – to your office, to a room at the school where you are already seated, etc.

**Ms/Mr. \_\_\_\_ asked me to talk to you. What did Ms./Mr. \_\_\_\_ tell you we would be talking about?** Use this question if you have gone to where the child is – home, a room at school where the child is already seated, etc.

***NOTE: If interviewing the child at home, do not use this question if it will reveal the name of the reporter!***

### **REFERENCING THE COMPLAINT ALLEGATION**

In order to use this technique, the interviewer needs to have talked with some one who has knowledge of the complaint – the reporter or supportive adult. The interviewer gives the child back a little piece of the information that the interviewer has from the reporter.

## HIERARCHY OF QUESTIONS IN FACT-FINDING PHASE OF THE INTERVIEW

### ***Free Narrative and Other Open-Ended Questions***

Free narrative questions are used at the beginning of the interview, after the topic has been introduced, to encourage children to describe events in their own words.

*Examples:* “Tell me everything you can about that.” (In an actual interview, use the noun, not “that”.)  
“Start with the first thing that happened and tell me everything about it you can remember, even things you don’t think are important.”

Open-ended questions allow children to select the specific details they will discuss. Open-ended questions encourage multiple word responses.

*Examples:* “You said he took you into a room. Tell me about all of the things that were in that room.  
“You said, ‘That other time.’ Tell me about that other time.”

### ***Specific but Non-leading Questions***

Specific but non-leading questions ask for details about topics that children have already mentioned. Use these questions only when the details are important, because children often try to answer specific questions even if they do not know the relevant information.

*Examples:* “Do you remember what you were doing when he came over?”  
“What was he wearing when that happened?”

### ***Closed Questions***

Closed questions provide only a limited number of options. Multiple choice and yes-no questions are closed questions. Multiple choice questions – particularly when they have more than two options- are preferable to yes-no questions because they permit a wider range of responses.

*Examples:* “Did that happen in the kitchen, in the bathroom or some other place?”  
“Was your mom home when that happened?”

### ***Explicitly Leading Questions – No place in the initial maltreatment assessment interview***

Explicitly leading questions suggest the desired answer or contain information the child has not yet volunteered.

*Examples:* “You told your mom you were afraid of him didn’t you?”  
“Did he have his clothes on when he touched your pee-pee (when the child has not mentioned genital touching)?”

Source:

Poole, D. and Lamb, M. Investigative Interviews of Children, American Psychological Association, Washington, D.C. 1998

## WHAT DID YOU LEARN FROM THE INTERVIEW

Use this page to make notes on the interview with Terry. Be especially attuned to the following issues:

- What parts of the report have you confirmed?
- What did you learn that is new or different from the original report?
- Does this interview broaden or narrow the scope of the maltreatment assessment?
- Did you identify any other collaterals you need to talk to and if so, who?
- Did you identify any signs of safety?
- Discuss risk factors and protective factors.

## **CLOSURE STAGE INTERVIEWER'S TASKS**

### **GOAL:**

- Give the child an opportunity to ask questions of the interviewer.
- Be sure the child understands what will happen next.

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### **THINGS TO DO/ASK:**

- Answer any questions the child has as honestly as you can. (There may be some things you do not know the answer to.)
- If the child disclosed maltreatment reassure him/her was right thing to tell.
- If the child disclosed maltreatment, reassure him/her it was not his/her fault. Also reassure him/her that he/she is not in trouble.
- Do not make promises you cannot keep or that are out of your control.
- Depending on the child's age and development, discuss what will happen next.
- If the child did not disclose, thank him/her for talking to you and helping you figure things out.

## Types of Information

- **Corroborative information**--information that lends credence to the truth of the allegation or issue in question.

Examples:

- **Exculpatory information**--information which tends to counteract the complaint, assumption, or statements made by others. This information may exculpate the person who has alleged the offender, or even point to a different perpetrator.

Examples:

The worker needs to hear and record both, including information that would tend to prove that maltreatment did not occur.

## INTERVIEW CHARACTERISTICS AND PURPOSES

### Characteristics of an interview

The interview is most effective if the person is encouraged to talk freely, and allowed to do so with little interruption. In other words, use the open ended directives mentioned earlier. The interviewee lends direction to the conversation; i.e., the interviewee tells his or her story. The interviewer responds in a respectful manner.

At this point in time, the interviewer does the following:

- Probes but doesn't cross-examine
- Inquires but doesn't challenge
- Suggests rather than demands
- Uncovers
- Guides, but does not dominate
- "You" focused"; not "I" focused
- Moves from open ended questions to **wh-** questions
- Avoids **tag questions** ("You were there, weren't you?")
- Asks to amplify or clarify, but does not challenge yet
- Accomplished with restatements, feed back (uh-huh, yeah) or even long silent pauses, exploring expectations, and suspending judgment at this point
- Gets the details
- Summarizes with non-threatening requests for clarification ("I'm not sure I understand")

After the initial statement:

- Go back and ask for clarifying details
- Clear up areas that appear to be (or are) contradictory
- Focus on the need to keep the children safe
- Assess whether care giver feels there is a safety issue and whether he/she can participate in a plan for safety

## Notes on Interviews with Alleged Offenders

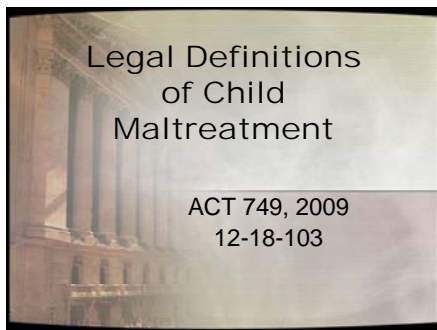
How comfortable are you when interviewing an alleged offender?

What struck you as good or useful in this interview?

What would you do differently?

If so, what?

Handout 1  
Slide 1



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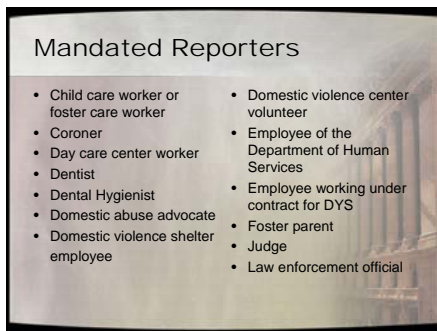
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Slide 2



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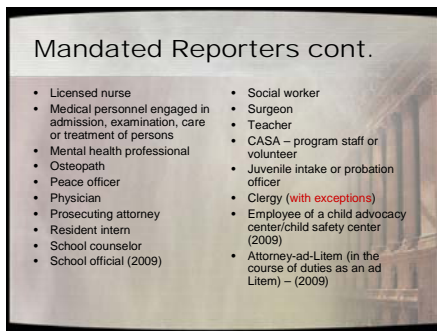
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Slide 3



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Slide 4



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Slide 5

Child Maltreatment

- Means abuse, sexual abuse, neglect, sexual exploitation, or abandonment.

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Slide 6

Child maltreatment is considered acts or omissions by:

- Parent;
- Guardian;
- Custodian;
- Foster Parent;
- Person 18 years of age or older living in the same home with a child (whether or not related); or
- Any person that is entrusted with the child's care including but not limited to an agent or employee of a public or private residential home, child care facility, public or private school or any person legally responsible for child's welfare.

• **STOP: There is one exception!**

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Slide 7

Abandonment

- Parent fails to provide reasonable support and to maintain regular contact and parent intends for this to go on indefinitely;
- Failure to support or maintain contact without just cause; or
- An articulated intent to forego parental responsibility. (**STOP: Examples!**)

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Slide 8

**Abandoned Infant**

- An infant less than 9-months-old and whose parent, guardian, or custodian left the child alone or in the possession of another person without identifying information or expression of intent by words, actions, or omissions not to return for the infant.
- (Please note: This definition comes from the Juvenile Code, not the Maltreatment Act).

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Slide 9

**Abuse**

- Extreme or repeated cruelty to a child;
- Creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ;
- Injury to child's intellectual, emotional, or psychological development;
- Any injury that is at variance with history given;
- Any non accidental physical injury;

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Slide 10

**Abuse**

- Any of the following intentional or knowing acts with physical injury and without justifiable cause:
  - Throwing, kicking, burning, biting or cutting a child;
  - Striking a child with a closed fist;
  - Shaking a child;
  - Striking a child on face or head;

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Slide 11

Abuse

- Any of the following intentional or knowing acts, **with or without** physical injury:
  - Striking a child 6 or younger on the face or head;
  - Shaking a child age 3 or younger;
  - Interfering with a child's breathing; or
  - Pinching, biting, or striking a child in the genital area.

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Slide 12

Abuse

- Tying a child to a fixed or heavy object or binding or tying a child's limbs together;
- Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;

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Slide 13

Abuse

- Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of a child including:
  - Marijuana;
  - Alcohol (except for religious reasons);
  - Narcotics;
  - Over-the-counter drugs if purposely overdosed or inappropriate over-the-counter drugs and child is detrimentally impacted;

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Slide 14

Abuse

- Exposing a child to chemicals that have the capacity to interfere with normal physiological function, including chemicals used or generated during the manufacture of methamphetamine;
- Subjecting a child to Munchausen's Syndrome by Proxy or a Factitious Illness by Proxy if the incident is reported and confirmed by medical personnel.

• **STOP: What is MSBP Maltreatment?**

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Slide 15

Abuse

- Shall not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting a child.

• **Stop! How do you determine reasonable and moderate?**

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Slide 16

Reasonable and Moderate

- Age, size and condition of the child
- Location of the injury
- Frequency/reoccurrence
- Does not cause injury more serious than transient pain or minor, temporary marks

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Slide 17

**Abuse**

- Shall not include when a child suffers transient pain or temporary marks as a result of restraint if:
  - Restrainer is employee of licensed agency;
  - Agency has policy regarding restraints;
  - Child is in danger of hurting self or others;
  - There are no other alternatives;
  - Restrainer has been trained properly; and
  - Restraint is for reasonable period of time.
  - Restraint used complies with training, policy & procedures

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Slide 18

**Dependent-Neglected Juvenile**

- Any child who is at substantial risk of harm as a result of:
  - Abandonment; abuse; sexual abuse; sexual exploitation; neglect, parental unfitness to the child, a sibling, or another child; or
  - Being present in a dwelling or structure during the manufacturing of methamphetamines with the knowledge of a parent, guardian, or custodian.
  - The definitions on this slide come from the Juvenile Code

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Slide 19

**Deviate Sexual Activity**

- Any act of sexual gratification involving:
  - Penetration, however slight, of the anus or mouth of one person by the penis of another person; or
  - Penetration, however slight, of the labia majora or anus of one person by any body member or foreign instrument manipulated by another person;

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Slide 20

**Forcible Compulsion**

- Means physical force, intimidation, or a threat, expressed or implied, of physical injury to or death, rape, sexual abuse, or kidnapping of any person;
- The age, developmental stage, and stature of the victim and the relationship of the victim to the assailant, as well as the threat of deprivation of affection, rights, and privileges from the victim by the assailant weigh in when proving "compulsion"
- **STOP: Why do you think this is important?**

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Slide 21

**Indecent Exposure**

- Means the exposure by a person of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person or of any person under circumstances in which the person knows the conduct is likely to cause affront or alarm;

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Slide 22

**Near Fatality**

- Means an act that, as certified by a physician, places the child in serious or critical condition;

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Slide 23

Neglect

- Failure or refusal to prevent the abuse of the child when the person knows or has reasonable cause to know the child is or has been abused;
- Failure or refusal to provide necessary food, clothing, shelter, education required by law and medical treatment; **STOP: Caveats**
- Failure to take reasonable action to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, neglect or parental unfitness when the existence of the condition was known or should have been known;

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Slide 24

Neglect

- Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional needs of the child including the failure to provide a shelter that does not pose a risk to the health or safety of the child;
- **STOP: What do we mean by irremediable inability?**

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Slide 25

Neglect

- Failure to provide care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;
- Failure to assume responsibility for care and custody; or to participate in a plan to assume responsibility

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Slide 26

Neglect

- Failure to appropriately supervise that results in child's being left alone at an inappropriate age or in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk for harm;

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Slide 27

Neglect (Garrett's Law)

- Causing a child to be born with an illegal substance present in the child's bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the child; or
- At the time of birth of a child the presence of an illegal substance in the mother's bodily fluids or bodily substances as a result of the pregnant mother's knowingly using an illegal substance before the birth of the child.
  - "Illegal" means a drug prohibited to be used or possessed without a prescription

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Slide 28

Garrett's Law Cont.

- Requires initiation of the investigation in 24 hours even though it is not defined as "severe" maltreatment.
- When making the determination, there is now a category of "True but Exempted" for Garrett's Law cases.
- **STOP!!** Discuss implications for protection and case work.

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Slide 29

**Pornography**

- Pictures, movies, or videos that lack serious literary, artistic, political, scientific value and that, when taken as a whole and applying contemporary community standard, would appear to the average person to the prurient interest;
- Material that depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political or scientific value.
- Obscene or licentious material

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Slide 30

**Serious Bodily Injury**

- Bodily injury that involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty;

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Slide 31

**Severe Maltreatment**

<ul style="list-style-type: none"> <li>• Sexual abuse</li> <li>• Sexual exploitation</li> <li>• Acts, or omissions which may or do result in death</li> <li>• Abuse involving the use of a deadly weapon</li> <li>• Bone fracture</li> <li>• Internal injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Burns</li> <li>• Immersions</li> <li>• Suffocation</li> <li>• Abandonment</li> <li>• Medical diagnosis of failure to thrive</li> <li>• Causing a substantial and observable change in the behavior of the child</li> </ul>
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Slide 32

**Sexual Abuse**

- By a person 10-years-old or older to a person younger than 18-years-old:
  - Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
  - Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
  - Indecent exposure;
  - Forcing the watching of pornography or live sexual activity;

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Slide 33

**Sexual Abuse**

- By a person 18-years-old or older to a person not his or her spouse who is younger than 16-years-old:
  - Sexual intercourse, deviate sexual activity, or sexual contact; or
  - Attempted sexual intercourse, deviate sexual activity, or sexual contact;

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Slide 34

**Sexual Abuse**

- By a caretaker to a person younger than 18-years-old:
  - Sexual intercourse, deviate sexual activity, or sexual contact;
  - Attempted sexual intercourse, deviate sexual activity or sexual contact
  - Forcing or encouraging the watching of pornography; or
  - Forcing, permitting, or encouraging the watching of live sexual activity;

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Slide 35

### Sexual Abuse

- By a person younger than 10-years-old to a person younger than 18-years-old:
  - Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
  - Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;

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Slide 36

### Sexual Contact

- Means any act of sexual gratification involving:
  - Touching, directly or through clothing, of the sex organs, buttocks, or anus of a person or breast of a female;
  - Encouraging a child to touch the offender in a sexual manner; or
  - Offender requesting to touch the child in a sexual manner;

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Slide 37

### Sexual Exploitation

- Allowing, permitting, or encouraging participation or depiction of the child in:
  - Prostitution;
  - Obscene photography;
  - Obscene filming;
- Obscenely depicting, obscenely posing, or obscenely posturing a child for any use or purpose;

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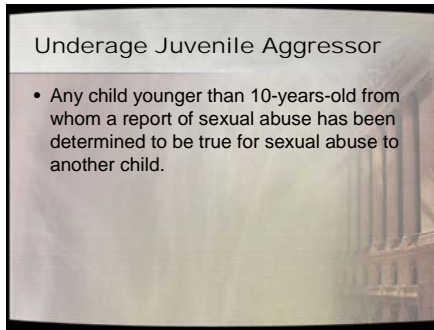
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Slide 38



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Handout 2

**CONDUCTING THE INITIAL CHILD MALTREATMENT ASSESSMENT  
WHAT THE ASSESSOR MUST DO**

<u><b>REQUIREMENTS</b></u>	<u><b>LAW</b></u>	<u><b>POLICY (II-E)</b></u>
<p style="text-align: center;"><b>TIME FRAMES</b></p> <ul style="list-style-type: none"> <li>• <b>When must the child maltreatment assessment be started?</b> 72 hours 24 hours if Priority 1 or severe maltreatment (Garret's Law cases are Priority 1 but not defines as severe)</li> <li>• <b>When is the assessment considered initiated?</b> The assessment is initiated when the child has been interviewed outside the presence of the alleged offender.</li> <li>• <b>When must the child maltreatment assessment be completed?</b> 30 days from the time the report was made (not the time it was assigned for assessment) – exception: Out-of-home alleged offender and additional 30 days to assess safety of offenders children</li> </ul> <p><b>CONFIDENTIALITY</b></p> <ul style="list-style-type: none"> <li>• <b>Can the assessor release the name of the reporter to the family being assessed?</b> No</li> </ul> <p><b>REQUIRED ACTIONS/CONTACTS</b></p> <ul style="list-style-type: none"> <li>• <b>Who must be interviewed?</b> The child victim All other children in the home or under the care of the same care giver The parents of the child (including non-custodial parent) The alleged offender if different from the parent Other relevant people (collaterals)</li> <li>• <b>What must the investigation attempt to ascertain (determine)?</b> The existence, cause, nature and extent of maltreatment – is it there, how bad is it, and what caused it The existence and extent of previous injuries – has it happened before, how bad and what caused The identify of the perpetrator – who did it The names and condition of other children in the home – who else is at risk</li> </ul>	<p>12-18-602</p> <p>12-18-601</p> <p>12-18-616 (3)</p> <p>Child Maltreatment statute has several sections now related to confidentiality of the reporter</p> <p>12-18-605; 12-18-608;</p> <p>12-18-606; 12-18-607</p>	<p>Procedure II-D1</p> <p>Procedure II-D1</p> <p>Procedure II-D6</p> <p>Policy I-F</p> <p>Procedure II-D2</p> <p>Policy II-D;</p>

<p>The circumstances of the parents/caregiver – who are these people and what made them into the people they are today (risk factors and strengths)  The environment where the child resides – <b><i>got to go to the house!</i></b>  The relationship between the children and the parents/caregivers  All other pertinent data – can only be determined on a case by case basis.  Whether the alleged offender has access to children and whether or not the children are at risk such that they need to be protected.</p> <p><b>Can Do's</b></p> <ul style="list-style-type: none"> <li>• <b>Other actions the assessor make take, depending upon the need include:</b>  Obtain a physical examination  Have radiology procedures performed  May take photographs  May cause a psychological exam to be performed  Drug testing  Criminal Background check  Obtain school records; gain entry into school</li> <li>• <b>When and to whom do you give Pub 52? Why is this form important?</b>  Give at the first contact with the parents and with the alleged offender if different from the parents   Parents get a copy even if they are not the alleged offender  Pub 052 is basically a “best practice” publication, in that it provides a vehicle to discuss the assessment process with the family. Other forms meet the legal requirements for notification but this document does set out the parents’ rights to see the report. <i>Consider giving the Pub to older children. It is not required by law or policy but makes sense from a good practice perspective.</i></li> </ul> <p><b>Other Required Actions</b></p> <ul style="list-style-type: none"> <li>• Health and safety assessment (CFS-6025)</li> <li>• Risk Assessment (if the allegation is found to be True) (CFS-6026)</li> </ul> <p>Referral for Early Intervention Assessment on all children ages 3 and under if there is a true report on any child in the family whether or not there was a case opened as a result of the true finding. (Time frames for referral depend on whether a case was opened and what type of case was opened)</p>	<p>12-18-609; through 12-18-615</p> <p>CAPTA Requirement</p>	<p>Policy II-D</p> <p>Procedure II-D2</p> <p>Policy II-J</p>
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Handout 3

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## Handout 4

**SAFETY vs. RISK ASSESSMENTS**

Safety and risk are not synonymous. Safety assessments and plans are concerned with the immediate situation. The focus is on identifying current conditions that may harm or endanger children and conditions that may help ensure safety for children. The focus of the safety assessment and plan is rather narrow. Safety assessments and plans are designed to get the family through a short period of time until a more thorough assessment and plan for change can be developed.

Risk assessments are much more comprehensive. They focus on identifying factors that are predictive of maltreatment and on identifying other protective factors (strengths) that might reduce risk of future harm. Risk assessments take the safety assessment to the next level and are the foundation for planning for future change. Good risk assessments identify not only the factors and conditions that might make it likely that maltreatment will reoccur but also on factors and conditions that are protective and can be the cornerstones of the case plan.

<b>Safety</b>	<b>Risk</b>
<b>Concerned with current conditions that may harm or endanger child now.</b>	<b>Concerned with factors that are predictive of child abuse and neglect in the future.</b>
<b>Requires immediate assessment and intervention to protect child from current threats of harm.</b>	<b>Requires planned interventions, usually delivered through services that are designed to decrease risk of harm.</b>
<b>Assessment is provided by the Family Service Worker and is based primarily on observation and/or interview with child and parents or care givers.</b>	<b>Requires a comprehensive assessment of factors provided by the Family Service Worker/Division staff with input from parents, caregivers, children, service providers and extended family members.</b>

**Handout 5**

**SAFETY ASSESSMENT/PROTECTION PLAN REQUIREMENTS**

**POLICY II-J: PROTECTION PLANS**

08/2008

Protection planning is the responsibility of DCFS and cannot be delegated to the family, supports, or treatment providers. Protection planning and oversight on the part of DCFS continues throughout involvement with the family as long as threats are present.

Protection planning is a creative process that occurs with the family and may include the family's selected support network. The plan must be sufficient to manage and control safety threats, based on a high degree of confidence that it can be implemented and sustained.

DCFS will assure that the roles and responsibilities of providing safety services are clearly described to and discussed with the person providing those services and are documented in the case record.

The protection plan is a written agreement, with a copy provided to the caregiver and to other members participating in the plan with appropriate consent of the caregiver.

**PROCEDURE II-J1: Critical Elements of a Protection Plan**

09/2008

The FSW must determine the suitability of the person or persons responsible for carrying out the protection actions by assuring that those persons:

1. Are fully informed about the threats and concerns;
2. Understand and accept their responsibility to protect the child;
3. Accept and believe that the threats exist;
4. Understand and accept the need for safety intervention;
5. Are available in terms of time and accessibility;
6. Are immediately available;
7. Are aligned with and responsive to DCFS;
8. Are trustworthy, dependable and have no substance use, mental health issues or other major life issues that may prevent them from being protective;
9. Provide a home that is suitable and safe if the child will be staying there.

The FSW must assure that the protection plan is sufficient to manage and control safety threats, based on a high degree of confidence that it can be implemented and sustained. Sufficiency determination is based on a prudent judgment that the plan will keep the child safe and is based on these criteria:

The plan

10. Does not rely on promissory commitments from caregivers or court orders prohibiting behaviors;
11. Focuses on enhancing diminished caregiver protective capacities as the highest priority for change;
12. Includes safety services that have an immediate impact on controlling safety threats;
13. Includes safety actions only;
14. Matches the safety threats as they occur in the family;
15. Has a mechanism for ongoing oversight by the FSW;
16. Has a contingency plan for safety providers if they are unable to fulfill their commitment to be protective;
17. Has a communication plan for monitoring, providing feedback, and problem solving.

**PROCEDURE II-J2: When to Develop a Protection Plan**

09/2008

A protection plan should be developed:

1. During the investigation as needed to prevent removal of the child from the home;
2. After a Protective Services case is opened, when an Order of Protection is in place;
3. In any type case, if a safety threat of any type is identified.

**Handout 5 Cont.**

**HEALTH AND SAFETY CHECKLIST QUESTIONS**

1. Caretaker's behavior toward children is violent or out of control.
2. Caretaker describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Caretaker caused serious physical injury to the child or made a plausible threat to cause severe physical injury.
4. Caretaker's explanation of the injury is unconvincing.
5. The family refuses access to the child, or there is reason to believe the family is about to flee, or the child's whereabouts is unknown.
6. Caretaker has not, will not or cannot provide supervision necessary to protect the child from potentially serious dangerous harm.
7. Caretaker is unwilling or unable to meet the child's immediate need for food, clothing, shelter and/or medical care.
8. Child is fearful of caretakers, other family members, or other people living in or having access to the home.
9. Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental status.
10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
11. Caretaker's current substance abuse seriously affects his/her ability to supervise, protect or care for the child.
12. Caretaker fails to protect child from serious physical harm or threatened harm.
13. Caretaker's emotional stability seriously affects current ability to supervise, protect or care for the child.
14. Caretaker has previously maltreated a child and the severity or the caretaker's response to the previous incident suggests that child safety may be an immediate concern. (TPR, Prior Death, Prior Placement of any child, Prior Hospitalization Due to Abuse/Neglect)
15. Other

**SAFETY PLAN (CHRIS Language)**

1. Monitoring or direct service by FSW.
2. Use of family resources, neighbors or other individuals in the community as safety resources.
3. Use of community agencies or services as a safety resource. (Check either IFS or Community Services)
4. Recommend the alleged offender leave the home.
5. Recommend that the non-maltreating caregiver move to a safe environment with the child.
6. Other
7. Children must be removed from the home

**Safety Decision:**

Handout 6

**12 PRACTICE ELEMENTS – SAMPLE QUESTIONS**

1. RESPECT SERVICE RECIPIENTS AS PEOPLE WORTH DOING BUSINESS WITH
  - What are the benefits of approaching a family with an open mind?
  - How might that help you to build a relationship with the family?
2. COOPERATE WITH THE PERSON, NOT THE ABUSE
  - What can you do to make the family members feel they are being listened to and respected?
  - How might you make the family feel more involved in decisions and planning?
3. RECOGNIZE THAT COOPERATION IS POSSIBLE, EVEN WHERE COERCION IS REQUIRED
  - How will you walk the fine line of balancing your authority, while at the same time building a relationship with the family?
4. RECOGNIZE THAT ALL FAMILIES HAVE SIGNS OF SAFETY
  - Do you find yourself focusing on only negative aspects of a family?
  - How can you learn to recognize positive behaviors in each family? In other words, how can you focus on what is *strong* in the family and not only what is *wrong* with the family?
5. MAINTAIN A FOCUS ON SAFETY
  - How might you keep both yourself and the family focused on the main goal, keeping the child(ren) safe?
6. LEARN WHAT THE SERVICE RECIPIENT WANTS
  - List some ways you might encourage families to be motivated to share their ideas and goals.
  - What are some good techniques for encouraging families to be motivated to share in the process? Are there certain things you can do or say that might help?
7. ALWAYS SEARCH FOR DETAIL
  - What are some ways you might get more details from families? Are there certain questions that you can ask?
  - Why is getting as much detail as possible important?
8. FOCUS ON CREATING SMALL CHANGE
  - Think about how you might break down a larger goal into smaller ones.
  - What is the benefit of presenting smaller goals rather than larger goals?
9. DON'T CONFUSE CASE DETAILS WITH JUDGMENTS
  - Do you find yourself making incorrect or biased judgments before you have all the information?
  - After you have made a decision, do you keep your mind open to new information and changing circumstances?
  - How can you make professional judgments about a family and their situation without being judgmental?
  - How can you keep your *personal* values and opinions separate from *professional* judgments about a family and their situation?

10. OFFER CHOICES
  - Why is it important to offer choices to families?
  - How might offering choices to families encourage them to be involved in the process?
11. TREAT THE INTERVIEW AS A FORUM FOR CHANGE
  - Considering that the interview is seen as the primary intervention for a family, how can you tailor your approach to families? This includes questions asked, the tone used, etc.
  - Have you considered, for example, that the way you talk to families impacts the relationship and ultimately their willingness to change?
12. TREAT THE PRACTICE PRINCIPLES AS ASPIRATIONS RATHER THAN ASSUMPTIONS

### **6 PRACTICE PRINCIPLES – SAMPLE QUESTIONS**

1. POSITION REGARDING THE PROBLEM, THE SOLUTION AND THE AGENCY
  - a. From the report, you can see what someone else saw things. What is your perspective on this situation?
  - b. How do you think your child would explain what happened?
  - c. Some people might say you need to do\_\_\_\_\_. What do you think about that? Or What do you think needs to happen?
2. EXCEPTIONS TO MALTREATMENT:
  - a. You said earlier it hasn't always been like this. Tell me more about times when it was different.
  - b. Are there time when the situation has been better? What was different about those times?
3. FAMILY STRENGTHS AND RESOURCES
  - a. Is there any one who helps you?
  - b. Look for appropriate behaviors to compliment and recognize; recognize some behaviors as strengths rather than problems
  - c. What would you say you are good at?
  - d. What do you like about your child?



4. GOALS – AGENCY AND FAMILY – even in the early work of safety planning
  - a. We both see the need for your child to be safe. I am interested in hearing ideas you have for doing this?
  - b. What would it take to make your child safer?
  - c. It's clear you don't want us in your life. What needs to be different so that we can close this case?
  - d. My goal is to make sure that \_\_\_\_ will not have any more bruises from physical punishment (Articulating the Agency Expectation).
5. SCALING AND PROGRESS
  - a. On a scale of 1 – 10, where one is the worst it could be and ten is the best it could be, how would you what would you say this boo-boo is?
  - b. On a scale of 1-10, where one is it couldn't be worse and ten is it's the best it's ever been, how would you rate your family right now? A follow up question might be, "If you are at a \_\_ now, what changes would need to be made to increase that number one point?"
6. WILLINGNESS, CONFIDENCE AND CAPACITY
  - a. This is also a good place for scaling questions.
  - b. You talked earlier about going to a shelter. On a scale of 1 -10, how willing are you to give that a try?
  - c. What parts of the safety plan do think you will be best able to tackle?

Using these questions can not only help you get at protective and constructive factors. These types of questions may highlight real lack of strengths, exceptions, willingness, capacity, etc. and may help support the decision to remove.

Handout 7

The diagram illustrates the 'Signs of Safety Assessment and Planning Form'. At the top, a title box reads 'Signs of Safety Assessment and Planning Form'. Below this, a horizontal double-headed arrow connects 'DANGER/HARM' on the left to 'SAFETY' on the right. To the left of the arrow, the text 'Safety and Context Scale' is positioned next to a square graphic divided into four quadrants: top-left is dark gray, top-right is light gray, bottom-left is white, and bottom-right is dark gray. To the right of the arrow, two text boxes provide scale definitions: 'Safety Scale: Given the danger and safety information rate the situation on a scale of 0-10, where 0 means reoccurrence of similar or worse abuse/neglect is certain and 10 means there is sufficient safety to close the case.' and 'Context Scale: rate this case on a scale of 0-10 where 10 means this is not a situation where any action would be taken and 0 means it is the worst case of child abuse/neglect the agency has seen.' Below these scales, the form includes sections for 'Agency Goals', 'Family Goals', and 'Immediate Progress'. At the bottom right, a copyright notice states: 'Signs of Safety Assessment and Planning Form © 1999 Andrew Turnell and Steve Edwards Used with permission, 2009'.

Signs of Safety Assessment and Planning Form

**DANGER/HARM** ↔ **SAFETY**

Safety and Context Scale

Safety Scale: Given the danger and safety information rate the situation on a scale of 0-10, where 0 means reoccurrence of similar or worse abuse/neglect is certain and 10 means there is sufficient safety to close the case.

Context Scale: rate this case on a scale of 0-10 where 10 means this is not a situation where any action would be taken and 0 means it is the worst case of child abuse/neglect the agency has seen.

Agency Goals

Family Goals

Immediate Progress

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## HANDOUT 8

### INTERVIEWS WITH TEACHER AND COUNSELOR

#### TEACHER INTERVIEW

The teacher noticed the bruises on Terry's arm and asked her about how they happened. Terry said she fell. The teacher was worried that this bruise was linear and did not look like it was from a fall. The teacher has noticed bruises before but the child has always given a history that they were due to some accident. The most worrisome of these bruises was when she came with a black eye. She told the teacher she and her brother were fighting and he punched her in the eye. Her brother has had fights at school so the teacher thought it was possible he did it. She was surprised that Terry told the counselor that she got a whipping for making an F on a spelling test. The class has not had a spelling test this week and last week she made a 74 on her spelling.

**Memorable event:** The class watched a video yesterday about dolphins. The class spent a lot of time talking about the video afterwards – that dolphins breathe air like people, that dolphins have gotten caught in fishing nets and died, that dolphins live in the ocean, that dolphins “talk” to each other with squeaks. Terry seemed to be very interested in this video and participated in the class discussion.

How is the child's general performance in school? This child is no trouble at school. She is very quiet and makes “Cs” and “Bs.” Lately, she has had a problem with not finishing her homework. This child is beginning to have a worrisome amount of absences. They usually but not always happen on Monday. The teacher will add that she thinks Terry has the potential to do better, because last year and the year before, she was an “A” and “B” student. Last year she had perfect attendance.

This child has few friends this year. She keeps to herself. Her mother has not come to any parent/teacher conferences. This is a change from last year because mother came to at least some of the conferences. The child likes to draw and her best subject in school is math. She likes to collect Harry Potter stuff.

## **COUNSELOR INTERVIEW**

Terry was referred to the counselor after the teacher noticed bruises on her arm. The counselor looked Terry over and found the rest of the injuries. There were seven marks that looked like belt marks that went across Terry's back and shoulders. Some of the marks extended down her arms and it was these that the teacher noticed. All the marks looked about the same age. Terry told the counselor that she made an F on a test so she got a "spanking." The counselor did not interview her any further.

The counselor talked with Terry to let her know she was going to call some people who would come and talk to her. Their job is to keep children safe.

Up until this year, the counselor had not really known Terry. She knows his brother Anton because he is always in trouble for fighting and had been held back a year. She says the school suspects Anton has a learning disorder but he has not been tested. She has not had any behavioral problems like her brother, but she has already had enough unexcused absences that she is in danger of having to repeat her grade. Her school performance has dropped off from being an A and B student to doing C work and not finishing her homework.

## Handout 9

### INTERVIEW WITH ANTON (AT SCHOOL)

Anton was relatively difficult to engage. He said that Terry got a whipping for going out when she wasn't supposed to. He saw Daddy (Larry) take off his belt and "let her have it" yesterday. Terry was jumping up and down and that's why she got hit on the back. If she had been still like she was supposed to, the belt would have hit her "butt." Anton says that Daddy hits him and Jeanette too when they have been bad. When asked about things he got whipped for, Anton says, "fighting with my sisters and fighting at school. Jeanette gets it for being sassy and loud when the TV is on."

Anton did not express concern about any of the other children. Anton did say that his sister Marilyn and brother Martin don't get spanking as much as the rest of them. Anton would not talk about the baby.

Anton did not have any marks or bruises on him today.

### INTERVIEW WITH JEANNETTE (AT SCHOOL)

Jeannette was inside and did not hear Terry get a spanking. She and Terry share a bed along with Marilyn and Monique so she knows that Terry has boo-boos. Jeanette said spankings happen all the time. Larry is the spanker. Momma just yells or tells Larry to take care of it. Jeanette is impressed that Terry is learning to cook. She says she can't wait until Granny teaches her too. She says Granny brings food sometime or they walk to Granny's house. Jeanette said that Momma and Daddy (Larry) go with them to Granny's sometimes and sometimes they go by themselves. Granny gets mad at Momma if Momma's been drinking and they yell a lot! But Granny tells them their Momma is doing the best she can.

Jeannette did not have injuries or bruises.

## HANDOUT 10

### Interviewing Adult Witnesses and Alleged Offenders

Based on the video excerpt you just saw, please answer the following questions.

1. How many people did you see there?
2. Did you see him kiss her while sitting in the truck?
3. How many times did he slap the victim as he attacked her?
4. Where was the little dog?
5. What did she step on when she was running away?
6. Which phrase best describes what you saw?
  - He chased her and pinned her to the ground.
  - He chased her and raped her.
  - He chased her and molested her.
  - He chased her and assaulted her.
7. List one other thing you noticed.

## **Handout 11**

### **FROM THE HOME VISIT**

#### **Martin**

Martin is 18 months old. He is not walking yet. He does not say any words while you are there but he does babble. He responds with a smile when you try to interact with him. He has no marks or bruises. He appears to be within normal limits for height and weight for 18 months. His mother is a little worried that he isn't walking or talking yet but says some babies are just slow. He does not have any injuries.

#### **Marilyn**

Marilyn is 3. She engages with you pretty easily. Her speech is a little hard to understand. She asks you if you have any cookies and keeps saying hungry, hungry. When asked to point to Mommy she points to Terry. She shows you her baby doll. Marilyn has no bruises.

#### **Monique**

Monique is 2 months old. She appears very skinny for a 2 month old. She is sucking a pacifier. She has little reaction to you. When Terry picks her up, she does snuggle into Terry. Neither Mom nor Dad make any effort to care for the baby while you are there, leaving her to Terry's care. You observe Terry fix the formula and she seems to do a good job. Monique eats like there is no tomorrow.

#### **Home**

When you get to the home you meet a middle aged woman coming down the driveway. She says she is Terry's grandmother. She has just brought groceries to the house including formula for the baby. She is on her way back home. She agrees to meet with you later to talk about the family.

Other than the groceries which are still in the sack, there is virtually no other food in the house. The groceries are enough for about 2 days. There are Pampers and there is formula. There is no beer or other liquor in the refrigerator or in the cabinets. The house has utilities but no phone. Mr. Jones has a cell phone. The sleeping arrangements are like Terry had described. There is no crib. The family does have a car. Both adults appear to be sober.