MidSOUTH TRAINING ACADEMY

SCHOOL of SOCIAL WORK

CHILD MALTREATMENT INVESTIGATIONS

CONTINUING EDUCATION

FAMILY SERVICE WORKER

ASSESSING CHILD MALTREATMENT ALLEGATIONS
MANDATORY TRAINING FOR FAMILY SERVICE WORKERS

Need for Training: The training is designed as a refresher for all FSWs who conduct child maltreatment investigations. The focus of this training is to enhance skills needed to conduct thorough child maltreatment investigations and ensure child safety. This training will support the Division's Practice Model and casework process.

This training has been designed to address areas that need to be strengthened based upon concerns expressed by DCFS' executive staff along with the results of an independent review of child maltreatment investigations conducted by Hornsby-Zeller Associates. These areas for improvement are:

- Need to accurately develop an Investigative Plan.
- Need to gather the information and evidence needed to complete an investigation.
- Need to conduct thorough interviews with reporters, collaterals and subjects of the reports.
- Need to improve worker decision making.
- Accurately identify and address safety concerns and risk factors.
- Develop, document and implement appropriate and effective protection plans.
- Accurately identify protective factors and utilize these resources in safety planning and case planning.
- Need to accurately document CHRIS merges and updates.
- Need to develop effective affidavits.

Standard Room Set-up (for each day of training)

Class roaster/sign – in sheets (morning and afternoon)

Name tents

White board and makers

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

PowerPoint Projector

Computer station with CPU, VCR, DVD, speakers

CHILD MALTREATMENT INVESTIGATIONS
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.
- Understand the Division's philosophical orientation to child maltreatment investigations.
- Know the areas where the Division is expecting improved performance.

Materials:

- Agenda
- Flipchart pad, easel, and markers for at least four small groups.
- White board and markers
- Child Maltreatment Investigator's Guide
- Practice Model Poster(on the R Drive in a Folder Titled Training Posters)
- Name tents

Set up Note: Before beginning the session, be sure that there is a name tent for each participant who has registered for the workshop.

A. Introduction

Introduce yourself to the class and pass out Handout #1 titled Agenda. Review the training Agenda and ask participants if they have any questions regarding the materials that will be covered. This group is composed primarily of seasoned workers with several years of experience conducting child maltreatment investigations, so the information provided in this training is going to be a refresher.

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. Worker 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 approve smoking locations.

- Training Center Facilities. Direct participants to the location of bathrooms, phones, message boards, and other important facility sites.
- Cell phones/Office Work. Turn cell phones off during training. You may return the phone calls during the breaks. Do not bring office work to training.

You are going to view the video "Alyssa Lies" which has been used to promote child abuse prevention. This is a short but very emotional video that sets the tone for the seriousness of the work you are required to do in Child Protection. Take a moment to list two memorable details about the video.

Trainers Note: Process the video after the participants view it. Stress that the work of an investigator is very emotional work. Attempt to have them get in touch with the emotions elicited by the viewing of this video. Allow some of the participants an opportunity to share their memorable details. Acknowledge that this is what and how you feel when you work in this field.

Refer participants to page 1 (Training Objectives), in the Participant Manual. This page contains the training objectives. Be sure to emphasize that the areas identified in the training objectives are areas the Division has targeted for improvement. The training will focus on FSW interviews, information gathered and documentation needed to focus on the following:

- Safety,
- Strengths,
- Needs
- Accuracy in documentation
- Accurate Finding

B. Practice Model

Next, refer participants to the Practice Model Poster. The Poster is located on the R Drive in the PDD Folder. There is a folder titled Training Posters. (This page is also in the Participant Manual page 2) This material is likely not going to be new to the participants, so focus on the following:

- Look at the Practice Model Goals and look at the statement that says, "Every step of a family's encounter." The teaching point becomes; You are the first step, the first person on the other side of the family's door. The person who will set the tone.

- As veteran investigators, you have seen the Division move to a direction that expands your role and job expectations. Divide the participants into small groups with staff setting at tables with participants from other Areas. Ask the participants to identify/list ways their roles have changed and expanded. Additionally," why do you think the roles have expanded"? What are some of the pros, cons and barriers? Bring the groups together to discuss their responses.

Summarize past duties. In the past, the Investigator's main function was to:

- Assess the truth of the allegation – is there a preponderance of evidence to support the alleged maltreatment.
- Assessed the likelihood of future harm – conducted risk assessments.

The added expectation is this:

- Investigators must work to engage the family and obtain their cooperation during the investigation so that not only is the best information gathered but also a partnership is formed with the family.
- Look at "Safely keep children with their families." Ask participants to discuss this at their tables for about 5 minutes how they interpret this statement and behaviors that they engage in to demonstrate *how* they put this practice principle into action. What are the things that each individual at the table considers when they are deciding if children are safe. Each table should be prepared to explain their response to the group. One response from each table.

The teaching point becomes: We have an unacceptably high rate of removals and a limited number of resources for out - of home placements. One area we will explore in this training is identifying a range of safety planning options, other than removal. In order to look at safety planning options, we need to be able to identify signs of safety and build on them.

- Look at the Principles to guide Best Practices, We believe" Behavior change and the work of change is part of our daily challenge." The teaching challenge becomes: We will challenge you throughout this training whether you truly believe this statement and you truly believe people can change. Another place where we may address change is in the day-to day interactions in the county offices 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 to develop an in-office plan to get things done.

- Then cover the rest of the Principles to Guide Casework. As we look at developing protection plans, we will look at the indicators of positive and protective relationships. We will look at who is "family and support systems". We will strategize on ways to involve the family members and support systems during the child maltreatment investigation to ensure the children's safety.

C. Assessment: What I Bring to the Table

This activity 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 investigation and the areas where they feel they need to enhance their skills and knowledge.

Purpose:

The purpose of this activity is to identify individual strengths and areas where individuals want to improve their skills. In addition, the exercise will identify areas the participants hope to see covered during the training.

Materials:

This exercise requires a flipchart set up for 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).

2. On the white board, write:
   Name:
   Strengths I Bring to Investigations:
   Areas Where I Would Like to Improve My Skills:
   What I Want to Know/ What I Hoped to Learn:
   (These topics are listed on page 3 of the Participant Manual, Who Are We?).

3. Instruct the group members to take a few minutes to find out the answers to the questions from one of their peers. Each table will select a scribe to record the answers on the flip chart, or at least record the answers to the last questions, "What I Want to Know and What I hope to Learn." At the conclusion of the exercise, the group members will discuss their hopes and expectations for the training.

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 outside of the scope of the presentation, explain that the session will not address the issue(s). If there are concerns specific to interviewing and safety planning, assure participants that interviewing and safety planning will be the primary focus of this training. If there is another MidSOUTH training class offered that address the concerns that are outside the scope of this session, provide the participant with the information about the additional training opportunities.

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

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

BREAK

Section II: Maltreatment Law and Policy
TIME: 110 Minutes (10:00 – 11:50)

Objectives: Participants will

- Received a review of the Child Maltreatment Reporting Act.
- Review the required elements of a child maltreatment investigation as set out in the Child Maltreatment Reporting Act.
- Review the Child Maltreatment Assessment Protocol

Materials

- PowerPoint Presentations (Overview of the Child Maltreatment Act) (Legal Definitions)
- Power Point Projection/Laptop
- Whiteboard and markers
- Flip chart set up for four small groups – easel, pad and markers
- Child Maltreatment Investigation Guide (This resource may be passed out at the beginning of the class or during the break.)

A. **Quick Review of Required Elements of a Child Maltreatment Investigation**. Start this section by allowing the participants to list some of the elements of an investigation. Be prepared to add the elements that were not listed. **Keep this section very short, just a brief review.**

Purpose

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 the policy and state law.

A second purpose of this exercise is to tap into and acknowledge the experience and expertise of the seasoned workers enrolled in the continuing education class.

Materials

This exercise requires a white board and markers or flipchart setup for the trainer. In addition, the exercise requires the Participant Manual page 4, Required Elements of a Child Maltreatment Investigation.

Methodology

1. Ask each participant to answer the questions on page 4 of the participant manual (Required Elements of a Child Maltreatment Investigation).

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 the DCFS Policy/Procedure on Investigations.

B. **Return to Training Objectives**

Throughout the rest of the training, we will focus more on building skills that will help you conduct thorough investigations and ensure child safety. These include interviewing skills as well as skills to assist you in identifying strengths, risk of future harm, safety concerns and protective factors.

Remember that there is an ongoing emphasis in your organization to:

- Initiate the referrals timely.
- Interview all children in the home of the alleged victim or who are under the care of the alleged offender.
- Interview the Parents (father's, birth, putative, absent, legal)
- Identify, interview and synthesize the information provided by the reporter and the collateral sources.
- 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 risk, safety and protective factors in order to plan for child safety.
- Consider alternatives to assuring safety other than 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.

Direct participants to Participant Manual 5 How Do You Do? There are three questions, "How do you Introduce yourself", "How do you respond when someone answers the door after you knock. "How do you react after your initial knock at the door or ring the doorbell? Trainer Note: Place the power point slide of a person knocking on the door up on the screen and keep it up during this discussion. Divide the tables into small groups. The participants should practice their responses by using examples of how they reacted to these questions during their most recent investigation. Bring the groups back together and discuss their responses. The discussion will demonstrate, "How staff respond to families".

Next, ask the staff to role-play a situation in which they are the clients and someone knocks on their door. In this exercise, we will explore how they feel (their response). How do you react to the following incident? You have worked and you come home and you hear a knock at the door. The person on the other side of the door is a CACD investigator. How do you feel? How do you react? What are some of the thoughts going through your mind? Can you trust this person? What are your behaviors? Words? What does it take for you to begin to trust the person? Generate a discussion about their feelings. Now reverse and ask the worker to describe how they felt knocking at the door. What were your feelings, did you feel trusted. Note: Advise staff that we want to talk about how they feel when they go to a strange house to talk with a family for the first time about their personal family situations. This exercise will give staff an opportunity to discuss their feelings along with ways to respond in a professional manner.

Make a list of their responses, and asks them to write down some of the ways they reacted to families when they were conducting investigations. How did they feel, what did they say. What were you scared of. Trainer can share past experiences and give examples. Ask volunteers to describe a recent incident and tell the class how they handled it. Acknowledge that when we are scared, we exhibit certain behaviors. Ask for examples of ways they responded in their most recent or scariest encounter during an investigation.

How did you defuse the situation? What works?
Discuss the concerns and confirm what was done and give them the right to express what they did and explain what they were being asked to do. Remind staff that since the FSW is a "first responder" and due to the public's perception of what the acronym "DCFS" stand for, there are many varying responses parents/caregivers have when we knock at the door. Fear and anxiety often prevent people from being forth coming with the truth and most assuredly resistant to talking to the FSW about being reported for abuse or neglect.

Parents often perceive an immediate imbalance of power. FSW's must possess the skills of keeping the parents involved and engaged in all of the decision regarding their children. Trainer should be able to pull out what went well and things to avoid. After the break, we will look at the Child Maltreatment Assessment Protocol.

BREAK

C. Review of the Child Maltreatment Assessment Protocol.

The Child Maltreatment Assessment Protocol is used when an investigator conduct a Child Maltreatment Investigation. 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. The protocol identifies and defines the various types of child maltreatment a FSW/CACD investigator may encounter during an investigation. The protocol also identifies when and from whom an allegation of child maltreatment may be taken.

The allegations identify and define specific types of moderate to severe harm, it provides a framework for decision-making by the hotline and investigative staff, and provide an important investigation tracking and record-keeping function. In order to fulfill the purposes of the allegation-based system, it is essential that the allegations are narrowly defined and used consistently throughout the state. Trainers note: Example if a report is accepted in Fayetteville for inadequate food that same set of circumstances if reported to the hotline regarding a family from Dumas, would meet the criteria for child maltreatment and be accepted for investigation. Investigative staff must refer to the specific allegation and the factors common to that allegation, to guide him/her in making a final disposition. Following the protocol will guide staff in evaluating the available evidence and determining the validity of each allegation of child maltreatment.

Purpose

The purpose of this exercise is to review, discuss and identify the types of child maltreatment allegations and Priority codes.

Materials

This exercise requires Pub – 357, a flipchart set up for at least four small groups or a white board and materials.

Methodology

Divide the participants up in groups and tell them that we are going to do an exercise called name the allegations. The teams will go up to flip chart and write down the names of as many allegations as they can in 2 minutes.

Call time

Allow staff to report out providing the names of the allegations they selected.

Now ask staff to go to the flip chart and list whether the identified allegations are categorized as abuse or neglect along with the Priority. Allow 2 minutes for this exercise and then call time.

Take about 15 minutes to talk about the responses and be prepared to add the allegations that were not listed.

Remind staff that during this refresher we are going to conduct a detailed review of the allegations, starting with the definitions, what is required to take a report by the hotline and finally looking at the requirements for substantiating a report. Trainers Note: Survey staff to see how often they review the

allegations during their investigations. Is it a common practice to look at "Founding the report" as this section tells the worker what evidence needs to be present in order to substantiate (True) the allegation. Example on substance exposed infants, what is supposed to be verified prior to substantiating (True) the allegation. Correct, the worker has to verify the existence of the illegal substance in the child's bodily fluids or bodily substances or verify that the mother's bodily fluids or substances contained an illegal substance at the time of the child's birth.

The next exercise will be an individual exercise, refer staff to Pub. 357 in the Legal Tab. Then go around the room and ask staff to select an allegation that they would like to review and present. With this exercise, staff will become familiar with the definition, requirement for accepting reports and finally Founding a report. Give the staff 10 minutes to become familiar with their assigned allegation.

Call Time

Final step is reporting out. At their tables, the staff person should be able to present the definitions, requirements for accepting a report along with the requirements for substantiation (Founding a report). Allow 15 minutes for this discussion then bring the group back together and ask each table to present on one of the allegations that was discussed at their table. Go over the reviewed allegations and summarize this section by repeating the purpose along with the importance of reviewing the allegation and the evidence prior to making the final disposition. Note: Trainer should select Inadequate Supervision and generate a discussion. This allegation is often used as a catch all, which means sometimes reported incidents, are lumped into this allegation without clarity. Go over the reviewed allegations and summarize this section by repeating the purpose for reviewing the allegation prior to completing the report.

Ask for a couple of volunteers to generate a discussion about the difference between information and evidence. What is the difference, which one do you need in order to substantiate (True) a report. Know that evidence is corroborated (confirmed). Ask for questions or comments. Advise staff that this afternoon we are going to talk about critical thinking, investigative planning and gathering information to assess child safety.

SECTION III: Risk of Future Harm and Safety Concern (Threats)
TIME: 50 Minutes (1:00 – 1:50)

Objectives: Participants will

- Learn to Gather the information to Assess Health and Safety Risk Factors
- Understand the difference between risk and safety factors**.**
- Receive an overview of the Safety Planning Policy
- Know the safety factors to determine whether a child is in immediate danger.
- Discuss elements of a protection plan.
- Understand the need to identify not only risk and safety factors but also protective factors in order to get a complete picture of the family's functioning.

Materials

- Practice Guides – Gathering Information
- Policy II- D
- Risk Factor Chart
- Arkansas Health and Safety Factors
- Elements of a Protection Plan

When the group returns from lunch, do a quick recap from the morning work so far. We have looked at the Division's Practice Model along with the areas the Division expects to improve. We have also looked at the Maltreatment Act and discussed the Child Maltreatment Assessment protocol. Now, let us move on and discuss identifying risk and safety factors.

B. Differentiating between Risk and Safety: Take a minute and go back to the Practice Model Goals. Ask participants to look at the very first goal again," to keep children safely with their families". Earlier we discussed, what safely keep children with their families meant to you all. Now, we are going to discuss what this goal means. Ask volunteers to talk about this goal and to share with the class how their experience has changed or influenced their interpretation of what it means to keep children safely with their families. Ask them to reflect on what this meant when they started the job and how the meaning has changed over time. Summarize the discussion by using the responses provided by the participants.

Divide participants into groups and ask each table to write down two examples of risk factors and two examples of safety concerns. Bring the groups back together for discussion. 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-hour hold or at the Probable Cause heating. 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, we need to do a better job of creating effective protective plans that allow children to remain safely in their homes. A plan that stabilize the home environment and allows for early intervention and service delivery.

- Direct the discussion to get participants to explain their answers.

Risk is something that families could work on/resolve. It is the likelihood of future maltreatment, varying degrees of risk can occur within a family. Summarize with Handout 3, The Risk Factor Chart

Safety is concerned with the immediate danger to the child. Immediate dangers are specific family behaviors, situations, emotions or capacities which are out of control and likely to have severe effects on a child. Summarize with Handout 4, The Differences between Risk and Safety.

Provide a brief overview of Procedure II-D8: Health and Safety Checklist. Next advise staff that we are going to identify safety factors contained in the Health and Safety Checklist.

Purpose:

The purpose of this exercise is to help familiarize the participants with the safety factors and the appropriate use of factor #15 Other.

Materials

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

Methodology

Divide the groups into four small groups. Each group will be asked to go to the flipchart and list as many safety factors as they can, give them 2 minutes to complete this exercise.

Call time:

Allow the groups to report out; the group with the most identified safety factors will be given a prize or sticker. After discussion, pass out handout 5, the Safety Factor cards. Discuss the factors and ask staff for examples of when safety factor number 15 (Other) is used or should be used. Discuss the responses and then provide examples of the correct use of this factor.

Briefly discuss the options staff have if they select a safety factor during an investigation. The two options are either a written protection plan or removal. A protection plan is a time limited front-end intensive plan that gets you and the family through the first 24, 48, 72 hours, an intervention to keep the children safely in their home. The plan has to be monitored and then re-evaluated, as the safety factors are resolved.

Now that you all can clearly identify risk factors and safety concerns, let us look at Handout 6 to identify the safety concerns and risk factors. Note: Review the definitions of risk and safety again. Ask the participants to read the statements and identify each of them as an appropriate statement that would

be classified as either a risk factor or a safety concern. Summarize by discussing their responses, and by allowing them to suggest additional examples.

Trainer note: Pass out Handout #7 How We Do the Work of Gathering Information to Assess Health and Safety Factors. Conduct a review of the Practice Guides Gathering Information to Assess Health and Safety Risk Factors. Before conducting the review, allow staff 5 minutes to read the Overview and Preparation. Call time and then conduct a quick review of the documents and explain the purpose of the practice guides which is to provide standard guidance for promising practices when gathering information to assess immediate danger to children. Summarize this section by addressing any questions or concerns.

Now let's look at another exercise that will allow participants an opportunity to identify the elements of a protection plan. Note: Remind staff to think about the family's strengths and supports when creating the protection plan. Who does the family call on when they need help? Supports are more than family; it could be schools, churches, neighbors, mental health professionals and agency staff.

Purpose

The purpose of this exercise is to identify the elements of a Protection Plan.

Materials:

This exercise does not require any materials.

Methodology

1. For 2 minutes, work as an individual and list everything you think needs to be in a Protection 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 countdown.

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. Use page 6 of the participant manual, Elements of a Protection Plan and Safety Planning Policy, to summarize this discussion. Ask participants to look over this list.

   a. Policy requires that the Health and Safety Assessment (HSA), including the checklist and Safety Plan be completed within the 30 days. The results of the checklist must be documented in CHRIS within 48 hours of the investigation initiation.
   b. The policy also requires the completion of the Safety plan screen whenever a child is in immediate danger.

c. The HSA should be considered as instruments and guides you use throughout the child maltreatment investigation and not as forms, you complete at the conclusion of the investigation to justify the final determination.

DCFS is expecting the Investigator to complete the HSA earlier in the process based upon the case circumstances and the seriousness of the allegations. The expectation was changed because investigators were waiting to the conclusion of the investigation to complete the Checklist. (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 page 7 of the participants manual, 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 within 48 hours of initiating the report. This is also a good time to discuss secondary assignments of cases assigned to CACD. The expectation is if CACD identifies a safety factor, the secondary worker (DCFS) will go to the home and assess the concerns. If a safety factor is selected by CACD and DCFS conducts an assessment and there are no safety factors present, DCFS will document the results of their assessment in the safety planning screen. Remind staff that when the investigator decides to leave the home without removing the children or without implementing a protection plan, a safety decision has been made. **Remember, if a protection plan is implemented the plan must be specific and workable, and it is permissible to involve other people identified by the family in supportive roles.**

C. Identifying Protective Factors – Balancing the Plan

Training on investigations frequently is heavy on identifying safety concerns, but light on formal training to identify risk and protective factors. When we return from break, we are going to look at ways to tease out risk factors as well as protective factors.

BREAK

SECTION IV: Signs of Safety – Identifying Protective Factors
Time: 50 Minutes (2:00-2:50)

Objectives: Participants will

- Understand the Divisions commitment to conducting investigations in a client friendly manner that facilitates collaborating for improvement.
- Understand the need to identify not only safety and risk factors but also protective factors in order to get a complete picture of the family's functioning.
- Develop strategies to assess for protective factors.

Materials:

- Signs of Safety – The Other Side of The Safety Coin
- Power Point Presentation Six Steps to Critical Thinking

A. Signs of Safety – Principles and Element

Refer the participants to page 8 of the participant manual, Signs of Safety. Instruct them to circle one of the principles or practices that "speak to them" or stands out. Now, ask participants to talk about the principle or practice they circled. The trainer may anticipate responses "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 during the child maltreatment investigation so 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 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 the questions are asked and all of 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 obtain this information.

Ask the group to look at page 9 in the Participant Manual, titled Using the Approach in a Collateral/Reporter Interview. This page sets the scene for the interaction. As participants watch the role-play ask them to take notes about the areas indicated on the document, Immediate Dangers or Risks, Safety Signs, and Practice Elements. Do a brief role-play designed to demonstrate the use of the signs of safety approach.

When working with people, things are never cut and dry, black or white, good or bad, etc. Most folks are going to fall somewhere on a continuum. It is the same with Safety concerns and Risk Factors. For the rest of the training, we will be working our way through an intake. We will look at interviewing strategies that 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 assess the truth of the allegation. Conclude by asking participants to identify practice elements of the signs of safety that they use in their interviewing.

Six Steps to Critical Thinking

Show the power point presentation and talk about the six steps to critical thinking which were designed to help staff develop the ability to carefully analyze information to determine its validity as evidence and to consider alternative explanations and seek additional information when necessary. Summarize this section by responding to the participant's questions or concerns.

BREAK

SECTION V: INTRODUCTION TO INTERVIEWING
TIME: 50 Minutes (3:00- 3:50)

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
- Power Point Presentation – Interviewing Principles
- Child Maltreatment Investigation Guide
- Practice Guides – Gathering Information

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 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 also in other types of child maltreatment investigations. Refer back to the 6 Practice Elements – the interview is the intervention that sets the stage for future work. Refer participants to page 10 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 below as a presentation guide.

Purpose

The purposes of this exercise is 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 11), 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 will be 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 11, 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 than 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 their list that have not already been discussed. Proceed in the same manner for the groups who were assigned to address adult strategies.
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 the 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 the investigation builds the reputation you have in your field and in the community in which you work. Over a period of time, this will make your work easier, or harder, because of your reputation. This "reputation" thing can work in the other direction, too! All it takes is one time of being perceived as 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. Trainer note: Remind staff that a telephone interview does not count as a face- to-face interview.

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 based on our observations during the conversation. This is not 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 for 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 that have different interpretations based on a person's background or may invoke different perceptions. The clarification is recorded in the interview report.

• Conduct alleged offender interviews as early as possible. The information from the alleged offender maybe crucial to your determination related to safety. If the alleged offender's Interview is 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. However, 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 majority of the referrals investigated will never be taken to criminal court. Therefore, they need to stay mindful of their role, which is helping families improve their parenting skills so their children can remain safely in their homes. End the day by summarizing the Principles of a Good interview.

Day ll

Introduction To Interviewing - Continuation
Time: 8**0 Minutes (9:00-10:20)**

C Practice Session – Identifying and Interviewing Collaterals

Explain to participants that they are going to witness and comment on an interview segment. The interviews will be conducted with adults, the reporter and a collateral, the teacher. Direct participants' attention to page 12 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, the counselor (who is the reporter), and the teacher (who is the one who may have the most information about the child).

Next, ask participants (who are in small groups at their tables) to list all the information they would want to try to get from the reporter and then the ***teacher***. Ask the groups to make a list of the questions they would ask. Ask them to specifically indicate one question they might ask from the Signs of Safety material covered earlier. The responses should be listed on the flip chart.

After the groups have had a few minutes to complete this step, direct their attention to page 13 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 investigation?
- What did you learn regarding protective factors?

Next step is to give half of the class an opportunity to demonstrate the segment of the interview with the teacher and the other half an opportunity to demonstrate the segment of the interview with the reporter. Ask the group to observe the interview with the above questions in mind.
The volunteers will then demonstrate the interview. Continue to rotate 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. Follow the same steps with the reporter.

- 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, emphasize the questions related to known events 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.

Remind staff that all of the interviews need to be thorough. Advise them to take time and get the specific details related to the incidents. When interviewing the reporter, they want to get a picture of what the reporter saw and what the reporter knows about the family's functioning. A documented interview with a reporter that states the reporter had no additional information to add is not an acceptable interview. Remember if it is not documented, it did not happen.

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 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 things 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 relatively 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.

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 and experiences.

2. Refer participants to page 14 in the Participant Manual. Ask each small group to answer the questions on this page related to conducting a visual inspection of children. When you divide the groups up, include the age and gender of the child that will be observed. The ages can range from 5 years to 14 years of age. Each group will be working with a different age group. The purpose is to see how and if the child's age and gender affects their strategy.

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.

4. Call time. Ask each group to share their 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 teaching points below.

Teaching point to ensure are covered if they do not come up in the discussion includes:
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 to alert the parent until there has been time to interview other people. Explain that this topic will be covered in 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. Ask volunteers to provide examples related to how they have handled this in the past. What did you do? What was the impact and results? Barriers they faced when contacting the parents early on along with concerns when the contact was made days or weeks later. Trainer be prepared to provide examples of how this was handled in your past work experience. Note: Remind staff to think about "what if this was me", "my child or immediate family member". What would I want to know and when? Allow discussion for about 5 minutes, then summarize by directing staff to the agency's mission and practice model.

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 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.

D. Interviewing the Alleged Victim and Siblings

Conduct a brief overview of the practice guide Interviewing the Alleged Victim and Siblings. Most interviews with children should be around 30 minutes or less to be effective. However, if you are making progress and the child is still focused, do not hold to this time limit. Investigators must probe deeply, but carefully, into the family situation and the incident. Your interview with this child will greatly increase your understanding of the family dynamics and the factors that could endanger him or her.

E. **Child Interview – Stages**

Very quickly, summarize the interviewing discussions:
• An interview is purposeful.
• The contact is for the purpose of assessing the validity of the child maltreatment allegation and to begin the process of building a trusting, respectful relationship.
• The interviewer controls/focuses the direction of the verbal interaction.
• Forensic interviews progress through a series of stages – they have a beginning, a middle, and an end.

So, we have looked at 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 15 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

SECTION I: ENGAGEMENT STRATEGIES
TIME: 40 Minutes (10:30-11:10)

Objectives: Participant 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
- Demonstration of trainer "engagement tool"
- Handout 8 – interview transcripts

Trainer Set Up Note: On the whiteboard or flip chart write the following questions, which will be the preparation questions the class will address prior to interviewing the victim:

- **List specific questions you would ask this child to engage him/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

Tell participants that we are going to talk about the stages of an interview, starting with Engagement. Refer participants to page 16 of the Participants Manual, Engagement Stage Interviewer's Tasks. Ask for volunteers to tell the purpose of engagement during the interview with the child. Summarize by adding additional examples that may not have been provided. Now, we are going to practice the Engagement stage of the interview.

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 get 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, gives the child an opportunity to provide narrative answers (not just yes or no or forced choices).

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, when possible.

Materials

This exercise requires the scenario on page 12 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 12 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 interview that was conducted. 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.

Ask for volunteers, one to conduct an interview and the other to serve as the child. The trainer's role is to observe and provide feedback. The interview should not exceed five 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 five minutes or so, stop the exercise. The trainer needs to see if there are naturally occurring times when the Signs of Safety elements were 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.

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 volunteers 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.

SECTION III: FACT-FINDING
TIME: 60 Minutes (11:10 – 11:50)

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 17 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

Refer to participants to page 18 of the Participant Manual, What Do You Say After You Say Hello, which guides the investigator when they are transitioning to the Fact Finding Stage. This stage contains 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?

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 someone 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 only 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, the interviewer can point to the injury and say, "I see you have a (bruise, boo-boo, or 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 without providing 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 19 of the Participant Manual, Hierarchy of Questions In Fact-Finding Phase of the Interview, provides a list of the hierarchy of interview questions that can be used 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 containing 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 whenever possible.

- Based on information obtained during the engagement part of the interview, has the nature of the report changed? How?

- Are there areas from the engagement stage that need further exploration? What are they?

A. Demonstration

Using volunteers, demonstrate a brief segment of the fact-finding interview of Terry Adams. The volunteers should take notes as though they would if they were conducted the interview. Next, we will talk about how you explain the purpose of note taking to the interviewee.

- Ask participants, "How many of you routinely take notes during your interviews (no matter who the subject of the interview is)?" How do you tell the person being interviewed that you are taking notes? Examples from staff also obtain feedback regarding the types of responses they receive from the interviewees. Remind staff to explain what they are doing and why. Staff will also need to summarize what was documented during the interview before leaving the home. If you have questions about what was said, clarify before ending the interview.

- 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. Document the observations during the interview as well.

- Encourage participants to take notes as if they were making notes on a real case. Explain that after the trainer does 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 analyze the interaction.

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 5-10 minutes. It is permissible to have a coach and to rotate more than one interviewer into the chair. 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 ended 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. If the interviewer failed to follow up on responses, example: my dad use to beat me all the times. Stop the interview and point to this response and ask the staff for suggested follow up questions.

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 trainer 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 – scary, non-threatening, too pushy, that the interviewer was not interested, 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 summarize the information that was obtained Terry's interview.

- The investigator should have been able to confirm the physical abuse.
- Three more children should have surfaced.
- A live-in boyfriend exists.
- The scope of the investigation has been widened considerably, with lack of supervision, inadequate food, inappropriate childcare arrangements, possible substance abuse and an offender with a violent, impulsive behaviors 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 caregiver role is a strength or indicative of a problem.
• The issue of abuse/injury needs to be considered first, so assess whether you think the physical abuse is a safety factor. (Does it warrant removal or is a written protective plan appropriate) or do we need more information and if so, WHAT?
•There is a mature, responsible adult. There is potentially a supportive network.
• What are the Agency's goals 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 20 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 do you think Terry would like to know and understand at the end of the interview. Pass out Handout 9, Interview with Anton and Jeannette (which we will suggest they would have done since they attend the same school).

LUNCH

Section IV: Assumptions
TIME: 20 Minutes (1:00 – 1:20)

Objectives: Participant will

- Gain insight into the value of how we make assumptions based upon race, age, gender.

Materials:

- Paper and Marker
- Plastic container

Trainer Note: Ask staff to list one thing about themselves that they do not mind sharing with the class. List only things that they are comfortable sharing. The items will go in the "Box of Assumptions

A. Assumptions

What we bring to our positions, our beliefs, values, attitudes, judgements, biases, and assumptions that can create a lens through which we view families and our decision-making. Begin this section with the following activity.

Purpose

The purposes of this activity are to demonstrate how we make assumptions/judgments about people, based upon race, gender, dress, body language and other factors. It will help staff recognize when they are at risk of making assumptions that could impact safety decision.

Materials

This exercise requires a pen and sheet of paper.

Methodology

1. Ask the participants to find someone you do not know. Go over to the person and spend about 2 minutes looking him/her over and recording your assumptions. The trainer should select one of the participants and role-play the exercise.

2. After the role-play, provide the instructions to the **participants again and allow approximately 2 minutes for staff to complete the activity.**

Call time.

3. The next part of the exercise will involve interviewing the person that you observed to see if your assumptions were correct. The interview questions are used to confirm your assumptions. Allow approximately 2 minutes.

Call time.

The trainer will move on with the exercise and create a group discussion allowing staff to state their responses to the questions. What assumptions did you make? How did you come up with your assumptions? How often do you make assumptions based upon your personal choices? If you are wrong, how does that impact You? The family and the agency. Were your assumptions correct or wrong?

Summarize this exercise by talking about the assumptions that we make about families. Sometimes, staff will review the referral and assume the offender is guilty or innocent because of the person who made the report (ex-husband) or based upon the family's home address, the subject's names or the narrative of the referral. If you make those types of assumptions prior to going to the home and meeting with the family, it can lead to a bias investigation. If you go to a home with preconceived notions, this could lead the worker to direct their questions to obtain results based upon what they perceive. Assumptions factor in when we have teenagers, "oh she is a liar "or with the offender, "he was home all day, "he must be lazy" or "he's a slacker". Remind staff that when interviewing, be aware of their assumptions and biases and focus on conducting thorough interviews and observations. Avoid accepting self-reporting statements; a statement is only a statement until it has been corroborated.

SECTION V: Introduction to Adult Interviews
TIME: 40 Minutes (1:20-2:00)

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 the mother and using some of the signs of safety. Build relationships while still getting information needed for the assessment.

Materials

- Practice Guide –Gathering Information
- Interview with the mother

A. Review of the purpose of investigations:

- 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. Refer participants to page 21 of the Participant Manual, Types of Information.

- 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 (clear) the person who has alleged to offended or even point to a different offender.
Ask for an example from the participants. 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 (accuracy) of the allegation.

B. Characteristics of an interview – from PowerPoint (keep this section brief since it is a 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, feedback (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 caregiver feels there is a safety concern and whether they can and are willing to participate in a plan for safety.

• Summarizes with non-threatening requests for clarification ("I'm not sure I understand")

B. **Planning an Interview**

Direct staff to the Practice Guide, Gathering Information For a Safety Assessment. Remind staff that their goal is to gather enough information to make the right decisions about a child's safety, not to "show them who's boss" or to point out their lack of parenting skills. Go over the Overview and the section on Getting The Information. Ask staff to look back and review the information they learned about the 9-year-old and his family. Next, ask the group:

"What is the purpose of your first interview with this child's parents?" (What are your goals for this interaction)? Let the group discuss what they hope to accomplish on this contact. Remind staff to conduct anticipatory interviews, what do you anticipate this person will say, based upon what they do or say, what do we want to ask next. What do you hear in general?

• Have they identified any personal safety concerns as they talked with collaterals and the child that need to be taken into consideration?
• What is their plan 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 father in this scenario. They need to use the original report and the information they obtained from interviews with the children and the collaterals at the school (teacher and counselor). Remind staff to reference the Pub 357, Protocol to Practice. (What does the protocol require for the specific allegation)? Record their answers on the whiteboard. 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 dad. (If time allows, the trainers could demonstrate the mother's interview first.

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 "dad." Explain the interview purpose or direction.
2. The “interview” should last about five minutes as the “dad” 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 (uhhuh, 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.

Conclude this section with Handout 11, which has information from the grandmother along with the observations of the siblings and the home. Tell the class when we come back from the break, we are going to put it all together in a protection plan.

BREAK

SECTION VI: Developing the Protection Plan and Assessing on going Safety Concerns
Time: 110 Minutes (2:10-4:00)

Objectives: Participant will

- Pull all the pieces together to form a protection plan
- Use the work aid to set out the specific things that will happen
- Emphasize monitoring and time limitation
- Review and provide feedback

Materials

- Copies of the Work Aid Protection Plan –
- Expanded Safety Factors
- Elements of a Protection Plan
- Intake Scenarios
- Flipchart set up for each group

A. Developing the Protection plan

Advise the group that we are going to develop a protection plan to ensure the children's safety in the home. First, we will review the Expanded Safety Factors so that we can accurately assess safety and risk. You must select the appropriate factor to ensure the safety concerns are identified and addressed.

Purpose

The purpose of this exercise is to give participants an opportunity to practice the skill of identifying safety factors based upon the Expanded Health and Safety Factors.

Methodology

Divide the participants up into small groups at their tables. Pass out Handout #12, Expanded Health and Safety Factors, #13, Case Scenarios and #14, Protection Plans. Assign each group 3-4 safety factors to review and discuss amongst the group members. At the end of the review, the participants should be prepared to summarize and report to the larger group the results of their discussions of the assigned safety factors. Allow participants 20-30 minutes to review and discuss their safety factors before reconvening as a large group.

The trainer should review Safety Factor #14 for the class as an example. Summarize the main points and highlight some of the examples. Remind staff that in accordance with DCFS policy, staff should conduct a CHRIS search for prior history before initiating the report. Allow time for discussion related to searches to make sure staff understand how the prior history can be used as a part of their assessment.

Safety Factor #14: Caretaker 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.

Items to consider for this factor include:

1. What was the prior history of abuse or neglect?
2. What was the final disposition, True or Unsubstantiated.
3. Severity of the occurrences and frequency.
4. History of previous injuries or neglect.
5. Who was the offender, objects used?
6. The ages and development level of the child.
7. Length of time since last incident.
8. Is the caretaker receiving treatment and /or medication that alleviates the situation?
9. Current stress or crisis in the home.
10. Is there an alternate caretaker in the home, who ensures the children are safe despite the instability of one caregiver?

Examples

1. When a previous child in the household died due to abuse or neglect, this is always a safety factor.
2. A previous Termination of Parental Rights for the caretaker is always a safety factor.
3. Previous criminal convictions for abuse or neglect are always a safety factor.
4. Previous investigations reports of serious abuse should be safety factors.
5. Any household member having a past conviction for violent acts, including assault and battery, homicide, sexual assault or rape; or criminal acts involving weapons- should always be considered a safety factor.
6. If no steps were taken by the primary caretaker to protect the child from another household member or caretaker who has a known history of violence against children.
7. A caretaker's level of maltreatment or physical actions is escalating.

8. The caretaker has never accepted responsibility for the prior abuse or neglect.

After the Review of the Expanded Safety Factors, tell each group that they are going to create a protection plan to keep the children safely in the home.

Let the groups discuss and document what the plan would look like. The trainer at the table can take the role of the parent.
1. Be sure to add others involved in the plan – besides the parents, you would probably want to involve the grandmother and perhaps the school in the immediate plan for safety.
2. What does the child/children need to be kept safe from? (Be specific and write it in non-accusatory language).
3. How often will the plan be monitored and by whom?
4. 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 protection plan – long-term issues may be worked into the case plan later but right now, what does everyone need to see in order to let the children remain in the home safely?

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 victim
- We have identified risk and safety concerns but have balanced that with assessing for protective factors.

Answer any last questions and dismiss the class.

Day III

Section I: Protection Plan Continuation
Time: 50 Minutes (9:00:10:50)

Objectives: Participants will

- Critique a Protection Plan
- Use the work aid to identify and address the safety factors
- Identify the roles and responsibilities of each participant.
- Document the monitoring strategy.

Materials

- Expanded Safety Factors
- Case Scenarios

Begin the section with the following Activity

Purpose:

To talk about our Assumptions and think about how the assumption can be correct and how they can be incorrect.

Materials

The safe container, which contains the box of assumptions.

Methodology

The trainer should pull one of the statements from the container and read it to the class. Then ask a volunteer to try to guess who wrote the statement. The volunteers will be given one opportunity to select the appropriate person, as the volunteer makes a selection, ask why you assumed that it was the person you selected. What did you base it on? Go around the room and give three volunteers an opportunity to select. If after three tries if no one gets it correct, the person who wrote the statement will confess. Remind staff that the information in the safe container only contains information that they are comfortable sharing. Summarize the discussion and remind staff that decisions should not be made based upon assumptions. Next, we are going to practice creating a written protection plan.

Purpose

Create and Implement a Written Protection Plan.

Methodology

Divide the groups up by tables. Tell each table that they are going to identify the safety factors and create a protection plan to keep the children safely in the home. Trainers Note: Refer the staff back to the Expanded Safety Factors and remind them that a safety factor is only selected if the children are in immediate danger. Additionally, if immediate danger is present, the investigator has two options, a written protection plan or removal. Give each table a copy of a case scenario and instruct them to create a plan based upon the information they have been provided.

Let the groups discuss and document the safety factors. Next step after discussion, ask the groups to complete a written protection plan. Remember the plan must contain all of the elements listed in the participant manual on page 6. After 15 minutes, call time. Bring the groups back together to compare their plans. Model for the group some of the behaviors that we want them to demonstrate. Ask for volunteers to report out on their protection plans.

Do a review of the training objectives:

We have looked at a scenario and identified safety factors, situations that place the children in immediate danger. We have addressed all of the safety factors and created a protection plan. The plans were created along with the family and their support systems. The monitoring strategy has been included in the plan. All of the participants have signed the document and understand their role and responsibilities. Supervisory approval has been obtained. The protection plan will be implemented and a copy of the plan will be provided to all participants. Modifications will be made to the plan, as the safety concerns are resolved. Remind staff that once a protection plan is implemented, the implementing worker will invite the family to the Team Decision Making meeting and file a thirty-day petition. When discussing the TDM with the family, provide the meeting date, time and location. By creating an effective plan, the children were able to remain safely in their home.

Refer participants to page 23, in their participant manuals for a discussion about the difference between a Protection Plan and a Case Plan. Remind staff that a protection plan is a time limited front-end intensive plan that get the family through the first,24,48,72 hours(what can we do to keep Johnny safe tonight) an intervention to keep the children safely in their home. The plan has to be monitored and re-evaluated as the safety factors are resolved. If on-going intervention is needed, components of the protection plan may be integrated into the case plan.

Purpose

Identify and distinguish whether the statement would be included in a protection plan or a case plan.

Methodology

Ask the participants to read the statements and identify each of them as an appropriate statement that would be included in a protection plan or a case plan. They should put PP for protection plan or CP for a case plan.

Process

This exercise should take five minutes, then come back and go over the correct answers and survey to see how many were correctly identified. Discuss the results with staff.

Answer any additional questions related to Protection Plans.

Section II: Team Decision Making
Time: 30 minutes: 10:00 – 10:30

Objectives: Participants will

- Understand the purpose and triggers for a team decision making meeting
- Understand who should attend the team decision-making meeting.

Materials

- White board or flipchart set up for each table
- Team Decision Making Pamphlet
- Team Decision Making Power Point Presentation

*The following information was adapted from the TDM Training provided by Annie E. Casey foundation.

A. Team Decision Making Meeting

The Need for a TDM. Ask participants to review the TDM pamphlet, handout #15. Explain that the trigger for a TDM is when a worker identifies a safety factor that results in the implementation of a protection plan to keep the children safely in their homes. Once a protection plan has been implemented, a TDM meeting must occur within 24-48 hours, with 48 hours being the latest. If the 48-hour time limit falls on a weekend, the TDM must occur prior to the weekend unless arrangements have been made for all required participants to attend. If a protection plan is put into place after 12:00 pm on a Friday, the TDM can occur on the following Monday. The worker must contact the TDM Facilitator for his/her area so that the Facilitator can set up the meeting and invite the attendees. A TDM is also

held within 72 hours of receipt of a Garrett's law allegation to the hotline and always before the case is taken to court.

Trainer Note: At this point, the requirement to convene a TDM is not statewide. However, the principles discussed concerning a TDM are good practice for all workers, regardless of whether or not they are required to hold a TDM in their county.

Purpose and Goal of a TDM

The purpose of a TDM meeting is to work with the caregiver(s) to strengthen the protection plan. The meeting should be strengths based in an effort to encourage participation for the caregiver(s). Due to the short amount of time between the protection plan and the TDM meeting, the TDM is an opportunity for DCFS, the caregivers and (family supports) to give input and come to an agreement on the best way to keep the children safely in the home.

Preparing the Family for a TDM

Part of an assessor's job is to prepare a caregiver for the TDM. Assessors must remember that in times of crisis or high anxiety, families may not hear things clearly, or may not recall everything they heard at that anxious time. This is especially true for families who are facing the potential of their children being removed from their care (or who have had a child removed). During a crisis, it is important to provide the family with as much information about what will happen next, especially at the TDM where we will be making a decision about their children's safety.

Also prior to the TDM, the assessor should explain the purpose and need for the TDM. The assessor should also encourage the family to bring supports – people who provided emotional and concrete support in the past and who can help them think about ways to keep their children safe.

The critical point is that the parents understand:

The purpose of the TDM is to make a decision about how to keep their children safe which could include placement. When and where the TDM will be held. They should bring family and supports who can help them keep their children safely in their home.

Trainer Note: Ask for a show of hands of staff that are familiar with TDM meetings. Ask for volunteers to share their experiences, include the pros and cons. Also, include a discussion about ways the protection plan was strengthened during the meeting. Ask staff how the process for filing the 30-day petition has been implemented in their counties. What are some of the outcomes (petition dismissed, family ordered to cooperate, children ordered into care).

BREAK

Section III: CHRIS Documentation
Time: 70 Minutes 10:40 – 11:50

Objectives: Participants will

- Understand the significance of updating the client and relationship screens.
- Demonstrate the ability to update the client and relationship screens
- Learn the process for merging duplicate referrals

Materials

- Access to MidSOUTH CHRIS lab
- Whiteboard and Markers or flipchart and markers
- Intake Scenarios

Entering clients and updating their information as things change is a very important part of the job. Many of the other tasks that you do will pull information from the client screens. If you have an error in the client screens, it will populate into the other screens and fields. Additionally, if you do not have someone listed as a client who should be listed, you will not be able to document the tasks required by law and policy as they relate to that person. So let's talk about these screens.

Trainer's note: Ask volunteers to see if staff can give examples of ways they have been impacted by a lack of information or incorrect information in the screens. How did this affect you and your ability to get your work done? Spend about 5 minutes discussing this issue, then return back to the training objectives.

Pass out Handout 16 and read the scenario to the class. Advise the class that when this call came into the hotline, it did not have any identifying information about the family. All of the subjects were listed as Unknown, Unknown with a minimal amount of information. During the interviews, the missing information was obtained. Therefore, the first thing we are going to do is to update the client screens. The information each participant will need is on Handout 17.

Trainer Note: Make sure that you have a copy of CHRIS Handout 16 and 17 for yourself. You will have to have the information available since you are entering the information as you train. Make sure everyone is logged into CHRIS using his or her user name and passwords from CHRIS Handout.

You may want to point out that each "Unknown" has a unique set of SSNs. Each student needs to go to his or her workload and find Unknown, Unknown investigation. Workload> (Unknown should be highlighted)>Show>Investigate.

Check to be sure everyone is in the right place and begin to demonstrate the Clients Screens. Explain that we are going to begin by adding the new clients we have found so far which is the mother, Mary Smith, and the children, 4 year old, Sherry Smith, 12-month-old Blake and 2-year-old Nora. Advise staff that before we enter the information into the database, we need to conduct a person search to see if the subjects have a prior history with the Department. Note: The person search does not reveal a history so we start by entering the information we have on the family this far.

Start with Mary Trainer Note: Mary's SSN for training example is 666-66-6660. Investigate>Client>-New>General Infor (will have to complete it all). Enter everything they have on Mary. Her DOB and SSN are on CHRIS Handout 16– 17. Her County of Service is Macon. Her race is AA; ethnicity is Non-Hispanic. Living arrangement is the home address. Role in referral is Mother. Add to save the information.

Repeat the process to enter Sherry Smith. The information they will need on her is on CHRIS Handout 17.

Click on Education sub tab and enter education information in on Sherry since you know this from the interviews. West Side Head start, 906 Harding Street. Grady, AR 72400. School District: have them select one from the list. Current Grade Level: Head start. Education Status: Attending. Grade Level Completed Head Start. Client Identified in need of Special Education: Click OK.

Repeat the process to enter Nora and Blake.

STOP FOR a minute

Tell the class that they now have all the clients entered. So, before they move off of the subjects, have them go from the General Information Tab to the Relationships. Here is where they will set everyone's relationship. They are going to set Mary Smith's relationship. Mary is (mother) and she is the PRFC. Click Add.

Remind participants that after they establish the relationship to one client, they will need to Clear and establish the next relationship. If they do not hit clear, they overwrite the data.

Trainer Note: It is probably a good idea to have them go ahead and enter the children's relationship next (so they do not forget to go back and add them).

Trainers Note – Take a moment to talk about the significance of making sure that the information is entered into the CHRIS database. Also stress how this relates to TDM, investigations and the case connect. Before starting the next exercise, spend some time talking with staff about the importance of conducting person searches prior to initiating new investigations. The CHRIS search that reveals the

family's history is vital to the child safety assessment. Allow staff an opportunity to conduct a person search and explain how the information is used, examples, locate the family if the current address wasn't reported or is incorrect, review the prior history of abuse or neglect, removal's and terminations of parental rights. During the interviews, the mother stated that the family recently moved here from Kansas. Based upon the fact that the family previously lived in another state, a background check in the state of Kansas is warranted. Survey staff to see how this is handled in their offices, especially since we have offices that border other states, such as Texas, Missouri, Tennessee, Oklahoma and Louisiana. Remind staff that the state's child abuse hotlines are a resource to use when trying to obtain out of state background checks. DCFS maintains a list of the out of state hotlines on CHRIS-Share.

Exercise: Give staff Handout #18 Practice Scenario for CHRIS. Next go into CHRIS and ask staff to pull up the report on Mary Smith. They will see that this is a duplicate report, so we ask staff what needs to be done next. Walk through the steps of merging duplicate reports and the need to make a request to the hotline to have the duplicate report screened out.

Trainer's note as you know all maltreatment reports are generated from the hotline. If you receive a report from the hotline and upon review, you determine that this is a duplicate report. You should discuss the referrals with your supervisor and the supervisor shall direct the merge request to the hotline supervisor. The supervisor will send an email to the hotline supervisor stating the reason for the request, which is because the same incident involving identical alleged offenders and victims has already been reported and accepted for an investigation. Prior to making the request to the hotline, review the referral to be screened out to ensure there are no contacts in the report (The hotline cannot access the override process if there are contacts existing or a case connect has been completed. If there are existing notes in the report, you need to cut and paste the contacts from the referral that needs to be screened out and place them in the referral that will remain. This includes the reporter as well as any other names of persons listed in the referral.

Trainer Note: Do a brief wrap up of everything that has been entered into CHRIS thus far. Remind staff that during the investigation if they identify new subjects or a variation of the spellings of the existing names a new CHRIS search needs to be conducted to ensure they have the complete maltreatment history.

Lunch

Section IV: Affidavits
Time: 2 Hours (1:00 – 3:00)

Objectives: Participants will

- Understand the types of petitions and the milestones for completing affidavits.
- Learn to write an effective affidavit.
- Practice writing an affidavit.

Materials

- Handout 19 – Affidavit (1) Needs Improvement
- Blank Affidavit (CFS-411), Not a numbered handout to be printed from CHRIS Net
- Handout 20 – Affidavit (2) (Improved)

A. Preparing the Affidavit

Participants are veteran investigators, so this section should in some ways just be a review. Ask the question, "What is an affidavit? Lead a discussion to determine participants' level of knowledge about the subject. Summarize by pointing out that an affidavit is a formal, legal statement of facts that support a petition to the court for the court to take a particular action. Provide the milestones for completing affidavits along with the statement that a petition must be filed whenever a written protection plan is implemented.

Purpose

The purpose of this exercise is to provide an opportunity for participants to review an affidavit, and practice writing one on their own.

Materials

This exercise requires all of the information on the Adams case gathered to date along with the written protection plan. In addition, participants will need Handout 18, Affidavit (1), a Blank Affidavit form (CFS-411) printed from CHRIS Net, and Handout 19, Affidavit (2)."

NOTE: In this exercise, we will practice writing an affidavit for the 30-day petition.

Methodology

1. Depending on group size, assign each group an interview from Handout 14 and tell them to pick out the information that needs to go into the affidavit; or
2. Take a minute to verbally review with participants the information that they feel is important to this case and that needs to be included in the affidavit.
3. Ask participants to make notes on preparing an affidavit in their participant manual, page 25 (Affidavit Note Page)
4. Conclude by passing out Handout 18, Affidavit (1)
5. Using naturally occurring groups at the tables, tell participants to find the places where this affidavit needs to be improved.

Processing

- Have each group report its findings and recommendations.
- Consider making notes on the white board of what needs to be improved.
- Ask each group what it would do to improve the error or problem it found. Have them be specific.
- Next, pass out the Blank Affidavit form, CFS-411. **Note**: Because forms on CHRISNET can change frequently, the CFS-411 has not been included as a numbered handout in the curriculum. Therefore, Support Staff should print these forms from CHRISNet prior to training to ensure participants have the most current version.
- Ask participants to use the blank CFS-411 to write an appropriate affidavit for the Adams case. This should be done individually. Call time after 15-20 minutes.
- Ask participants to find a partner and swap affidavits so they can give feedback to each other. Participants may choose to do this verbally or by writing feedback on the affidavits. Call time after about 10 minutes.
- At this time, participants may choose to rewrite their affidavits. The trainer should pass out more blank CFS-411 forms if needed and allow time for participants to revise if they wish.
- After participants have had a chance to rewrite, discuss the affidavits in order to give feedback to each participant.
- Pass out Handout 19 – Affidavit (2) to summarize this activity.

The next exercise each participant will be asked to write an affidavit based upon the facts used to create their protection plan. Reminder an affidavit has to be filed for a thirty-day petition whenever a written protection plan is implemented. Give staff 15 minutes to work on the affidavit. Call time and ask for volunteers. The volunteers will read their case scenarios, identify the safety factors and describe their protection plan. Lastly, the worker will read to the class the results of his/her affidavit. Allow at least five staff to report out and create a discussion in the class about what else needs to be added and what can be removed. Do a wrap up of this section and respond to any questions staff may have.

Little Rock

MidSOUTH TRAINING ACADEMY
SCHOOL of SOCIAL WORK

Child Maltreatment Investigations
Participants Manual
Continuing Education FSW

Training Objectives

After completing this training, participants will understand the need for and have the skills to enable them to conduct thorough child maltreatment investigations. The training will focus on the FSW interviews, information gathered and documentation needed to focus on safety, strengths, needs and accurate findings.

Section I: **Brief Review of Maltreatment Law and Policy**
Training Objectives:

- Receive a brief review of the Child Maltreatment Reporting Act.
- Review the required elements of a child maltreatment investigation as set out in the Child Maltreatment Reporting Act.
- Review the Child Maltreatment Assessment Protocol
- Review the definitions of child maltreatment.
- Provide an overview of the Safety Planning Policy.

Section II: Risk of Future Harm and Safety Concerns
Training Objectives:

- Understand the difference between risk and safety factors
- Understand the need to identify safety, risk, and protective factors to get a complete picture of the family's functioning.
- Learn to gather Practice identifying protective factors.
- Discuss elements of a protection plan.

Section III: Signs of Safety – Identifying Protective Factors:
Training Objectives:

- Understand the Divisions commitment to conducting "investigations" in a client-friendly manner that facilitates partnering for improvement.
- Develop strategies to assess for protective factors.
- Know how to use the Signs of safety work aid.

Section IV: Introduction to Interviewing
Training Objectives:

- Know the principles of good interviewing.
- Identify and interview collaterals.
- 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 if an investigation and develop strategies to minimize the trauma the investigation brings to the child.

Section V: Engagement Strategies:
Training Objective:

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

Section VI: Fact Finding:
Training Objectives:

- 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.

Section VII: Interviewing Adults:
Training Objectives:

- Learn some techniques to transition between engagement and fact finding.
- Know the different types of questions to use and the value/limitation of each.
- Critique an interview.
- Gain insight into the limitations of eye witness accounts.
- 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 and using some of the signs of safety materials to build relationships while still getting information needed for the assessment.

Section VIII: Developing the Protection Plan and Assessing On-going Safety Concerns:
Training Objectives:

- Pull all the pieces together to form a protection plan.
- Use the work aid to set out the specific things that will happen.
- Emphasize monitoring and time limitations.

Section IX: Team Decision Making
Training Objectives:

- Understand the purpose and triggers for a team decision making meeting
- Understand who should attend the team decision making meeting

Section X: CHRIS Documentation:
Training Objectives:

- Learn the process for requesting Referral Associations and Screen Outs.
- Learn the process for merging duplicate reports.
- Understand how to accurately update the demographic screens.

Section XI: Writing Affidavits:
Training Objectives:

- Understand the types of petitions and the milestones for completing affidavits.
- Learn to write an effective affidavit.
- Practice writing an affidavit.

The Arkansas child welfare practice model describes all of our efforts to renew our work with families and aligns us more readily with our division's mission. It reflects our goals, our principles, our casework process, our daily interactions and our decisions. It is not spelled out in any single document. Instead it is increasingly a part of everything we do and is reflected in every document we write and use.

The practice model is the way our systems work together to serve children and families.

Practice Model Goals

Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with our system. The goals of our practice model are:

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Ensure foster care and other placements support goals of permanency.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).
- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood

Principles to Guide Best Practices

Along with our goals, we support the practice model by looking for ways to incorporate the following principles into every encounter we have when working on behalf of families.

We believe…

- 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 and community members.
- Meaningful decisions require close family participation in decision making.
- Strengths of families and supporting these strengths contribute 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 must support frontline practice to achieve positive 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 the work is as important as the work we do.

WHO ARE WE? WHY ARE WE HERE?

Name:

- Strengths I Bring to the Investigations:
    - o _____ _____.
    - o _____ _____.
    - o _____ _____.
- Areas Where I Would Like to Improve My Skills:
    - o _____ _____.
    - o _____ _____.
    - o _____ _____.
- What I Want to Know/What I Hope to Learn:
    - o _____ _____.
    - o _____ _____.
    - o _____ _____.

Required Elements of the Child Maltreatment Investigation

- When must the child maltreatment investigation be started?
- When is the investigation considered initiated?
- When must the child maltreatment investigation be completed?
- Can the Assessor/investigator release the name of the reporter to a subject of a report?
- Who must be interviewed during the child maltreatment investigation?
- What must the 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 investigation?
- When and to whom do you give PUB-052?

HOW DO YOU DO?

1. How Do You Introduce Yourself?

_____
_____
_____
_____
_____

2. How do you respond when someone answers the door after you knock?

_____
_____
_____
_____
_____

3. How Do you react after you knock on the door or ring the doorbell?

_____
_____
_____
_____
_____

Elements of a Protection Plan

- One or more safety factors must have been identified and documented
- Every identified safety factor must be addressed.
- Roles and responsibilities must be clearly outlined for all family members, DCFS staff, and other participants.
- Timelines for each activity to occur or service to be initiated must be documented.
- Plan must be time-limited.
- Monitoring strategy must be included.

Agreement Between
The Arkansas Department of Human Services (ADHS)
The Arkansas State Police (CACD)

I. Purpose

In accordance with Arkansas Code Annotated §12-8-501, the State has a responsibility to provide competent and thorough child maltreatment investigations which are sensitive to the needs of children and families. The Arkansas State Police (CACD) Crimes Against Children Division (CACD) is a partner with the Division of Children and Family Services (DCFS) in the Practice Model. CACD supports the Practice Model goals and values and supports families at every step of an investigation. CACD supports frontline staff by providing skill-based training and supervision to build and maintain professionalism. CACD strives for quality and accountability in all work conducted by CACD staff.

Child maltreatment is a crime and suspected severe child maltreatment should be investigated by trained law enforcement investigators. The CACD was created as a result of a Governor's Executive Order under in Arkansas Code Annotated §12-8-501 through § 12-8-508.

II. Statutory Requirements

The CACD agrees to comply with all applicable state and federal laws and regulations, which include the Juvenile Code, the Child Maltreatment Act, The Child Abuse Prevention and Treatment Act (CAPTA), Title IV-E of the Social Security Act which includes the Adoptions and Safe Families Act (ASFA), and state law pertaining to the CACD, Arkansas Code Annotated §12-8-501, et seq.

III. Program Responsibilities

A. The Child Abuse Hotline

The Child Abuse Hotline Section of CACD shall:

- Receive and document all reports with sufficient identifying information as defined by Arkansas law.
- Receive and document all child deaths that:
    1) Is sudden and unexpected; and,
    2) Was not caused by known disease or illness for which the child was under the care of a physician at the time of death; or
    3) The death of a child reported by a coroner or county sheriff
- Receive facsimile transmission in non-emergency situations by identified reporters who provide their names, phone numbers and email addresses (for online reporting). Confirm receipt of facsimile transmission via a return facsimile transmission.
- Conduct a history check on all reports unless calls waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of the call wait time.
- Attempt to secure all information requested on the CHRIS screens and elicit the following:
    - Reason the reporter suspects child maltreatment and how the reporter acquired the information.
    - Current risk of harm to the child.
    - Mental and physical condition of the alleged offender.
    - Potential danger to staff investigating the allegation(s).
    - Identify and location of possible witnesses or persons knowledgeable about the alleged child maltreatment.
    - Relevant addresses and directions.

- Licensing authority and facility involved.

- Prioritize and determine the appropriate investigating agency, either CACD or DCFS, as outlined in this Agreement.
- Inform the caller if the information provided does not constitute a legal allegation of child maltreatment.
- Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification shall be made within forty-eight (48) hours excluding weekends and holidays after a mandated reporter makes a call to the hotline that is not accepted or is screened out.
- Forward report to the appropriate investigating agency, either DCFS or CACD, for investigation, and DCFS may refer for assessment.
- After hours notification is to be made to the appropriate on call member of either DCFS or CACD.

DCFS will maintain in the CHRIS System a current list of on-call DCFS staff, supervisors, and Area Directors including home phone numbers and cell phone numbers.

If local law enforcement contacts the hotline because a 72 hour hold has been initiated on a child or a hold needs to be taken on a child to protect the child, the hotline shall provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS.

At any time should the system be inoperable or the respective entities do not have access to the computerized entry, the maltreatment reports shall be forwarded by telephone.

Child maltreatment allegations will be assigned for child maltreatment investigation pursuant to A.C.A. §12-18-601 as follows:

Type of Maltreatment	Priority	Agency
Abandonment^^	I/II	CACD/DCFS
Abuse with a Deadly Weapon	I	CACD
Bone Fractures	I	CACD
Brain Damage/Skull Fracture	I	CACD
Burns, Scalding	I	CACD
Cuts, Bruises and Welts/Age 4 and over *	I/II	CACD/DCFS
Cuts, Bruises and Welts/Age three and under**	I/II	CACD/DCFS
Educational Neglect	II	DCFS
Environmental Neglect	II	DCFS
Extreme or Repeated Cruelty	II	DCFS
Failure to Protect ***	I or II	CACD/DCFS
Failure to Thrive	I	CACD
Forcing a Child to Listen to a Telephone Sex Line	I	CACD
Human Bites	II	DCFS
Immersion	I	CACD
Inadequate Clothing	II	DCFS
Inadequate Food	II	DCFS
Inadequate Shelter	II	DCFS
Inadequate Supervision	II	DCFS
Indecent Exposure	I	CACD
Internal Injuries	I	CACD
Kicking	II	DCFS
Lock-out	II	DCFS
Malnutrition	I	CACD

Medical Neglect	II	DCFS
Medical Neglect of Disabled Infants	I	DCFS
Mental Injury	I	DCFS
Munchausen Syndrome by Proxy or Factitious Illness by Proxy	II	CACD
Newborn Child Born with an Illegal Substance in its System or at the time of birth, the presence of illegal substance in mother's system	I	DCFS
Poison/Noxious Substances	I	CACD
Pornography/Exposure to Live Sex Act	I	CACD
Sex (Oral)	I	CACD
Sexual Contact	I	CACO
Sexual Exploitation	I	CACD
Sexual Penetration	I	CACD
Sexual Solicitation	I	CACD
Shaking a Child Age Four or Older	II	DCFS
Shaking a Child Age Three or Younger	II	DCFS
Sprains/Dislocations	II	OCFS
Striking a Child Age Seven or Older on the Face	II	DCFS
Striking a Child Age Six or Youm1er on the Face	II	OCFS
Striking, Pinching or Biting a Child in the Genital Area	II	DCFS
Striking a Child with a Closed Fist	II	DCFS
Subdural Hematoma	I	CACD
Substance Misuse	II	DCFS
Suffocation or Interfering with Breathing	I	CACD
Threat of Harm	I	DCFS
Throwing a Child	II	DCFS
Tying/Close Confinement	II	DCFS
Underage Juvenile Offenders Age 11 and older Underage Juvenile Offender Under age 11	I/II I/II	CACD DCFS
Voyeurism	I	CACD

*Depending upon the location (head/torso, excluding buttocks), severity and multiplicity of the injuries, cuts, bruises and welts may be a Priority I.

**The investigation of bruises, cuts, or welts in or on any portion of the head, face, neck, or torso, excluding buttocks, that are the result of a direct act against the child by a parent or caretaker, when reported by a medical facility or medical personnel or law enforcement, will be the responsibility of the CACD. 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.

***CACD will investigate if the Failure to Protect is linked to a Priority ICACD investigation.

^^CACD will investigate only those allegations of abandonment in which the alleged offenders are foster/adoptive parents

Reports containing information that young children are behaving in a developmentally inappropriate sexual manner, but do not contain allegations of sexual abuse or name an offender will not be registered as child maltreatment, -but will be documented. Reports of consensual sexual activity between similar aged children shall not be accepted by the Child Abuse Hotline unless the activity falls within the statutory definition of sexual abuse. If the assessment results in an allegation of child sexual abuse as defined by statute, the DCFS worker will make a report to the Child Abuse Hotline, and, if accepted, the report will be investigated by CACD or DCFS, depending on the age of the named alleged offender.

B. Investigations---Who will investigate?

The CACD, being specially trained and organizationally placed outside the Arkansas Department of Human Services (ADHS), shall investigate all reports of child maltreatment that identify a(n):

1) Foster parent or a member of the foster parents' household (to include TFC providers, private providers, etc.);
2) DCFS pre-adoptive parent;
3) DCFS provisional foster parent;
4) Juvenile named as an alleged offender aged 11 - 18 and the allegation is "severe maltreatment" as defined in the Child Maltreatment Act;
5) Alleged offender who is not a family member or is not living in the home with the alleged victim(s) with an allegation of severe maltreatment;
6) Allegation(s) involving a foster child whether foster child is the offender or the victim excluding all reports that meet Differential Response criteria involving a child in foster care that allegedly occurred prior to the child entering foster care;
7) Staff person of a Division of Youth Services owned facility or Division of Youth Services contract facility as the alleged offender;
8) Allegation(s) involving a juvenile in a Division of Youth Services owned facility or Division of Youth Services contract facility whether juvenile is the offender or the victim

The CACD, upon acceptance of this agreement, assumes responsibility for criminal child maltreatment investigations in accordance with Arkansas Code Annotated §12-18-601, if local law enforcement declines to investigate. Those allegations of child maltreatment are the responsibility of the CACD by this Agreement in conjunction with the Governor's Executive Order. The CACO shall not be responsible for any child welfare matters other than those set out in this agreement, incorporated herein, unless additional responsibility is incorporated into this agreement in the form of an amendment by mutual agreement of the CACD and the ADHS.

CACD will investigate all Child Deaths accepted by the Child Abuse Hotline that:

1) Is sudden and unexpected; and,
2) Was not caused by known disease or illness for which the child was under the care of a Physician at the time of death; or,
3) The death of a child reported by a coroner or county sheriff; or,
4) Dies during the course of an open child maltreatment investigation.

In the event DCFS is currently involved in an investigation (e.g., inadequate supervision) and a child dies, there will be communication between DCFS and CACD as to who will be primary on the investigation going forward based upon an assessment completed by CACD. DCFS investigative activities on original allegation will continue until notified otherwise by CACD upon completion of their assessment.

CACD will complete the Child Fatality Disclosure Case Briefing summary, if there is no prior history with the family or DCFS secondary assignment.

DCFS shall investigate all reports of child maltreatment that identify an Arkansas State Police employee or spouse, either in their personal or official capacity, as the alleged offender. CACD shall investigate all reports of child maltreatment that identify a Division of Children and Family Services employee or spouse as an alleged offender.

DCFS shall also be assigned any report related to a current, open investigation that resulted in a child being brought into foster care when:

1) A subsequent report related to the initial report/removal is made (i.e., the subsequent report involves an allegation that occurred prior to the child entering care unless there is a current injury or the allegation is for sexual abuse)

C. Investigations---Procedural Requirements

CACD shall initiate all child maltreatment investigation no later than twenty-four (24) hours of receipt of an allegation of severe maltreatment, excluding reports of:

1) Sexual abuse if the most recent allegation of sexual abuse was more than one (1) year ago, and the alleged victim does not currently have contact with the alleged offender;
2) Abandonment if the child is in a facility;
3) Cuts/welts/ bruises or suffocation if the most recent allegation was more than one (1) year ago and the alleged victim is in the custody of the Department of Human Services.

Exceptions listed above will be initiated within 72 hours.

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

At any point in the investigation, CACD will immediately notify DCFS, either in person or via telephone if CACD has concerns about the safety of children. When a safety factor is present and a safety assessment has been requested, CACD will advise the offender of the reported allegations if the offender lives in the home.

An investigation is initiated by CACD when the victim is interviewed or examined outside the presence of the alleged offender. A DCFS safety assessment does not constitute an initiation of a CACD child maltreatment investigation. CACD may contact DCFS to conduct a Health and Safety assessment after examining/interviewing the child and the non-offending parent living in the home if safety is a concern. DCFS shall not initiate a Health and Safety assessment unless CACD has completed the Hearth and Safety checklist and a safety factor is present. CACD will conduct or secure drug testing, or take whatever steps are needed during the course of any investigation conducted by CACD to properly investigate the allegations. Upon the request of CACD, DCFS will make referrals, if needed, to local counseling, etc., during the course of the investigation. During the course of all investigations conducted by DCFS and CACD, families will be provided with a pamphlet developed by DCFS regarding access to services/needs.

DCFS will engage and involve CACD in the development and planning implementation of any new division initiatives.

CACD will use the Child Reporting Information System (CHRIS) to document activities associated with the investigation of suspected child maltreatment. CACD must document the activities within 48 hours of completion. - CACD and DCFS will in good faith attempt to resolve CHRIS issues when problems arise. ADHS agrees to update CHRIS, at its expense, to include all applicable CACD forms.

DCFS staff will act as secondary on all CACD investigations if a Health and Safety Assessment has been requested, and DCFS staff will document in CHRIS all activities associated with the investigation in the contact screen only. CACD and DCFS shall not alter or delete any documentation entered into CHRIS by the other agency.

CACD shall make an investigative determination within -forty-five (45) days of the receipt of the initial report of child maltreatment. CACD shall interview the alleged offender's children and any children living in the alleged offender's home if the allegation is determined to be true.- CACD shall conduct an assessment of any other children previously or currently under the care of the alleged offender, and to the extent practical, determine whether these children have been maltreated or are at risk of maltreatment.

D. Investigations-Notice

The investigating agency shall provide notification required in the statute (Ark. Code Ann. §12-18-500 et seq., Ark. Code Ann. §12-18-700 et seq., Ark. Code Ann. §12-18-813.) If the report involves a foster child or is in an open dependency-neglect or FINS (Family in Need of Services) case, DCFS shall provide notice of the investigative determination to legal parents/guardians, the public defender or counsel, the judge in the juvenile court case, the Attorneys Ad Litem and CASA.

The investigating agency shall notify a facility's licensing or registering authority of the initial report of child maltreatment if a client or resident of the facility is identified as a victim and the facility is licensed or registered by the State of Arkansas. The investigating agency shall notify the appropriate ADHS division director and facility director when the initial report is that a client or resident of a facility operated by ADHS or a facility operated under contract with ADHS has been subjected to child maltreatment while at the facility.

IV. Judicial and Other Appearances

CACD shall prepare affidavits containing facts obtained during the course of a child maltreatment investigation. Employees of CACD will appear and testify in the Administrative Hearings and all court proceedings initiated by ADHS without a subpoena. If CACD provides the Office of Chief Counsel with an affidavit, OCC will notify CACD of the date, time and location of the court proceeding when OCC determines CACD is needed at the court proceeding. If CACD has prepared the affidavit the CACD employee will appear in court unless relieved by OCC.

CACD and DCFS shall immediately notify the OCC when an employee receives a subpoena to provide testimony or documents pertaining to a child maltreatment investigation. If needed, the OCC shall take steps to quash the subpoena. If the subpoena is not quashed, the CACD or DCFS employee shall comply with the subpoena.

No staff from either CACD or DCFS will appear voluntarily at a hearing to give testimony adverse to the investigating agency's position. If a CACD or DCFS employee is subpoenaed by the petitioner in an administrative hearing or by the defendant in a child welfare hearing and the employee's testimony will be adverse to the investigating agency's position, the CACD or DCFS employee will immediately notify the investigating agency and OCC of the compelled appearance and provide the investigating agency with a summary of the employee's testimony.

To ensure that DHS and CACD are adequately prepared for court appearances and administrative hearings, the CACD will send the Central Registry its investigative file within ten business days of the request for the file by the Central Registry manager. The investigative file shall include copies of pictures, audio tapes, video tapes, CDs, DVDs and other forms of media.

V. Finances

Upon the approval of the ADHS, DCFS' transfer of funds shall be made in the following manner:
The ADHS will transfer federal funds and other revenues to the CACD via state treasury fund transfers upon receipt of billing information provided by the CACD. ADHS shall transfer $2,667,879 in funding for State Fiscal Year (SFY) 2017. DCFS will cover the cost to house CACD investigators in OHS county offices.

While the ADHS agrees to transfer the funds, the CACD agrees that any additional funding required by the CACD to comply with this agreement will be the responsibility of the CACD. The CACD agrees to request any additional funding from the Arkansas State Legislature as part of its budgeting process.

The transfer of funds shall be made in a manner that is acceptable under the laws of the State of Arkansas and the rules, regulations, and procedures of the DF&A; and in compliance with any federal guidelines that may affect any portion of those monies transferred.

The ADHS agrees to continue to provide the current office space to CACD positions transferred to CACD and other positions as agreed upon by ADHS and CACD. The office space shall include utilities, telephone service, and CHRIS access. However, after July 1, 2009, CACD will pay for any office space for any new positions.
All responsibility regarding the central registry along with charging of fees for requested copies of child maltreatment reports will reside solely with the Division of Children and Family Services.

VI. Indemnification

The parties agree that the cost of any disallowance, deferral, sanction, or other liability shall be borne by the program or agency whose conduct or performance is the basis of the disallowance, deferral, sanction, or other liability.

VII. Monitoring and Dispute Resolution

No employee of CACD shall attempt to inhibit the reunification efforts of DCFS in dealing with families. Should CACD have unresolved concerns regarding the safety of a child, the CACD employee shall express these concerns to his or her supervisor at CACD. The CACD supervisor shall contact the DCFS Area Manager to share CACD's concerns, and if the CACD supervisor is not satisfied with the response from the DCFS Area Manager, the CACD supervisor shall go up the appropriate chain of command.

The parties, the Director of ADHS, the Director of ASP, the Director of DCFS, or their designees, and the Commander of CACD shall meet as needed to discuss specific cases, operations, protocol compliance, and other pending issues. The parties agree to work together in good faith and in the spirit of cooperation. If this fails, the parties agree to submit to binding dispute resolution led by an unbiased representative of the Governor's Office.

The DCFS shall have final authority on all decisions regarding removal, protection, and reunification. The ADHS is the designated agency for administration and oversight of the federal programs under Titles IVB and E of the Social Security Act for the State of Arkansas.

VIII. Confidentiality & Disclosure of Information

The CACD will abide by the confidentiality requirements as outlined in the Child Abuse Prevention and Treatment Act, the Child Maltreatment Act, and the Arkansas Juvenile Code. CACD makes the following assurance:

CACD may not disclose information concerning child maltreatment allegations except as authorized under state or federal law or regulations or Division of Children and Family (DCFS) Policy.

All information pertaining to child maltreatment investigations is confidential and shall be released only as permitted by state and federal law. CACD may disclose information to the Prosecuting Attorney or law enforcement upon request or as necessary to facilitate an investigation or prosecution. All requests for copies of central registry records shall be handled by DFCS.

No investigative file shall be released while the investigation is pending, except as allowed in Arkansas Code Annotated § 12-18-101et seq.

Nothing in the preceding paragraphs will preclude timely disclosure to the appropriate Prosecuting Attorney's Office in the furtherance of the prosecution of the offender in such crimes; or other law enforcement agencies in the furtherance of the investigation; or as required by the DCFS; or the U.S. Department of Human Services, or any assistance through the Arkansas Crime Victims Reparations Act.

Referrals concerning malicious reporting shall be made to the appropriate Prosecuting Attorney.

IX. Multidisciplinary Teams and Child Safety Centers

CACD and DCFS shall participate in Multi-Disciplinary Teams authorized by the Commission on Child Abuse, Rape and Domestic Violence. To prevent multiple interviews of a child who has been a victim of child maltreatment, CACD and DCFS shall utilize Child Safety Centers, when available and appropriate.

XI. Duration

This agreement shall take effect July 1, 2016 and shall end June 30, 2017. This agreement shall be binding upon any successors to the Director of ADHS and the Director of the Arkansas State Police. This agreement and protocol shall be subject to the continuing review of the Arkansas General Assembly and the U.S. Department of Health and Human Services, Administration for Children and Families.

XII. Amendment of Agreement

The Agreement shall not be approved, amended or assigned without the consent of the ADHS, DCFS and the CACD.

XIII. Oversight

Under Arkansas Code Annotated §12-8-506, the Oversight Committee shall meet to review the administration of the child abuse hotline, child abuse investigations, and service delivery to children and families.

The CACD shall submit reports regarding the administration of the Child Abuse Hotline and child abuse investigations at least quarterly to the Legislative Oversight Committee, House Subcommittee on Children and Youth of the House Committee on Aging, Children and Youth, Legislative and Military Affairs and the Senate Committee on Children and Youth. A copy of all reports submitted to the legislature shall be provided simultaneously to the Director, DCFS.

This agreement was signed by the following:

Bill Bryant, Director
Arkansas State Police

07/27/16
Date

Cindy Gillespie, Director
Arkansas Department of Human Services

08/05/2016
Date

Ron Stayton, Commander
Crimes Against Children Division
Arkansas State Police

7/27/16
Date

Mischa Martin, Director
Division of Children and Family Services
Arkansas Department of Human Services

8/5/16
Date

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 PARTNERSHIPS

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 by-in and do they have the capacity to work a 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 Signs of Safety Approach in a Collateral/Reporter Interview

On January 2, 2017, Dr. Bussing contacted the child abuse hotline to report an incident involving a 2 year old girl who was scaled while taking a bath. The child was admitted to the hospital in critical condition. The child was taken to the hospital by her grandmother. The grandmother wasn't in the home at the time of the incident but was called by her daughter immediately after. According to the grandmother, the mother was giving the child a bath when the 4 year old sibling turned the hot water on. The mother was in the other room talking on the telephone. The mother refused to go to the hospital because she stated that she had to say home with the 4 year old and the 6 month old twins.

Interview Notes:

Immediate Dangers

Risk

Safety Signs (Protective factors);

Practice Elements Demonstrated.

Caveats and Assumptions
Of
Child Maltreatment Investigations 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 (self-centered) 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:

INTAKE SCENARIO

Report accepted at the hotline on March 10, 2017

Child: Terry Adams

Age: 9-years old (DOB 1-4-2008)

Address: 809 South Winston Circle

Maywood, Arkansas

No home phone (school records have a message phone at the aunt's house – (618) 371-1021

Work phone (618) 438-6200 (Ikea Furniture Factory)

Household Composition

Antoinette Adams – Mother, PRFC

Terry Adams, alleged victim, 4th grade

Anton Adams – 8 year- old brother, goes to same school, 2nd grade (held back one year)

Jeanette Adams – 6 – year – old sister, goes to same school, 1st 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 2009, unsubstantiated; and prior reports on the brother 2016(abuse), 2015 (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 because Terry went to school with 7 belt marks that extended across the shoulders, back and back of one arm. The teacher noticed the marks on Terry's arm. Terry was sent to the school counselor and the counselor found the other marks. When the counselor questioned Terry about the injuries, Terry stated that he got a whipping for making an F on a spelling test. The school called the Hotline at that point. The alleged offender is unknown.

Look up each allegation in the Publication 357 that was taken by the Hotline.

Using the definition (s) for each allegation formulate a basic plan of the type of information you will need to seek.

What Collateral(s) do you identify from the scenario? And Why?

What questions would you ask the collateral(s)? Develop at least three questions that you want to ask the collaterals.

OBSERVATION OF A COLLATERAL/REPORTER INTERVIEW

Notes On Interaction	What Did You Learn From The Interview
• Note things you saw/heard the interviewer do:	• What parts of the report have you confirmed?
• Note anything you particularly liked.	• What did you learn that is new or different from From what was reported?
• Note things you would have done differently.	• Does this interview broaden or narrow the scope of the maltreatment investigation?
• 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?	• What did you learn about protective factors?

VISUAL INSPECTION

You received a report alleging cuts, bruise and welts. The 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 ensure 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.?

VISUAL INSPECTION OF CHILDREN
Maintaining the Dignity of the child

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 FSW conducting the investigation must find a way to ensure 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 physical abuse:

- **Establish rapport before asking to see the 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.**
    - What is the developmental level of the child?
    - Will the child be more comfortable if there is a trusted adult present while you assess the 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 assess by an opposite gender worker?
    - Is there a trusted adult present?
    - Under no circumstances should the alleged offender 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 Mom or Dad 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.

  - Do not under any circumstance 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 under wear, pull it gently aside.
- **Notify the parents as soon as possible after seeing the child.**
- **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 Mom or Dad (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).

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 not the child's fault.

  - 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.
    - If the child does not know the answer, it is OK to say, "I don't know"

FACT- FINDING STAGE
INTERVIEW'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.

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 of 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 progressions from less intrusive to more intrusive acts.
- 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 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 COMPALINT ALLEGATION

In order to use this technique, the interviewer needs to have talked with someone who has knowledge of the complaint – the reporter or supportive adult. The interviewer gives the child 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 child maltreatment interview

Example: "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)?

CLOSURE STAGE INTERVIEW'S TASKS

GOAL

- **Give the child an opportunity to ask questions of the interviewer.**
- **Be sure the child understands what will happen next.**

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 they did the right thing to tell.
- If the child disclosed maltreatment, treasure him/her they are not at fault and they are 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, assumptions, or statements made by others. This information may exculpate the person who has alleged to offended or even point to a different perpetrator.

  Examples:

  Need to hear and record both, including 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 directions to the conversation; i.e. the interviewee tells his or her story. The interview 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 **why –** questions
- Avoids **tag questions ("You were there, weren't you?")**
- Asks to amplify or clarify, but does not challenge yet
- Accomplished with restatements, feedback (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.

PROTECTION PLAN (PP) OR CASE PLAN(CP)

1. Mr. Cox will attend anger management classes

2. Mr. Jones will move out of the home and have no contact with the children while the investigation is pending.

3. Ms. Smith will obtain a GED.

4. The grandmother, Mary Blue will move into the home to assist the mother with feeding the infant for the next two weeks, until January 25, 2017.

5. Mr. and Mrs. Scott will attend and complete parenting classes by March 1, 2017.

6. Ms. White will submit to random drug screens.

7. The Adams family will stay with the grandmother, Mrs. Reynolds until the landlord fixes the broken windows in the bedrooms and the hole in the floor in the living room.

8. The Program Assistant will visit the home at noon on Tuesdays and Thursdays to assist the mother with cleaning the baby's feeding tube for the next two weeks.

9. The aunt, Mary Wilson will go to the home on Monday, Wednesday and Thursday to provide childcare for the 5 and 6 year old until Amy starts her new shift on May 10, 2017.

10. The landlord will fix the holes in the walls and the frayed wires by September 9, 2017.

AFFIDAVITS

Definition:

- A voluntary declaration of facts written down and sworn to by the declarant (DCFS worker) before an officer authorized to administer oaths (notary).
- Must be signed by person with knowledge.

Types

- Medical
- CACD investigator
- DCFS employee

Required at

- Emergency Custody or New Cases
- Changes of Custody in Open Cases
- 30 Day Petitions
- Petitions for Order of Less Than Custody
- Petition for Order of Investigation

Items that must be contained in an Affidavit

- All facts regarding the maltreatment
- Full names, dates of birth, and addresses of all children, mother, father (putative and /or legal).
- Removal reason and from whom.
- If the parent's addresses were not available, include reasonable efforts made to obtain the addresses.
- Efforts provided to family to prevent removal;
- Time and date the 72- hour hold was taken;
- Date DHS first made contact with the family;
- The facts that support the allegation of severe maltreatment or substantial risk of serious harm(immediate danger);
- Prior services and cases with the family
- Provide all CHRIS numbers, including unsubstantiated reports;

Elements of an Affidavit

Three essential elements must be satisfied to constitute a complete affidavit. They are:

1. A written oath representing the facts as sworn by the affiant(DCFS or CACD worker)
2. The signature of the affiant; and

3. The attestation (verification) by an officer authorized to administer the oath that the affidavit was actually sworn by the affiant in the presence of that officer.

Note: The substance of the document makes it an affidavit.

AFFIDAVIT NOTE PAGE

Who:

What:

When:

Where:

How Often:

Why:

MIDSOUTH TRAINING ACADEMY

SCHOOL OF SOCIAL WORK

Days 1 - 3

Handouts

Child Maltreatment Investigations

Continuing Education FSW

Handout 1

Child Maltreatment Investigations

Agenda

Day 1

I. Introduction and Course Orientation

A. Introduction, Welcome and Housekeeping
B. Training Objectives
C. Practice Model

II. Child Welfare Act and Policy Requirements

A. Overview of the Act and Purpose
B. Elements of a Child Maltreatment Investigation
C. Child Maltreatment Assessment Protocol / Pub. 357

III. Assessing Risk and Safety Factors

A. Gathering Information to Assess Health and Safety Risk Factors
B. Differentiating between Risk and Safety
C. Elements of a Protection Plan
D. Safety Planning Policy

IV. Signs of Safety – Identifying Protective Factors

A. Signs of Safety 12 Principles/6 Practice Elements
B. Strategies needed to asses protective factors

V. Introduction to Interviewing

A. Principles of Conducting Interviews and Interview Strategies

Day 2

I. Interviewing – Continuation

A. Collateral Interview
B. Visual Inspections
C. Victim and Sibling Interviews
D. Child Interview – Stages

II. Engagement Strategies

III. Fact – Finding

IV. Assumptions

V. Adult Interviews

A. Purpose of Investigations
B. Characteristics of an Interview
C. Planning Interviews

VI. Developing Protection Plans

A. Expanded Safety Factors
B. Practice Scenarios

Day 3

I. Protection Plan Continuation

A. Identify and address safety factors
B. Creating and Implementing Protection Plans
B. Practice Scenarios

II. Team Decision Making

A. Purpose of a Team Decision Making Meeting (TDM)
B. TDM Triggers

III. CHRIS Documentation

A. Updating Client Screens

IV. Preparing Affidavits

A. Practice writing an effective affidavit

Handout 2

Risk and Safety

Risk to Children:

- Likelihood of future maltreatment
- Varying degrees of risk can occur within a family
- Presence of high-risk factors does not necessarily mean that immediate danger exists
- Risk factors are generally categorized as “high,” “medium” or “low”
- Risk issues are thing that could be resolved
- Safety issues have to be controlled.

Immediate Dangers:

Immediate dangers are specific family behaviors, situations, emotions or capacities which are out of control and likely to have severe effects on a child.

- **Specific and observable.** A CPS worker can know without a doubt that dangers are present.
- **Out of control.** Without intervention, the behavior or situation cannot be controlled or managed.
- **Effects are likely to be severe.** Because the situation is out of control and the effects are likely to be severe, it is reasonable to assume the worst.

Handout 3

Risk factors:

Risk factors are characterized as high, medium, low.

FACTOR	LOW RISK	MODERATE RISK	HIGH RISK
Child's age	11 years and older	4 through 10 years old	Infant through 3 years old
Child's physical and mental ability	Cares for and protects self without adult assistance	Requires adult assistance to care for and protect self	Unable to care for or protect self without adult assistance
Caregiver's level of cooperation	Aware of problem, will work with DCFS to resolve	Cooperative, but lacks ability to make changes without assistance	Doesn't believe there is a problem, will not cooperate
Caregiver's physical, mental, emotional abilities and controls	Realistic expectations, ability to nurture	Some history of alcohol/ substance abuse, DV, or childhood issues; can function day-to-day; some nurturing skills; possibly depressed	Victim or perpetrator of DV, current A/S abuse issues that interfere with day-to-day functioning, untreated MH issues, history of childhood abuse/neglect
Caregiver's parenting skills and behavior	Anticipates potential harm to child, ability to provide structure for child	Inability to anticipate harm; inappropriate parenting decisions that result in moderate CA/N	History of poor parenting. Chronic dangerous parenting practices, harms child on purpose
Perpetrator's access to child	Out-of-home, no access	In home, access to child is restricted	In home, provides primary care for child
Extent of child abuse/neglect	Not severe, no major effect on child	CA/N occurred, no medical care necessary	Injury severe enough to require medical attention

FACTOR	LOW RISK	MODERATE RISK	HIGH RISK
Location of injury, or type/impact of neglects	Arms, legs, injury sites or neglect that does not impact development	Injury on torso, neglect that causes emotional problems	Injuries to face, head, genitals, neck. Chronic neglect that causes major health concerns
History of CA/N of child victim or siblings	No prior history	Fewer than three priors, none serious	Substantiated serious prior or chronic history of three or more reports
Physical condition of home	Clean, no safety or health issues	Trash and garbage not disposed of, animal feces in home	Dangerous structural issues; health hazard from human waste, vermin, exposed wiring, meth lab
Support systems	Family, neighbors and friends available, community resources	Supportive family, but not nearby, some support from friends	No relatives or friends nearby; isolated from community
Stress	Stable family, steady	Job loss, separation/	Death of spouse or child,
History of CA/N of parent as a child	No reported history	History involving abuse or chronic neglect	History of TPR, near death, numerous CA/N reports

Handout 4

Risk	Safety
• Likelihood of future occurrence (combine with the maltreatment definition).	• Without some intervention, the behavior or emotion will not be controlled.
• Qualified by time (hasn't occurred, may in the future).	• Decision making based upon the immediate near future.
• Focus on unlimited time frame.	• Harm is imminent, it will continue, it will have negative results, and the effects could occur any time in the near future.
• While risk factors exist in many families, there are various degrees or levels.	• Only certain safety factors apply.
• Could be mild to severe maltreatment.	• Severe forms of dangerous conditions or severe maltreatment only.
• Impacted by family functioning. • Focuses on overall child well-being.	• These are very specific and observable, so a limited number of these are possible and can be listed.
• Potential negative effects. • Progressively worse.	• Threat of serious harm means a family situation or behavior, emotion, motive, or capacity of a family member that is uncontrolled and likely to have serious effects on a child.
• Evaluation of family behaviors that need treatment. • All aspects of the family are relevant to assess risk.	• Evaluate family situations to determine how to intervene, manage and control, not treat. • Threat of serious harm in the home, that the protective capabilities that exist can't manage

Handout 5

Arkansas Health and Safety Factors

1. Caretaker's behavior toward children is violent or out- of-control.
2. Caretaker describes or acts towards the 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 that the family is about to flee or the child's whereabouts cannot be determined.
6. Caretaker has not, cannot, or will not provide supervision necessary to protect the child from potentially dangerous harm.
7. Caretaker is unwilling, or is unable to meet the child's need for food, clothing, shelter, and/or medical or mental health care.
8. Child is fearful of the caretaker, other family members, or other people living in the home or having access to the home.
9. Child's physical living conditions are hazardous and immediately threatening, based on child's age and developmental status.
10. Child sexual abuse is suspected and circumstances suggest that the child's safety may be an immediate concern.
11. Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.
12. Caretaker fails to protect children 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 of the maltreatment or the caretaker's response to the previous incidents suggest that child safety may be an immediate concern.
15. OTHER

Handout 6

Risk or Safety

1. The family is going to be evicted next month.

2. The 3 year old was taken to the police station after being found wandering down a busy street.

3. The 7 and 10 year old have been left home alone for three days and are currently alone.

4. The father received a layoff notice; the factory will be closing in two months.

5. The 6 month old presented at the hospital with a broken femur (thighbone) and the parents can't explain how he received the injury.

Handout 7

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: An Overview

Purpose - Provide standard guidance for promising practices when gathering information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Goals/Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Health & Safety Assessment- Although there are various ways an assessor can gather information to complete an accurate health and safety assessment, this document provides one example of a comprehensive approach. Since every situation is different, an assessor's approach may require flexibility during an investigation.

The very fact the state is inserting a worker into a family's life sets up an adversarial situation from the beginning. Under such conditions, it is the responsibility of the assessor to create an atmosphere conducive to a discussion, not an interrogation. You can be in control and get the information you need without being seen as attacking, disrespectful, or judgmental. If you continually have a high rate of conflict with families in comparison with your co-workers, you need to recognize your approach and methodology in interviewing families may be contributing to this issue. You cannot count on families to become more cooperative, so you must examine yourself and make the necessary changes in your behavior and techniques.

Your goal is to gather enough information to make the right decisions about a child's safety, not to "show them who's boss" or to point out their lack of parenting skills.

For a safety assessment to be effective in structuring and impacting decision making, it must be conducted during the first contact with the family. However, you will usually not get all the information you need during the initial visit with a family. You may get contradictory statements, one parent may not be home, some of the kids may be unavailable, etc. However, whether you like it or not, **when the assessor decides to leave without removing the children or without implementing a protection plan, a safety decision has been made.** Subsequent contacts may alter that decision.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting the Health & Safety Factors Constituting Immediate Danger - For each safety factor presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, worker observations, and other professional assessments as applicable.

Outcomes -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: Preparation

Purpose - Provide standard guidance for promising practices when preparing to gather information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Work of Preparing to Gather Information to Assess Health & Safety -

1. **Have a plan & be prepared!** Don't think you can figure out what to do when you get there. This is occasionally successful, but more often it leads to an incomplete gathering of facts and poor decisions. Consider the following:
   - What's the first thing you're going to say?
   - How will you bring up the allegation?
   - Who will you ask to interview first? What is your alternate plan?
   - Who all do you need to interview?
   - How will you deal with the parent's attitude about being reported?
2. **Know as much as possible before you go!**
   - Carefully read all the intake information. Know the children's names and ages. This lets the parent know you are aware of the number of kids and plan to see them all. It also makes the children feel more comfortable with you. (Sometimes the intake doesn't contain the names, but it often provides at least basic information – genders, approximate ages, races, etc.).
   - If there is time, become familiar with prior child maltreatment reports.
   - Are there major pieces of family information missing at the time of intake that you want to be sure to address? (e.g. siblings, other adult in home, sick child's specific ailment)
3. **Think about the order in which you want to interview subjects.** Although it varies, what is generally considered best practice is listed below. This method provides you with the best opportunity to let each interview build upon the previous one – that is, you can use the information from the preceding interview to help with the next one.

   If the alleged victim is at home:
   a. First, after a brief introduction, interview the alleged victim.
   b. Next, interview the siblings.
   c. Then, interview the parent who was not identified as an alleged offender (if there is one).
   d. Then, interview the alleged offender.

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: Interviewing the Alleged Victim & Siblings

Purpose - Provide standard guidance for promising practices when interviewing the alleged victim and his or her siblings in order to gather information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Work of Interviewing the Alleged Victim - Most interviews with children should be 30 minutes or less to be effective. However, if you are making progress and the child is still focused, don't hold to this time limit. Assessors must probe deeply, but carefully, into the family situation and the incident. Your interview with this child will greatly increase your understanding of the family dynamics and the factors that could endanger him or her.

- **Explain who you are to the family**. Tell them how you came to be involved and assure them you are there to try to help the entire family.
- **Let the child know he can ask questions**.
- **If the child is old enough, explain confidentiality to her**.
- **Ask the child questions that you know he knows the answer to**: birth date, teacher's name, sibling's names, etc. This helps him get used to speaking with you about non-scary topics.
- **Watch for signs that the child does not understand your questions or comments.** Recapping what the child said is a good way to allow him to correct any misunderstandings. Not all 10 year olds function at the same level. During the interview, you should alter your questions as you get a better feel for the child's functioning level.
- **As you talk about the family, probe into safety-related areas**: what things frighten her; does she see Mom as a protector; what family member is she closest to; does anyone read her bedtime stories, etc.
- **Pay attention to the child's body language** and how he reacts to questions about mom or dad.
- **Be aware of your body language**. Get down to eye level with the child or elevate him to your eye level, if possible.

Questions should center around the child him/herself, the parents/caregivers, and the family in general, and could include the following. It is not recommended you ask all these questions– you should pick those you are comfortable asking. When rapport is established, move to questions about the incident.

Questions About the Child -

1. Who are your best friends? Who do you play with at school?
2. What do you like to do for fun?
3. What part of school is easiest/best? What is hardest/worst?
4. Who cooked dinner last night? What did you have? Do you like that?
5. What makes you afraid? Who can you go to when you get afraid?
6. Who woke you up for school today? Who made breakfast?

7. Where do you sleep? Where do other family members sleep?

Questions About the Family -

1. How old are your brothers and sisters? What are their names? Are they nice to you?
2. Who lives here? Does anyone else spend the night sometimes?
3. What does the family do for fun together?
4. Does your grandmother (aunt/uncle/grandpa) visit? Is that fun?

Questions About the Parents -

1. What fun thing did you do with Mom/Dad this week?
2. Did you get in trouble with Mom/Dad this week? For what? What happens when you get in trouble?
3. What happens when your brother/sister does something wrong?
4. What grown-ups visit your parents? When was the last time? What did they do?
5. Are there things your parents do that scare you?
6. Does Mom and/or Dad work? Where?

Up to this point, you have not asked about the maltreatment that led to the report. However, you have begun to create a relationship that will make it easier for the child to talk to you about the incident. At the same time, you are receiving background information that will better help you understand the whole family situation.

When you believe the child is comfortable talking to you, the alleged maltreatment must be brought up. You should "have a feel" for the child by now and recognize signs of anxiety so you know when to slow down and when to proceed.

Questions About the Maltreatment Incident -

1. Can you tell me what happened (how your eye got hurt, or whatever the specific allegation is)?
2. Remind them they are not in trouble.
3. Ask if he received medical care for the injury if there is one. Ask if he was hurt before and needed to go to a doctor or the hospital.
4. Always ask what else happened. This allows the child to provide additional information. Their responses may not always be relevant, but it helps you see what is important to the child.
5. If there were others present, ask what they did – did they intervene or stop the maltreatment. This is particularly important when one of the parents is not identified as an alleged offender. Even if the parent wasn't present during the alleged maltreatment, it's important to hear how the child feels that parent responded when they did find out.
6. Ask pointed questions about the when, where, why, and how of the incident. What happened before that may have led up to it. However, avoid making the child feel that you believe the maltreatment was justified.
7. Ask if similar things were done to the child's siblings.
8. Ask him to show you where he was hurt – bruises, scratches, etc.

At the conclusion of the interview, provide the child with as much information as possible about next steps. You may not know exactly what's going to happen, but provide what you do know. Recognize his fears and attitudes and offer reassurance if you can.

How We Do the Work of Interviewing the Siblings - Interviews with siblings should build on the information you obtained from the alleged victim, with several purposes in mind:

1. Could the siblings also be victims? How deeply you probe this issue should be based upon information that the alleged victim provided about his or her siblings.
2. Get the siblings' perceptions of the parents – how they react, how they function, how they treat the alleged victim, how they treat the siblings and/or other family members.
3. Determine whether the siblings' information supports the statements from the alleged victim, both regarding family functioning and the alleged incident.
4. Observe them to determine whether they are fearful of the parents.
5. Determine whether the siblings are safe.
6. Ask if anyone else knows about the alleged abuse/neglect.

7. If one parent was hurting the victim, try to probe at how the other parent reacted. Did he encourage the abuse? Did she make the abuser stop?

Follow the same interviewing techniques and questions as provided above for the alleged victim. Make the siblings feel comfortable and build some rapport before approaching the maltreatment incident.

Particular care should be given to any indication of differential treatment of the alleged victim, or any notion that the alleged victim is "bad." Probe to find out where that notion came from.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting - For each safety factor presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, worker observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of risk factors.

Outcomes of Quality Interviews with Alleged Victim & Siblings -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: Interviewing the Non-Offending Parent

Purpose - Provide standard guidance for promising practices when interviewing the non-offending parent in order to gather information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Work of Interviewing the Non-Offending Parent – Depending on whether you are dealing with a single-parent home, a two-parent home, or other household situations, all items in this section may not be relevant to every case. The information is presented to provide direction when the child lives in a two-parent home or the child is being abused by an alleged offender who has a relationship with the parent. However, many of the points are applicable to single-parent homes or other household situations. This interview is critical for the following reasons:

- This is the person who you will most often depend upon to keep the child safe. You must gather as much information as possible to ensure that you make an informed decision. **A substantial number of cases of child abuse deaths and critical injuries came about after an assessor made a quick assumption that the non-reported parent would be the protector of the child.** You will be judging not only his or her willingness to protect, but whether he or she is capable of providing what is needed to protect the child.
- Interview the non-offending parent privately, whenever possible.
- This parent is the one with whom DCFS will work closely to complete safety assessments and risk assessments and to design a service plan if a case is opened.
- The assessor will get insight into the alleged offender from an adult viewpoint, which may differ from the information gathered from the child interviews. This interaction will help you decide the best way to manage the interview with the alleged offender.

Major points to remember when conducting an interview with the non-offending parent:

- It is crucial to get this parent to work with you to carry out the best assessment and plan for the family, while keeping the children safe. It is not a good idea to force this person to choose between the child and the alleged offender at this point, as he or she is generally in an agitated state and cannot rationally make a good decision. It is better to get them to work with you to establish a safe living situation for the child.
- Be supportive and understanding of their mixed loyalties.
- Many non-offending parents will be angry with the assessor for being there, and may be in denial about the maltreatment. However, this does not necessarily mean they cannot work with you to protect their child. They may be willing to take whatever steps necessary to keep their child, even if they don't fully believe that maltreatment occurred.

Questions About the Child -

1. In order to get the non-offending parent talking, start with some basic questions that she knows the answers to: How old are your kids? How does she do in school? Does she have a favorite television program?
2. Ask about disabilities.
3. Then ask some pointed questions about the alleged victim – How do you feel about his behavior? How often does he misbehave? Why do you think he {throws food on the floor}?
4. Ask about the child's friends – who are they, what age, do they sleepover, does he sleepover with any of them.
5. Ask about his health – anything that worries you?
6. What chores does he do?
7. Is he respectful to you and other adults?

Questions About the Family -

1. Who does what chores in the home – laundry, cleaning, cooking, making beds, etc?
2. Who makes the major decisions? What happens when someone doesn't listen to the parents? (Ask for an example, or provide one.)
3. How do various family members show they care about other family members – this can also be gathered somewhat from observation.
4. Ask about relatives. Are they in the area? Do they visit often? What is their relationship with the kids? With the alleged offender?
5. Ask about the neighbors and the neighborhood. Are there get-togethers? Can you safely walk down the street at night?
6. If he or she is married or in a relationship, ask about it. What would he or she change? What is good about the relationship?
7. Ask who handles the discipline in the family, and how it is administered.

Questions About the Interviewee -

1. Ask about her birth family. Where she grew up, what she did for fun, good and bad memories.
2. What do you like about parenting the alleged victim? What does he do that's most frustrating for you? How do you handle that? What did you do the last time he misbehaved?
3. Ask about her feelings about herself in relation to the family. Is she happy? What would she change?
4. Ask about his friends. Who are they? What activities do they do together?
5. Does he take part in any outside activities, such as PTA, church groups, clubs, etc?
6. Come back to how she thinks the alleged victim is doing in general. Look for signs of the level of attachment, blame, empathy – are they bonded? Will she protect him?

Questions About the Maltreatment Incident -

1. Ask pointed questions about the maltreatment. Does he believe it occurred as the child said? If so, what does he think led up to it? If not, why not? Why would it be reported differently (if it was)?
2. Does she feel the child is safe at home? Does she think the child is afraid of the alleged offender? Does he feel the alleged offender is a danger to the child? Why or why not?
3. If you have received any information from other interviews that she also maltreated the child or knew about it and allowed it to occur or continue, explore this in a very direct manner. Remember, this may be the person who you are going to entrust with the child's safety, so you must know all the facts.
4. Get her to work with you to figure out a way to provide protection while you are conducting the full investigation. Can she be trusted to do that?
5. Ask why this person thinks this report was called to the hotline.

Attitude Toward DCFS Involvement -

1. Assess whether he has had previous involvement with a state agency, particularly a child welfare/protection agency. If so, how did it work out?
2. Identify what she wants from the agency and you (even if it's just to have you go away), then talk about how to accomplish that.
3. Will she be open with you, or doe her negative feelings about state intervention make it likely that she will not be honest or fully disclose?
4. Is this a person that you feel can be convinced to trust you?

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting - For each safety factor presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, worker observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of risk factors.

Outcomes of Quality Interviews with Non-Offending Parent -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: Interviewing the Alleged Offender

Purpose - Provide standard guidance for promising practices when interviewing the alleged offender in order to gather information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Work of Interviewing the Alleged Offender - Before this interview begins, the assessor should be clear on what this person's role and relationship is in this family. If it's a birth parent, does he or she live there? Does he or she serve an active parenting role, or only an occasional visit? Is he or she involved in making decisions about the child's life? If he or she is not the parent, what is his or her role with this family and the alleged victim? How much access is granted? Does he or she discipline the child? Does he or she contribute to the finances of the family?

Also, before beginning the interview, anticipate what you will encounter – anger, denial, demand for information (such as reporter's name), etc. Decide what your responses will be ahead of time, not on-the-spot. In addition, decide just how much information you will provide. You want to get a full understanding of the issue, but you do not want to put any of the children or the non-offending parent into further danger.

Your objectives in this first interview with the alleged offender should include:

- Getting his or her assessment of the family dynamics. How does this person see the family's functioning level?
- Getting his or her version of the incident.
- Determining whether this person can work with DCFS to control the safety issues, or will he or she be a hindrance?
- Assess for other variables that impact the safety of the child – domestic violence, mental health issues, drug or alcohol abuse, temper outbursts, depression.

Some pointers:

- Aggression doesn't work. If you want to gain information, you need to work to avoid setting up a hostile interaction.
- If they are loud and demanding, speak quietly so they have to quiet down to hear you. If they continue to rant, wait for them to take a breath, then calmly jump into the conversation with your next question.
- Keep focused on getting information at this point, rather than proving "he did it." You will get to that point when you put all the information together. Right now, you need to know as much as possible.
- Observe body language and facial expressions as 80-85% of our communication is non-verbal. Listen to the words, but observe the person.
- Observe your own body language – try not to show anger, fear, disgust.

- Keep information about the report general, otherwise the conversation will quickly deteriorate into defiance and denial.

Questions About the Interviewee -

1. Ask how he or she thinks the child is doing – in school, with friends, helping around the house, being polite, etc. This is a step toward determining what level of bonding or attachment exists – does this person care about the child?
2. Ask about the easiest and most difficult thing about parenting.
3. Ask about finances as a potential stress inducing issue.
4. If it is a two-adult home, ask about whether the adults agree on how to raise the kids. Focus on areas of disagreement and how they are worked out.
5. Ask about friends – who are they, how often they get together, what activities they do. Is there a best friend that this person can talk to about anything?

Questions About the Child -

1. Ask about his or her relationship with the child. Is the child easy to get along with? Is he a smart aleck, does he try to get along with this parent?
2. What chores is the child responsible for? Does she do them regularly and well?
3. Does the child have tantrums? Does he seem depressed? What makes him happy?
4. How does the child do in school?
5. Describe the child's closest friends.
6. Does the child have any medical issues?
7. Does this person think the child feels safe and secure at home? Does he or she believe the child is happy to see this person when this person comes home? Why or why not?

Questions About the Family -

1. Who makes the decisions in the house?
2. How do the parents show affection for the kids? How do the kids show affection? How do the parents show affection for each other?
3. When a child doesn't follow directives or complete chores on time, what happens?
4. If two-adult home, explore the relationship – what would he or she want to change?
5. Ask about extended family members on both sides? Are they helpful, or do they cause problems for the family?
6. Ask him or her to describe relationships with the neighbors. Do they interact? How?

Questions About the Maltreatment Incident -

1. Ask with which issues DCFS can help.
2. Ask directly about what happened that resulted in Susie's black eye.
3. Ask "what do you think we can do to make sure the children are safe and happy."
4. Ask pointedly about stresses he or she is experiencing – job issues, substance use, relationship, death of a loved one, etc.
5. If you have formed an opinion about the maltreatment, tell this person what that is. Don't push it, but simply acknowledge, for example, that "Johnny got that black eye from you hitting him, not from falling off a bike" – then focus on "where we can go from here."

Attitude Toward DCFS Involvement -

1. Assess whether he or she has had previous involvement with a state agency, particularly a child welfare/protection agency. If so, how did it work out?
2. Assess his or her attitude toward the investigation and the assessor's role. Is this person open enough to be a positive force in controlling the safety issues?

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting - For each safety factor presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, worker observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of risk factors.

Outcomes of Quality Interviews with Alleged Offender -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Arkansas Division of Children & Family Services Practice Guide Series

How We Do the Work is as Important as the Work We Do

How We Do the Work of Gathering Information to Assess Health & Safety Risk Factors: Closure

Purpose - Provide standard guidance for promising practices when closing the interviews after gathering information to assess immediate danger to children.

Related Policy - Policy II-D

Related Practice Model Principles -

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Safety for children is achieved through positive protective relationships with caring family and community members.

How We Do the Work of Closing the Interviews -

1. Get the parents together, including the children if appropriate (based on the interview results). Tell them what the next steps will be.
2. Let them comment on your statements. Pay close attention to their reactions, both verbal and non-verbal. Don't let the whole process start over – focus on moving forward.
3. Tell them whether you believe immediate intervention/action is necessary to ensure the child's safety while you complete additional investigative activities (collaterals).
4. If you think protective action is needed, ask their help in identifying what that could consist of.
5. Work out a protection plan together, ensuring that it can be monitored.
6. If you determine that immediate protective intervention is not needed, make sure they understand that does not mean the investigation is over or that the allegations are unsubstantiated.
7. Begin the process of identifying services that can be put into place and assess their reactions.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting - For each safety factor presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, worker observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of risk factors.

Outcomes -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

Handout 8

Teacher

This interview took place in the teacher's lounge.

No one else present

Ms. Bell stated that she noticed the bruises on Terry's arm this morning. She asked him what happened and Terry said he fell yesterday. Ms. Bell was worried because the bruises looked linear and did not look like they were from a fall. She referred Terry to the counselor to see if there needed to be a hotline report. Ms. Bell stated that she has noticed bruises before but Terry always gave an explanation that the bruises were due to some type of accident. The most worrisome of these bruises was when he came to school with a black eye. He told the teacher he and his brother were fighting and he got punched in the eye. His brother had had fights at school so the teacher thought the explanation was plausible.

Ms. Bell has limited knowledge of the family. She knows that Anton is known for fighting and disruptive behavior at school and has had to repeat a grade. Terry has few friends this year. He keeps to himself. His mother has not come to any parent/teacher conferences. This is a change from last year because the mother came to at least some of the conferences. Terry likes to draw and his best subject is math. He likes to collect Harry Potter stuff.

Ms. Bell was surprised that Terry told the counselor that he got a whooping form making an F on a spelling test. The class has not had a spelling test this week and last week he made a 74 on his spelling. Terry is no trouble at school. He is very quiet and makes "Cs" and Bs". Lately, he has had a problem with not finishing his homework. Ms. Bell added that Terry's attendance is becoming concerning. He frequently misses school on Mondays. Terry has the potential to do better because last year and the year before he was an "A" and "B" student. Last year he had perfect attendance.

Counselor

This interview took place in Ms. Jensen's office at MLK Elementary.

No one else present during the interview.

Terry was referred to the counselor after the teacher noticed bruises on his 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 his arms, these are the marks the teacher noticed. All of the marks looked about the same age. Terry told the counselor that he made an F on a test so he got a "whooping". The counselor did not interview him any further.

Prior to this year, the counselor had not had any contact with Terry. She knows his brother Anton because he is always in trouble for fighting and he was held back a year. She says the school suspects Anton has a learning disorder but he has not been tested. Terry has not been a problem but with the increased number of unexcused absences he is at risk of having to

repeat his grade. His school performance has dropped, he was an A and B student last year and this year he is a C student who consistently failed to complete his homework.

Terry's Interview:

This interview took place in the office of Crystal Jensen, School Counselor.

Ms. Jensen was present during Terry's interview at Terry's request. She did not participate in the interview other than to add support.

Terry stated that he was babysitting for his brothers and sisters from Friday night until Sunday night. The siblings range in age from 8 years to 2 months old. Terry is 9 years old. His mother and Mr. Jones had gone out "partying" on Friday and had not come back. On Sunday, Terry left the children with his 8 year old brother, Anton and walked to his grandmother's house to get some food and formula for the baby. His grandmother was not home so Terry walked back to his house. He got there just as his mother and daddy came back. He said they were "acting stupid like they do when they drink". When his daddy saw him outside, he took off his belt and whipped him because he was not supposed to leave the children home alone.

The "whipping" took place in the front yard of the family home. Terry said he didn't know the time but it was just getting dark. It happened on Sunday (yesterday).

Terry does not really see the "whooping" as that bad. He has gotten worse whoopings. The thing that made him the angriest was that after the whooping, his mother locked him in his bedroom. The other kids got burgers and fries but he didn't get anything. Terry's biggest worry is about the baby. He said there was still no formula when he left for school this morning. He left a message on his grandmother's home phone so he hopes his grandmother will bring some. She has helped with this before. Terry is really afraid that all of the children will be removed and placed in foster care. After the last time DCFS came to their house his mother told him that is what could happen if they (the kids) didn't keep their mouths shut. Terry is worried that Daddy is too rough on the little kids (although he minimizes his abuse of him and takes the blame for it). He 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. He has heard his mother and Daddy fighting and his Daddy thinks the baby is not his. He tries his best to make sure the baby doesn't cry because that really gets on his nerves. Daddy didn't use 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. Terry explained that "Daddy" is Larry Jones. He is not his real daddy but he calls him that. His real daddy died in prison.

Terry doesn't think his grandmother knows about Larry hitting them. His mother does know. Terry did say his mother and daddy and grandmother had a big fight about him being rough with the baby and he has been better since then. He says the baby is not his.

Terry has 7 purplish bruises that go over his upper back. They are consistent with a belt mark. Two of these marks wrap around his arm. Other than the bruises, Terry appeared to be within normal limits for height and weight for his age.

Terry appears to be proud that he is able to keep the house clean and get his brothers and sister ready

Terry appears to be proud that he is able to keep the house clean and get his brothers and sister ready for school. He washes clothes at his grandmother's house. Terry described his brother Anton as a "pain" because he won't mind her. Terry says he has stayed home from school sometimes to watch the little kids because Momma was too "sick" to do it. Terry is learning to cook. His grandmother is teaching him. He likes staying with his grandmother because when he is at her house, she makes sure that he has food to eat and gets to school on time.

This worker noted that Terry did not really begin talking about the family until worker asked questions about whether the baby was safe. Terry's biggest fear is that DCFS will put the children "in a home". He stated that his mother had told him this would happen if the "kids didn't learn to keep their mouths shut." If he had not been so worried about the baby not having formula, it is doubtful that he would have disclosed this much detail.

Observations: Other than the bruises noted, Terry appeared to be within normal limits for height and weight for his age. He was dressed appropriately for the weather.

Handout 9

Anton Interview

This interview took place in the counselor's office (Crystal Jensen)

No one else was present during the interview.

Anton stated that Terry got a whooping for going out when he wasn't supposed to. He saw Daddy (Larry) take off his belt and "let him have it" yesterday. Terry was jumping up and down and that's why he got hit on the back. If he had been still like he was supposed to, the belt would have hit his "butt". Anton says that Daddy hits him and Jeanette too when they have been bad. Asked for an example of things he got whoopings 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 Marcus didn't get spankings as much as the rest of them. Anton would not talk about the baby.

This worker made a physical inspection of Anton. He did not have any marks or bruises. His clothes were clean. He looked to be within normal limits for height and weight for his age.

Anton was fairly difficult to engage. He did say that he was not supposed to talk to "people like you because you take kids away". Anton did not want Ms. Jensen in the room because she "only sees kids when they have been bad.

Jeanette

This interview took place in the counselor's (Ms. Jensen) office.

No one else was present during the interview.

Jeanette stated that she was inside and did not here Terry get a spanking. She was getting ready for dinner last night when she noticed the bruises on Terry. Jeanette said they get spankings all the time. Larry is the spanker. Momma just yells and tells Larry to take care of it. That's why she likes to spend the night at her grandmother's house. Granny always have food and I can have a after school snack. Sometimes Granny brings food to our house and sometimes we walk to Granny's house to eat. Granny gets mad at momma if momma has been drinking, they yell a lot! But Granny tells us our momma is doing the best she can.

Jeanne said Terry got "boo-boos" yesterday. She was not able to provide details about when or where it happened.

This worker made a physical inspection of Jeanette. She did not have any bruises or marks. She appeared to be within normal limits for height and weight.

Handout 10

Mother

This interview took place in the living room of the family home.

The worker interviewed Ms. Adams alone.

When the worker arrived at the family home, Ms. Adams allowed entrance and agreed to talk with the worker. In response to questions related to Terry's injuries, Ms. Adams first said that Terry had fallen off the porch. She said Terry is a good kid, just clumsy. However, she eventually stated that Larry Jones, her live-in boyfriend had spanked Terry with a belt. She explained that "Daddy's have to make kids mind." Terry was not supposed to leave the children alone. This worker also questioned Ms. Adams about some of the information that came out in the other interviews. Ms. Adams said she had tried to get formula. The baby is on WIC but sometimes the WIC people just make you wait too long. She says her mother frequently helps with formula and diapers so she thought she (grandmother) would help out this weekend as well). In response to questions about Larry's interaction with the children, Ms. Adams said there had been a time when he was rough with the baby, shaking her and putting her down in her crib very hard. She and Larry had a big fight about it (but there was no hitting this time). He seemed to "get it" and has not been rough with the baby since then although he gets upset when she cries. In a follow up question, Ms. Adams said that Mr. Jones does hit her but she gives as good as she gets. Terry called 911 once (back when they had a phone) but she knows better than to do that now. Grownups just have to work these things out for themselves.

In response to the worker's visit, Ms. Adams was afraid that DCFS was here to take all of her children. He position is that the injuries are not that bad – no worse than most kids get. She does feel like it has gotten crazy now that they are both out of a job. She lost her job for missing too much work. (She denies that this absenteeism is related to drinking). She said that Mr. Jones had much more patience with her and the children when he was working. Ms. Adams said that she does not worry too much about the baby's physical care because Terry is very good about her out. Terry has stayed home to help her on days when she is too sick to get up. Ms. Adams felt like this was not a problem because Terry could make up his school work because he is so smart. In general, her perception of Terry is very positive. She trusts him with the younger children and feels like that is one of the advantages of having a responsible son. She does acknowledge that it is a problem that the baby went so long without formula. She thinks Terry ran out after the last bottle on Saturday night.

As noted, Ms. Adams acknowledges that going so long without formula is a problem for the baby. After some discussion, she said that she understood how some people outside the family might think that the physical punishment was too harsh. See additional information below.

Ms. Jones says that she does drink for fun and that alcohol is not causing a problem in her life and that it has not caused problems in the past. Ms. Adams appeared sober. While she was not happy to see DCFS she did engage in talking with the worker about what it would take for the kids to be safe.

When this worker arrived, a middle aged woman who identified herself as the children's Granny was coming down the side walk. She said she had brought enough Pampers, food and formula to last for a couple of days. She says she frequently helps the family out if they are going through a hard time. 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 Terry and Anton and Marcus share a queen size bed in the second bedroom. Jeanette and Monique share a bed and Ms. Jones and Mr. Adams share the 3rd bedroom. There is a broken crib in Jeanette's room. There were no concerns about the quality of the housekeeping. The house was reasonably clean. Both adults appeared to be sober.

Ms. Adams reiterated that she had taken steps to protect the baby from Mr. Jones' temper.

Handout 11

Marcus

Marcus was observed during the visit. Marcus is two years old and was too young to be interviewed. Marcus was observed to be a healthy child. He was dressed appropriately for the weather and stayed close to his brother Terry during this worker's visit.

Monique

Monique was observed to be a healthy two month old female. She was being held by her mother when the worker arrived. The worker noticed that during the visit when Monique began to cry, Terry was the first person to respond to her needs. There is a crib in the home but the crib is broken so Monique is sharing the bed with her six year old sister Jeanette.

The worker discussed safe sleep with the mother and made arrangements to get a pack n play for Monique, today so that she would have a safe place to sleep.

Betty Franklin

The interview with Mrs. Franklin took place via telephone.

Mrs. Franklin stated that she has lots of concerns about her daughter and her grandkids. She believes that Larry is a loser and her daughter could do better. At first things were going well, her daughter had a job and was taking care of the kids by herself. She got involved with that Larry and started drinking and partying and soon lost her job. Another concern is the amount of responsibility she places on Terry, since he is the oldest he helps with babysitting and getting the younger kids ready for school. My daughter doesn't seem to care anymore, she just wants to lie around the house and do nothing.

And those fights, they were getting into fights almost every night. When they have fights, Terry calls me and I go down and bring the kids to my house. Kids shouldn't have to see that or live like that. I keep them here most weekends so they can just be kids. My daughter is a good mother; she is just going through a tough time right now. The family wants to help her but sometimes she won't let us know when she is running low on food. My grandkids should not be going to bed hungry. If that was happening, I just couldn't live with myself.

Larry Jones

This interview took place in the living room of the family home.

No one else present at the time of the interview.

When questioned about Terry's injuries, Mr. Jones stated that he had "spanked" him with a belt because he needed to learn how to mind. He offered to show this worker the belt. Terry knew that he was not supposed to leave the house. He should have known he and his mother would be back on Sunday. His perception is that Terry is bossy and overprotective of the younger

children. He forgets his place when he is “disciplining” the younger children. He then added that part of the reason he spanked Terry was because he was afraid that he had been out in the neighborhood playing by himself because the neighborhood is not safe. He wishes he could live in a safer place but it is hard with no job and limited resources. Mr. Jones said he had never thrown the baby or been too rough with her. However, he also said that he and Ms. Adams had a big fight and he has backed off on disciplining the younger children because she thinks it is important. He says the “Crying drives me nuts but now I just go outside to get away from it. “He says he doesn’t think the baby is his anyway and that makes it even more irritating.

Mr. Jones acknowledges spanking Terry, that this left marks and that he feels this is reasonable punishment. While he denies treating the baby too roughly he does say that he has backed off on disciplining the younger children including the baby.

Worker Observations:

Mr. Jones is unemployed. He has a back injury which prevents him from working manual labor which is what he has done most of his life. He has only an 11th grade education so finding work is difficult. On the day of the visit he appeared to be sober. He does drink alcohol.

The children were in the home during the time the worker was present. Although the older children described him as the one who administers physical punishment, they did not appear afraid of him. One thing the worker did notice during the interviews with the adults is that Terry is the one who responded to the baby. He fixed the formula and fed the baby. Marcus snuggled into Terry’s body and wrapped his arms around his neck. Terry knew how to hold her and how to burp her.

Handout 12

EXPANDED HEALTH AND SAFETY FACTORS

Safety Factor #1: Caretaker's behavior toward children is violent or out of control.

This factor rises to the level of immediate danger when one or more of the following are present:

1. *Deliberate*: Was the action deliberate? Was there a conscious purpose to hurt the child? This is different than a situation where a caretaker disciplines a child and inadvertently hurts him. This is more about inflicting pain than teaching behavior.
2. *Out of control*: No one in the house, including the inflictor, could or would stop the behavior from occurring.
3. *No remorse*: The caretaker does not feel guilty or badly about the action; may even defend it as necessary and appropriate.
4. *Gross overreaction to minor incidents*: A child does something that is normal childhood behavior (four-year-old wetting herself, two-year-old throwing food), and the caretaker's reaction is totally not consistent with the minor nature of that act.
5. *Use of a deadly weapon or using other dangerous items as weapons*: Threatening or harming a child with a deadly weapon creates severe danger.

Examples

1. The incident was planned; there was an element of premeditation.
2. From the use of an instrument or weapon, or from the nature of the incident, it can reasonably be assumed that there was intent to heighten the level of pain. A person who is in control would know that hitting a two-year-old with a hammer will cause severe harm.
3. The motivation to teach/discipline the child seems secondary to inflicting pain. When a caretaker takes the time to roll up his fist to hit the child, rather than slapping him with an open hand, that is indicative of out of control violence.
4. The caretaker can reasonably be assumed to have awareness of what the result would be (i.e., the injuries) prior to the action, but did it anyway.
5. The action was not impulsive; there was sufficient time and deliberation to ensure that the child would be hurt.
6. The intention was to hurt; there is no empathy for the pain to the child. Most abusive parents, including those who feel justified in what they did to their child, are still upset by seeing their child in pain. When a parent doesn't seem to care that his/her child is suffering, that's a sign of out-of-control behavior.
7. The caretaker feels justified – "the child deserved it."
8. The caretaker physically threatens the CPS worker. The assessor is in the home and has the authority to remove the family's children. When parents threaten the assessor, despite knowing the potential consequences, they have lost control.
9. The caretaker uses brutal or bizarre punishment (scalding water, force feeding).
10. The caretaker causing the injury is the paramour of the parent. Paramours are responsible for a significant number of severe injuries to children, particularly

preschoolers. Some states have a separate safety factor that specifically targets cases where paramours are identified as alleged perpetrators.

11. The caretaker severely punishes the child for an act of normal childhood behavior.

Besides the infliction of injury, this factor can also be present when a threat occurs. Items that should be considered in this regard:

1. The caretaker's threats make it clear the intentions are hostile, menacing, and believable; it can be concluded that there is grave concern for the child.
2. The caretaker expresses anxiety or dread about his ability to control his negative emotions toward the child. When a parent says "Every time Johnny pulls the cat's tail, I want to show him what it's like to be in pain," that's a serious concern because Johnny will almost surely pull the cat's tail again.
3. The level of aggravation/intolerance is high; it's not a temporary or passing thing.
4. The caretaker is afraid of what she might do to the child.
5. Imminence is present – the threat could be acted on at any time.

Examples

1. The threats are specific, including identifying how the child will be harmed. Many parents say "sometimes I just want to kill that kid." When they have gone further and describe how they would do it, that's a serious threat. For example, saying "when she won't stop crying, I want to put a pillow over her face and just hold it there" or "I have a ball bat in the closet, and when he keeps breaking things I want to take the bat out and break him."
2. The threats are believable and plausible and are related to specific child behavior. The caretaker identifies child actions that make the caretaker want to attack her (especially dangerous if the behavior is a normal childhood action that is likely to recur).
3. The caretakers describe situations which anger them and stimulate them to think about hurting the child.
4. The caretaker seems worried about or preoccupied with abusing the child.
5. The caretaker describes past discipline that got out of control. The current abuse may be mild or moderate, but during the interview the parent informs you that last month the child was so bad the parent beat her so severely she couldn't walk for two days.
6. Caretakers say they are "at the end of the rope" and fear something awful will happen.
7. One caretaker expresses concern of what the other caretaker might is capable of. This is not a major concern in divorce cases. However, when the parents are still together, they tend to "circle the wagons" and support each other against the assessor. So, if dad says "every day when I come home from work, I worry about whether the baby will be alive," take it seriously.

In addition to violent actions and threats, this factor may also be applied when a caretaker is incapacitated or not controlling behavior due to mental health issues or substance abuse. This includes situations where a caretaker is so impulsive that s/he cannot postpone his needs – cannot plan, use judgment, manage emotions, or avoid destructive behavior. This can result in:

- Explosive temper outbursts, uncontrolled reactions, and loss of control during high stress times (especially when disciplining a child).
- Out of touch with reality.
- So depressed they are a danger to themselves and the child.
- Dependence on substances leading to a loss of self-control, particularly if that has occurred in the past.

Examples

The caretaker is:

1. Unable to perform basic care or essential duties.
2. Seriously depressed and unable to control emotions or behaviors.
3. Chemically dependent and unable to control the effects; incapable of consistently attending to the child's needs.
4. Making impulsive decisions which leave the children in danger (unsupervised or with a dangerous caregiver).
5. Subject to addictive behaviors (drugs, gambling, computer, etc.) that are uncontrolled and leave a child in danger. Discussions about addictive behavior often center on drugs. However, other addictions can be just as bad. For example, in states with casinos, many children die in hot cars because a gambling-addicted parent left them in the car while the parent played slots or video poker for "a few minutes" that turned into 45 minutes. Computer addictions have also resulted in child deaths when young children have been left unattended in bathtubs or near unlocked doors while the parent goes online for "a few minutes." Addicts don't do well at keeping track of time.
6. Unable to control sexual impulses.

Safety Factor #2: Caretaker describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.

This factor means that the caretaker's perception of the child is so negative that it presents immediate dangers. It must be tied to a real danger. Considerations include:

1. The caretaker's perception or actions are so extreme and out of touch with reality that it compels him to react negatively, avoid the child, or act out violently toward the child.
2. The child is blamed for everything that is wrong in the parent's life ("I could have gone to college" or "I wouldn't be broke all the time."
3. This negative view is totally unreasonable (the child isn't really the devil).
4. No one can alter the caretaker's perception or explain it away. Trying to reason with the caretaker can lead them to accusing you of siding with the child against them.
5. This perception stokes the caretaker's emotions and could escalate to the level of a violent response to the child.
6. The perception provides justification for the caretaker to ignore or mistreat the child. This could result in severe injury, failure to thrive, extreme neglect, or lack of medical care.
7. The perception is pervasive concerning all aspects of the child's existence – it prevents the caretaker from recognizing any positives or any facts contradicting her view.
8. It is constant – the very presence of the child causes a reaction.
9. Anything occurring that the caretaker associates with this perception could cause an act of violence against the child.
10. The caretaker may isolate the child, feeling that the child is so evil/ugly/disruptive that he will drive away the caretaker's friends.
11. There is an obvious lack of bonding between caretaker and child.

<u>Examples</u>

1. The caretaker feels the child is punishing or torturing the caretaker.
2. The child has taken on the identity of someone the caretaker hates and is fearful of or hostile toward; the caretaker transfers those feelings to the child (for example, the child's mother, mom's ex-boyfriend, an abusive parent of the caretaker).
3. The caretaker may believe a very sick or disabled child is "faking it" for attention.
4. The child is perceived to be the devil, evil, demon-possessed, ugly, deficient, or embarrassing. Treat this situation as extremely severe, since the parent may come to believe it is her duty to get the devil out of the child.
5. One caretaker is jealous of the child and believes the child is a detriment to his/her relationship with the other caretaker.
6. The caretaker sees the child as a negative extension of himself and feels the need for purging or punishing himself by hurting the child.
7. The caretaker blames the child as being responsible and accountable for the caretaker's problems (financial, personal relationships, exhaustion, etc.). For example, a mother who has had several failed relationships may begin to blame the child for that. There have been several high profile cases of kids being killed for this reason.

8. The caretaker expects the child to perform in a way that is impossible, given the child's age/developmental stage (babies not to wet themselves, young kids not to cry, children to eat without making a mess).
9. The child is blamed for CPS involvement in the family's life.
10. One child is singled out and treated much worse than other children in the family. This is particularly dangerous if this child is not the biological child of a caregiver.
11. The caretaker blames the child for the caretaker's medical condition (sometimes an imaginary condition). A parent may say "I never had high blood pressure until this child started acting up." Or the caretaker blames the child for the child's medical condition(s).
12. Child is perceived negatively only by the caretaker (i.e., no concerns at school or daycare).
13. Caretaker puts child in residential or psychiatric treatment facilities, often repeatedly, but these facilities see no problems with the child.
14. Caretaker uses terms such as whore or slut to describe child.
15. Caretaker thinks of child's disability as a "defect."

Safety Factor #3: Caretaker caused serious physical injury to the child or made a plausible threat to cause severe physical injury.

This factor implies that the child's condition (or potential condition when a "plausible threat" is the issue) needs immediate intervention (such as medical care or the child is extremely vulnerable). There must be a connection between the physical injury and alleged maltreatment; **this should remain a safety factor for all serious injuries until maltreatment has been ruled out.**

Issues impacting this factor include:

1. The injuries are creating serious health issues or are life threatening.
2. Hospitalization or immediate medical treatment is needed but has not been sought.
3. The existence of injuries represents a symptom of unchecked assaultive behavior.
4. No control exists within the family to ensure the appropriate care is received.
5. "Serious" is qualified by the nature of the child's condition and the impending results of no protection or medical care. "Serious physical injury" can also include an injury that hinders the child's regular activities (i.e. child was beat so bad, he or she cannot walk, sit down, etc.).
6. "Imminence" is qualified by whether the child's condition will improve or worsen if left unattended.
7. The caretaker's action was not tied to discipline. This does not mean that serious injuries that are part of discipline are not safety factors. But, if the injury occurred due to abuse and is totally unrelated to discipline, the danger to the child is much higher.
8. If the caretaker's family values focus on a belief that parents may use any means they choose to discipline their children, and the child has a serious injury, the child is not safe in that home.
9. Other family members encouraged to participate.

<u>Examples</u>

Some of these examples will be apparent upon first contact with the family. Others, such as failure to thrive, may not be so obvious.

1. Child has multiple types of injuries – cuts, welts, burns, scratch marks, etc.
2. Child has injuries that appear to have occurred on different occasions.
3. Child has a pattern of ongoing injuries that appear to be getting worse/more serious.
4. Child has severe injuries that require hospitalization or immediate medical treatment – broken bones, damaged internal organs, inflicted burns, unable to walk, etc.
5. Injuries appear to be premeditated; results of an assault or out of control actions.
6. Child has injuries to the face, head, neck, torso, or genitals.
7. Child appears to be suffering from nonorganic failure to thrive.
8. Child is malnourished.
9. Injuries appear to have come from an instrument that was meant to hurt the child. The danger is increased if this instrument's specific function is to hurt the child ("Board of Education").

10. The caretaker is claiming that the injuries are self-inflicted, particularly if the victim is an infant.
11. The caretaker is claiming that a sibling inflicted the injuries.
12. The caretaker states s/he will hurt the child if he "does that again".
13. Munchausen by proxy syndrome (MBPS)—caretaker causes or fabricates symptoms in a child. Caretaker deliberately misleads others (particularly medical professionals), and may go as far as to actually cause symptoms in the child through poisoning, medication, or even suffocation.
14. The injury occurred when no one was home except for the victim and the caretaker, particularly when the child is very young.

Safety Factor #4: Caretaker's explanation for the injury is unconvincing.

Add to this "or is inconsistent." This factor relates to situations when the caretakers do not provide explanations of injuries that are consistent with the resulting harm. This may be due to their unwillingness or their inability to explain. **An unexplained serious injury remains a safety factor until maltreatment has been ruled out.**

Items to consider include:

1. A CPS worker cannot control what s/he doesn't understand or what is not adequately explained. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that may be out of control.
2. Use this factor only when the injury is serious.
3. One serious unexplained injury is often followed by another; whatever dynamics that resulted in the first injury won't just go away.
4. Explanations that are illogical and/or ridiculous are indicative of an even higher level of danger than no explanation at all.
5. Attempts are made to gain the trust of the CPS worker by admitting to minor injuries or less severe actions, but claiming no knowledge of the cause of serious injuries.
6. The caretaker's remarks about the incident or injury minimize the extent of harm to the child.
7. The caretaker offers multiple explanations for the injury.

<u>Examples</u>

1. The caretaker acknowledges the presence of the injury, but claims ignorance as to how it occurred. The caretaker may even express concern for the child.
2. The caretakers appear totally appropriate and competent with the exception of their explanation (or lack of) for the maltreatment incident.
3. The child has disclosed sexual abuse and the caretakers deny the abuse, blame the child, and/or offer no believable explanation.
4. The child has multiple injuries of various ages, but the caretaker states they all came from one incident today (e.g., falling off a bike).
5. Facts observed by CPS or obtained from professionals or other collaterals contradict the caretaker's explanation.
6. The caretakers' verbal expressions do not match their emotional responses.
7. The caretaker acknowledges slapping the child, causing a small bruise on his cheek, but claims to not know how the child's fingers were fractured. The intent here is to convince the assessor that, since the caretaker is being truthful about the bruise, they should be believed about the fracture.
8. The caretaker admits to kicking the child in the stomach, but says it was not hard enough to cause any damage (and may say "I've been kicked a lot harder myself"), or claims the child is exaggerating the level of pain. This indicates likelihood the child will be seriously hurt again.
9. The caretaker offers a possible explanation to see if the assessor will "buy it." For example, saying the one year old with an eye swollen shut "may have fallen against the

coffee table." The caretaker hasn't actually lied, but will generally expand upon this theme if the assessor acknowledges the possibility or likelihood of the injury occurring that way.

10. Caretakers provide conflicting explanations (i.e. mom and dad's stories don't match).
11. Caretakers not interested in finding out how the child was injured.

Safety Factor #5: The family refuses access to the child and there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.

This factor should be considered if there is reason to believe the family is trying to keep the CPS worker from seeing or interviewing the child. It is not an appropriate factor simply because the family cannot be located. This could include overtly refusing entry into the home, denying contact with the child, and refusing to provide critical information. The key term is "overtly." This implies more than a failure to cooperate or to display anger toward DCFS. The avoidance must be blatant to rise to the level of a safety factor.

Items to consider when a family's avoidance seems deliberate and/or overt:

1. It appears to be a planned intent to hide the child.
2. The family has a history of avoiding outside agencies such as DCFS and/or frequently changes providers (doctors, schools, etc.).
3. Keeping secret what is going on in the family; lying about prior involvement or previous involvement with law enforcement.
4. No one in the family is able to control the avoidance actions.
5. Although severity is speculative, caretakers who overly reject intervention or who might flee should be assumed to be doing so for some critical reason. The nature of the allegations must also be considered. (The child may already be dead or seriously injured.)
6. Excuses are given as to why the child cannot be interviewed privately.
7. The child is rarely seen by others outside the home.
8. There may be civil or criminal court action they are avoiding.

<u>Examples</u>

1. The caretakers manipulate in order to avoid CPS contact; make excuses for not being available, go through a variety of means to avoid CPS access to the child victim.
2. The caretakers blatantly refuse to allow CPS to see the alleged victim or will not tell CPS where the child is located.
3. The family is highly transient and/or has few attachments to the community (job, home, extended family). Even if they haven't moved, they may change phone numbers or day care providers regularly.
4. The caretakers refuse to allow entry into the home.
5. There is precedence of flight and avoidance (a prior case closed with no contact with the alleged victim).
6. The caretaker will only allow the child to be interviewed while the caretaker is present.
7. The caretakers say that the CPS worker cannot interview the child alone because he is afraid of strangers (or afraid of men or people of different races).
8. The child was removed from the hospital or physician's office against medical advice.
9. The child is frequently kept home from school (or not enrolled), isn't allowed to play with neighborhood children, is rarely outside, etc.
10. Caretaker relocates the child to various family members (possibly in different counties or states).

Safety Factor #6: Caretaker has not, cannot, or will not provide supervision necessary to protect child from potentially dangerous harm.

This factor focuses entirely on supervision by adults in a caretaking role. It includes situations where the caretaker's whereabouts are unknown, when they have left children alone, or when the caretaker is present but is not providing sufficient supervision to ensure the child's safety. The factor also includes situations where the caretaker lacks the capacity to supervise a child. For guidance regarding supervision and substance abuse, see factor #11. For guidance regarding supervision and emotional stability, see factor #13.

Items to consider include:

1. The regular caretaker is absent or is incapacitated in some way that leads to inadequate supervision, and nothing in the family has compensated for this issue. This could be due to illness, injury, disabilities, or deterioration of mental health.
2. An unexplained absence of the caretaker.
3. Basic caretaker duties and responsibilities cannot or are not being met, which could lead to children dying, being kidnapped, becoming ill, or being seriously injured.
4. The severity must take into account the children's ages, the home condition, functioning level of the parents, others present to help, etc.
5. Caretaker does not view the situation as seriously as the agency.

<u>Examples</u>

1. The caretaker's physical or mental incapacitation makes her unable to provide basic care for the children. Assessors may have much sympathy for physically disabled or mentally ill parents, but the first role of an assessor is to ensure that the children are safe – then services can be sought.
2. The caretaker has been absent from the home for lengthy periods of time and no adults have been present to provide basic care.
3. The caretaker has arranged care for a short period of time, but has not returned as scheduled and the substitute caretaker can no longer keep the children.
4. The caretaker allows the child to wander in and out of the home or through the neighborhood without necessary supervision.
5. The caretaker left the child with someone s/he doesn't know or frequently leaves children with unknown caretakers.
6. The caretaker allows inappropriate individuals to supervise the child – certain categories of sexual offenders, drug addicts, those with violent criminal histories or someone who has abused this child or other children in the past, individuals with physical or mental disabilities that make them unfit to provide care.
7. Dangerous medications, drugs or weapons are left within reach of the child.
8. There is a history of young children getting out of the home and being found in the street or other dangerous situations.

Safety Factor #7: Caretaker is unwilling or unable to meet the child's need for food, clothing, shelter, and/or medical or mental health care.

This factor relates to the caretaker responsibilities of providing life's essentials to children so they are safe. The failure to make these provisions may be due to avoidance, physical or mental incapacity, or inability due to drugs, alcohol, or domestic violence. It rises to the level of immediate danger only when no other caretaker is able to provide these necessities or control the primary caretaker's ability to do so.

Items to consider include:

1. Unmet responsibilities are at such a critical level that a specific danger is posed to a vulnerable child, including death, serious illness, injury, or severe medical issues.
2. There are no other adults/family members ensuring the needs are met.
3. Access to resources (i.e. previous services have been offered, but not accepted, and the situation has become much worse).
4. Caretaker has a history of giving the child to other people to provide care.

Examples

1. The caretaker's physical or mental disability, or illness, renders her unable to provide basic care for the children.
2. The caretaker ignores the child's basic needs, including using the denial of care as a disciplinary measure.
3. The caretaker does not recognize that basic needs are not being met due to substance abuse.
4. The caretaker's knowledge of nutrition and sheltering are so limited that the child is endangered.
5. The caretaker fails to give the child prescribed medication that could result in serious illness or death.
6. The child is in severe pain for days before medical attention is sought.
7. The child has severe dental problems that are causing infections and/or pain, and the parent is doing nothing to address the issue.
8. Clothing does not protect the child from the elements – if the potential results are serious (e.g. frostbite).
9. The caretaker's skill level is not sufficient to provide for the critical needs of a disabled child.
10. The child has been abandoned.
11. Caretaker refused to pick child up from residential facility, juvenile detention, etc.
12. The child is removed from a medical facility Against Medical Advice.

Safety Factor #8: Child is fearful of the caretaker, other family members, or other people living in or having access to the home.

This factor often includes "the home situation" so that it can also incorporate living conditions that arouse fear. Other people "having access to the home" refers to people who are there regularly enough that the child expects that person to be there or show up almost daily.

Items to consider include:

1. The child's fear must be obvious, extreme, and related to a perceived danger that the child fears. (Not just "I don't like mom's cousin Tom.") There is no one in the family who can allay the child's fears or figure out what the child is afraid of.
2. By recognizing and trusting the child's level of fear, it is reasonable to believe it to be likely that something is occurring in the home that is terrorizing the child.
3. Imminence is present when the child's fear is active and is an immediate concern to the child.
4. The child's developmental level makes self-protective actions not possible.

Examples

1. The child exhibits emotional and/or physical responses indicating fear of the home situation or people within the home (crying, shaking, withdrawal).
2. The child recounts previous experiences which form the basis for the fear.
3. The child's fearful response escalates at the mention of the home, people, or circumstances.
4. The child describes personal threats which seem reasonable.
5. The child expresses fear and describes people or events which are threatening.
6. Child fears retribution for talking with CPS (or a teacher, minister, etc.).
7. Child threatens to harm himself or others if returned home.

Safety Factor #9: Child's physical living conditions are hazardous and immediately threatening, based on child's age and developmental status.

This becomes a safety factor when the conditions in the home are immediately life-threatening or they seriously endanger a child's physical health. Physical health includes serious injuries that occur because of the condition of the environment and the lack of hygiene that is so striking it could cause serious illness.

Items to consider include:

1. The threat to the child's health must be serious and imminent/immediate. If the situation has already been dealt with, the CPS worker still may substantiate the report, but not necessarily have a safety factor.
2. The circumstances are such that vulnerable (i.e. young, developmentally delayed) children could become critically sick, experience extreme injury, or acquire severe medical conditions.

Examples

1. The physical structure of the living quarters is decaying, such as holes in the roof letting in the elements.
2. Wiring or plumbing are substandard and/or exposed.
3. Heating units are hazardous and accessible to kids.
4. There are easily accessible open windows or balconies and/or inappropriate railings.
5. Housing is unsanitary to the point of being a health hazard (feces, rotted food, broken glass, etc.).
6. Dangerous objects or supplies are kept in places accessible to the children (bleach, Drano, saw, medications, drug paraphernalia, etc.).
7. High floor windows (second story) are left open or unlocked.
8. Guns, knives, machetes, or other dangerous weapons are accessible to the children.
9. There is mold in present in the house that is affecting the child's health.
10. Infestations of roaches, insects or rodents are to the point that the child's health is affected (e.g. rat bites, excessive roach droppings).
11. Meth lab is found on the premises.
12. Dangerous animals pose a serious threat to child (e.g. dog has previously bitten or attacked).
13. Raw sewage poses a serious threat.

Safety Factor #10: Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.

This situation rises to the level of immediate danger when there is any chance the child may be subjected to subsequent acts of sexual abuse without intervention. Note: There is no "take one, take all" policy. The worker must do a safety assessment on each child.

Items to consider include:

1. The alleged perpetrator's access to the child (e.g. refuses to leave home).
2. The non-offending caretaker's attitude about the credibility of the incident.
3. The ability of any adult in the home to ensure the child is protected.
4. Previous history of sexual abuse by the alleged perpetrator involving similarly aged children of the same gender.
5. Complete a safety assessment on each child. If sexual abuse is a safety factor for one child, it does not necessarily mean it will be for another child.

Examples

1. The child provides a credible story and the non-offender expresses doubt or states the child is lying.
2. The alleged perpetrator resides in the home with the child, or has easy access to the child.
3. The child states he has told other household members about the sexual abuse in the past, but they either didn't believe him or told him not to tell anyone.
4. The caretakers refuse to allow the child to be interviewed or medically examined.
5. Despite medical evidence, the family does not believe the incident occurred.
6. The child is being prostituted.
7. The child is blamed for sexual acts because she is "promiscuous" or dresses provocatively.
8. The child is able to identify coercive acts by the alleged perpetrator to keep the child from disclosing the abuse (e.g., abuser threatened to kill child's dog or other family members, abuser bribed victim with expensive toys, gifts).
9. There is evidence of multi-generational sexual abuse in the family.
10. The caretaker refuses to leave the home.
11. Very young girl is pregnant.
12. Child acts out sexually.
13. Young child has venereal disease.

Safety Factor #11: Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.

This becomes a safety issue when the caretaker's substance use creates immediate dangers to the children. While many cases involving drug use may result in a true finding and a case opening, not all will rise to the level of a safety factor (i.e. no immediate danger is identified). This factor often is reflected in other safety factors – supervision, lack of essential needs, violent acts, etc. No drug is an "automatic" safety factor. Worker must determine whether the caretaker's drug use is seriously affecting their ability to supervise, protect or care for the child.

Examples

1. The caretaker has periods of incapacitation due to drug or alcohol use.
2. Drugs are used in the presence of the children.
3. Drugs and/or paraphernalia are left in places accessible to the children.
4. The caretaker drives with the child in the car while the caretaker is intoxicated or incapacitated by drugs.
5. The child's essential needs – food, clothing, supervision, housing – are not being met.
6. The caretaker takes prescription drugs in far greater amounts than are prescribed.
7. Parents and children use drugs together or parent allows child to use drugs.
8. Caretaker blame's drug use on child's behavior.
9. Family has a history of involvement with law enforcement due to drugs.
10. Caretaker allows the child to use illicit drugs at home.
11. A parent with identified current drug issues is co-sleeping with an infant or toddler.

Safety Factor #12: Caretaker fails to protect child(ren) from serious physical harm or threatened harm.

This is often not a "stand alone" factor, since it is reflected in other factors. However, there are some points to consider that would denote this factor as rising to the level of immediate danger.

Items to consider include:

1. Were there previous incidents or remarks that should have led the non-abusive caretaker to know that the child was going to be seriously harmed?
2. Did the child inform the non-abusive caretaker of his fears (and the reasons for them) prior to the incident?
3. Is the non-abusive caretaker emotionally able/capable to understand the elements that led to the serious harm?
4. Apply the "ADF" rule ("Any damn fool" would know not to leave a baby in a hot car!).
5. Did the non-abusive caretaker attempt to take protective action, but was unsuccessful due to physical stature, mental limitations, or personal injury?

Examples

1. Domestic violence in which a child is used as a shield or a weapon.
2. The non-abusive caretaker has downplayed the extent of the abuse because the abuser is needed for financial support, emotional support, etc.
3. The perpetrator has had recent violent outbursts that resulted in injury or serious threat of injury to the child, but was still allowed to be in a caretaker role.
4. A child tells her parent that Aunt Susie stuck an object in her vagina, but Aunt Susie is still used as a babysitter.
5. The child cries and hides behind one caretaker when the other caretaker enters the room.
6. Domestic violence is a pervasive, frequent aspect of the family's dynamic, and neither caretaker takes steps to protect the children.
7. Non-offender views the offender's behavior as normal.
8. Caretaker chooses paramour over the child.
9. Caretaker knowingly allows registered sex offender who may be a danger to the child to live in the home.
10. Caretaker justifies abusive behavior.

Safety Factor #13: Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for the child.

This is another factor that is often manifested in other factors. The caretaker's emotional or mental health issues can lead to unacceptable supervision, out-of-control physical assaults, unrealistic expectations for a young child, not recognizing the seriousness of an injury to a child, etc.

Items to consider include:

1. What resulted from the caretaker's instability? Was a child put in immediate danger or at risk of immediate danger?
2. Is there evidence of psychosis? Are there breaks from reality?
3. Is the caregiver receiving treatment and/or medication that alleviate the situation?
4. The ages and developmental levels of the children are crucial here; are they able to self-protect and meet their basic needs when the caretaker's behavior fluctuates?
5. What is the effect on the child's emotional state? Is she depressed, suicidal, hopeless?
6. Is there another adult in the home who can ensure the children are safe and their needs are being met despite the instability of one caretaker?
7. Is the caretaker suicidal or homicidal?
8. Is the caretaker suffering from post-partum depression or Post Traumatic Stress Disorder?

<u>Examples</u>

1. A caretaker suffering from depression has been spending excessive amounts of time in bed, leaving small children to care for themselves.
2. The caretaker sometimes does not recognize the child; accuses him of being someone else, or denies ever having a child.
3. The caretaker forgets there is an infant in the home.
4. The caretaker forces the children to stay hidden because there are evil people who will hurt them OR the caretaker talks about his/her plan to harm the child.
5. The caretaker withholds the child's food due to fear of contamination.
6. The caretaker has been taking medication for a serious ailment (such as schizophrenia), but has decided the medication is no longer necessary; this has resulted in a change in behavior.
7. The caretaker has talked to the child about committing suicide, and the child is now expressing thoughts about "ending it all".
8. The caretaker is refusing treatment.

Safety Factor #14: Caretaker has previously maltreated a child and the severity of the maltreatment, or the caretaker's response to the previous incidents, suggest the child's safety may be an immediate concern.

The elements of this factor are often incorporated into other safety factors. History is a consideration, but close attention needs to be paid to the type of prior involvement.

Examples

1. When a previous child in the household died due to CA/N, this is always a safety factor.
2. A previous Termination of Parental Rights for the caretaker is always a safety factor.
3. Previous criminal convictions for CA/N are always a safety factor.
4. Previous CPS reports of serious CA/N are always a safety factor.
5. Any household member having a past conviction for violent acts, including – assault and battery, homicide, sexual assault or rape, and criminal acts involving weapons – should be considered as a potential safety factor. Consideration should include: how long ago the incident occurred, age of the victim, age of the guilty person at the time, subsequent incidents of criminal activity.
6. Whether steps were taken by the primary caretaker to protect the child from another household member or caretaker who has a known history of violence against children.
7. A caretaker's level of maltreatment or physical aggression is escalating.
8. The caretaker has never accepted or acknowledged responsibility for the prior abuse or neglect.
9. The caretaker has children in foster care due to maltreatment and now has a newborn.

Handout 13

Arkansas Department of Human Services
Division of Children and Family Services
Protection Plan

Family Name: _____ **Referral Number:** _____ **Date:** _____

Children in Home (include age of each child):_____

_____

1) List identified safety factors that pose immediate danger to each child's (as applicable) health or physical well-being.

2) What actions have or will be taken to protect each child in relation to identified safety factors? For each action include person responsible for the action, when action will occur, duration, and frequency.

3) How will the plan be monitored (frequency, duration, by whom, etc.)?

IMPORTANT INFORMATION ABOUT THIS PROTECTION PLAN

- DCFS is involved to help you keep your child safe.
- This Protection Plan is an agreement to help make sure your child is safe.
- ***Each person's signature on this Protection Plan means that he or she understands and agrees to this Protection Plan.***
- This Protection Plan may be changed if different actions become necessary as determined by DCFS.
- ***You must immediately call the DCFS worker listed below if at a later point you decide or think you cannot follow this plan.***
- If this plan is not followed exactly as described above, DCFS will take the appropriate action to make sure your child is safe.

_____ _____
Caregiver 1 Signature Date

_____ _____
Caregiver 2 Signature (if applicable) Date

_____ _____
Other Signature (if applicable) Date

_____ _____
FSW Signature Date

FSW Name (please print): _____ FSW Phone #: _____

☐ FSW Supervisor Approval Received by Phone

FSW Supervisor Name: _____ Date: _____ Time: _____

CFS-200 (08/2013)

Arkansas Department of Human Services
Division of Children and Family Services
Protection Plan

Family Name: Adams/Jones **Referral Number:** _____ **Date:** _____

Children in Home (include age of each child): Terry age 9,Anton age 8,Jeanette age 6, Marcus age 2 and Monique age 2 months.

1) List identified safety factors that pose immediate danger to each child's (as applicable) health or physical well-being.

Caretaker 's behavior toward child is violent and out of control.

2) What actions have or will be taken to protect each child in relation to identified safety factors? For each action include person responsible for the action, when action will occur, duration, and frequency.

The case will be found True and assigned to a case worker.

3) How will the plan be monitored (frequency, duration, by whom, etc.)?

Open PS case

IMPORTANT INFORMATION ABOUT THIS PROTECTION PLAN

- DCFS is involved to help you keep your child safe.
- This Protection Plan is an agreement to help make sure your child is safe.
- ***Each person's signature on this Protection Plan means that he or she understands and agrees to this Protection Plan.***
- This Protection Plan may be changed if different actions become necessary as determined by DCFS.
- ***You must immediately call the DCFS worker listed below if at a later point you decide or think you cannot follow this plan.***
- If this plan is not followed exactly as described above, DCFS will take the appropriate action to make sure your child is safe.

_____ _____
Caregiver 1 Signature Date

_____ _____
Caregiver 2 Signature (if applicable) Date

_____ _____
Other Signature (if applicable) Date

_____ _____
FSW Signature Date

FSW Name (please print): _____ FSW Phone #: _____

☐ FSW Supervisor Approval Received by Phone

FSW Supervisor Name: _____ Date: _____ Time: _____

CFS-200 (08/2013)

INSTRUCTIONS
CFS-200 (Protection Plan)

Purpose:

To provide a standardized format for documenting a protection plan. A protection plan must be developed if a safety factor is identified in the home and the child will remain in the home. *The protection plan must be developed and receive DCFS supervisory approval prior to DCFS staff leaving the home.*

Completion:

Question 1

Identify and write which of the 14 Arkansas Health and Safety Factors has been identified in the home that puts the child's health or physical well-being in immediate danger. The 14 Arkansas Health and Safety Factors are:

1) Caretaker's behavior toward child(ren) is violent or out of control.
2) Caretaker describes or acts towards the child in predominantly negative terms or has extremely unrealistic expectations.
3) Caretaker caused serious physic al injury to the child or made a plausible threat to cause severe physical injury.
4) Caretaker's explanation for the injury is unconvincing.
5) The family refuses access to the child and there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
6) Caretaker has not, cannot, or will not provide supervision necessary to protect the child from potentially dangerous harm.
7) Caretaker is unwilling or unable to meet the child's needs for food, clothing, shelter, and/or medical, or mental, health care.
8) Child is fearful of the caretaker, 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 use seriously affects his/her ability to supervise, protect, or care for the child.
12) Caretaker fails to protect child(ren) from serious physical 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 of the maltreatment or the caretaker's response to the previous incidents suggest that child safety may be an immediate concern.

Question 2

Detail actions that have or must be taken to specifically address each identified safety factor for a particular family. Use terms that the family can understand and be sure to thoroughly explain the written plan to them. Include the person responsible for each action, when action will occur, duration, frequency, and any other applicable instructions.

Question 3

Detail how the plan will be monitored by DCFS as well as any other support system of the family, if applicable. Explain to the family that someone from DCFS will be out to visit the home again within 72 hours to ensure everyone is still understanding and following the prescribed Protection Plan.

Signatures

Ensure that the caregiver(s) has/have read and understand all of the information listed under "Important Information about this Protection Plan." It is recommended that the FSW reads this information with the caregiver(s).

In order to make the Protection Plan valid, there must be at a minimum:

- Caregiver 1 Signature and date signed;
- FSW Signature and the date signed;
- FSW printed name and phone number; and,
- Name of FSW Supervisor who approved the Protection Plan by phone as well as the date and time approval received.

If there is a second caregiver and/or other person who will be supporting the family in implementing and/or monitoring the Protection Plan who are also present at the time of the development of the Protection Plan, ensure these individuals sign and date the Protection Plan as well.

Routing:

1) Leave the top copy of the CFS-200 with the family. Advise the family to keep the Protection Plan within easy access so they can refer to it as often as needed.
2) Retain the second copy of the CFS-200 and place in the investigative file. Enter information from CFS-200 into the Safety Planning Screen in CHRIS as soon as possible but at least within 48 hours of the investigation initiation, excluding weekends and holidays.
3) Deliver the final copy to the FSW Supervisor or designee as soon as possible but at least within 48 hours of the investigation initiation, excluding weekends and holidays.

Handout 14

Scenario #

Caretaker: Kathy Black, age 30, mother

Xavier Nelson, age 34, live -in paramour

Children: Paul Black, age 7

Cindy Nelson, age 3

Kathy is the mother to both of the children; Xavier is Cindy's father, but not Paul's father. Paul is enrolled in first grade. Cindy use to attend daycare but doesn't any more. According to the reporter, Cindy is small for her age and acts like a toddler.

The neighbor called to report that Kathy and Xavier use the child support money that Kathy gets from Paul's dad to buy marijuana. They also allegedly sell their food stamps to get drug money. According to the caller she has seen the parents smoking marijuana in the backyard, often when the kids are playing on the trampoline. There are people coming and going into the house at all hours. She reports that the house is filthy, with rotting food all over the floors. The caller has helped Kathy clean the home, but it only stays clean for a few days. Kathy keeps saying that she will clean the home when she gets time. Kathy and Xavier are both unemployed.

The reporter stated that Xavier often hits Paul for riding his bike in the street. A couple of days ago, Paul was riding his bicycle when he ran off of the sidewalk and in front of an oncoming car. Xavier ran outside, screaming at Paul and pulled his pants down and hit him on the butt 3 times with his belt. The caller believes he has marks, but she didn't see them. Paul has not been outside since then, but is at school today. Paul plays with the reporter's son, and tells him that he wishes that Xavier was dead because he keeps hurting him.

A week ago, Kathy went to the reporter to borrow some money for food, saying that she kicked Xavier out because she said he got high and beat her up. She had scrapes on her face and a bruise on her arm. It is not known whether the children witnessed the incident. The reporter has heard lots of screaming and yelling coming from the house, but has not witnessed any physical altercations. Three days later, Xavier moved back in.

The Assessor went to see Paul at school. He told him that his mom is nice, but she lets Xavier spank him when he acts up. He says he gets hit almost every day. Paul had on shorts, so welts were visible at the top of his thighs in the back. Paul's clothes were dirty and too big. He said Cindy gets spanked, but not with a belt. He said that Xavier hits his mom too. But he's sent

to his room when it happens; he adds that “Mommy cries a lot”. He denied seeing him mom or Xavier using drugs. but states that last week when he came home from school, he couldn’t wake his mom.

When the Assessor went to the house, Kathy was home with Cindy. Kathy has a large bruise to the left side of her face in which she stated that she received it after tripping over some of Cindy’s toys. Observation of Cindy, she had a few bruises on her chin area. Kathy stated the bruises where received while Cindy was playing. Kathy claimed that both she and Xavier spank the kids when they are bad, but they don’t beat them or abuse them.

The home had dog feces on the living room floor. There was rotted food in a skillet on the stove. A window in the bathroom was broken and some of the glass was scattered on the floor. Kathy said she locked herself out one day and she had to break the window to get in.

Kathy denied drug usage, and said that Xavier works as a Truck driver and she is currently working part-time at Dollar General.

1. Are there safety factors present?
2. Are there risk factors present?
3. Is there sufficient reason to have the children removed from the home?
4. What additional steps/actions should the assessor take in order to assess for safety?
5. What collateral contacts might be used to determine the level of endangerment?

Scenario # 1

The landlord reported yesterday that he went to the home on 1121 Beach Street to collect the monthly rent. When he arrived, the mother was standing outside across the street talking with the neighbors. The children, ages 6 months and 3 were in the home alone. When the mother came home, she didn’t want to allow the landlord into the home. After the landlord spoke with the mother, she agreed to allow him inside. When he walked in, he noticed a plate of food on the floor. He also noticed the 3 year old and the family pet sharing the plate. Additionally there

were soiled diapers and trash on the floor next to the space heater. When the landlord went into the kitchen, he noticed the broken window with shattered glass throughout the house. The electrical socket had been pulled out of the wall leaving frayed wires in the reach of the toddler.

1. Are there safety factors present?
2. Are there risk factors present?
3. Is there sufficient reason to have the child removed from the home?
4. What additional steps/actions should the assessor take in order to assess for safety?
5. What collateral contacts might be used to determine the level of endangerment?

Handout 15

What is Team Decision Making?

Team Decision Making (TDM) draws upon the family's strengths, experiences, knowledge, and resources to create a plan for the safety and well-being of children in the family.

A Team Decision Making Meeting is a chance for family members to talk about possible solutions for children whose safety is in danger and who may be at risk of being removed from the home.

The purpose of the Team Decision Making Meeting is to make a decision about safety that focuses on whether the child can safely remain in the home with a protection plan and/or other services and/or supports.

Team Decision Making is based on these six principles:

- Everyone wants respect.
- Everyone needs to be heard.
- Everyone has strengths.
- Judgments can wait.
- Partners share power.
- Partnership is a process.

What happens at the TDM Meeting?

A DCFS Facilitator (who is not the Family Service Worker who put your protection plan in place or who otherwise initiated the investigation) will lead the meeting.

The facilitator will introduce team members, explain the purpose of the meeting, and ensure everyone at the meeting has a chance to speak and be heard.

Then everyone at the meeting will work together to:

- Identify safety concerns, their direct impact on the child, and what is needed to make sure the child is safe.
- Talk about the family's strengths and how they help.
- Use the team to brainstorm what to do.
- Make a decision together about whether the child can or cannot safely stay at home.

How long will the meeting take?

TDM Meetings generally take between 1 ½ - 2 hours. How long the meeting lasts depends on what needs to be done.

Will children go to the TDM Meeting?

Children are often invited to the Team Decision Making Meeting because they have important things to say about what they would like to see happen. You and your Family Service Worker will decide if your children will be part of your TDM Meeting.

Sometimes children do not attend or come for only part of the meeting - especially if they are younger, do not want to participate, or may be negatively impacted by participating in the meeting. DCFS wants your children to participate but only if it is in their best interest.

If children do not attend the TDM Meeting in person, some of their thoughts and ideas may still be communicated at the meeting as appropriate. There are many ways to do this. DCFS can talk to you about these options.

Who else attends the TDM Meeting?

The Family Service Worker who first came to your home and put the protection plan in place, if applicable, or who initiated the child maltreatment investigation related to an infant testing positive for illegal substances at the time of birth will talk to you about the Team Decision Making Meeting. Together you will identify people who can help you and your children and who may be able to join the TDM Meeting. **You are encouraged to invite anyone you feel will help you and your family develop a plan to keep your child(ren) safe to the TDM Meeting. Please provide the following information to the people you invite:**

Meeting Date: _____

Meeting Time: _____

Meeting Location: _____

_____

_____

It is very important that you come to this meeting. Please arrive on time.

Please contact us right away if you need:

- Transportation
- Child Care
- Translation

If I have questions, who do I ask?

Contact the TDM Facilitator if you have questions.

Facilitator: _____

Phone: _____

E-mail: _____

ARKANSAS

DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILDREN AND FAMILY SERVICES

Care

~

Commit

~

Connect

ARKANSAS DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILDREN AND FAMILY SERVICES

TEAM DECISION MAKING MEETINGS

Recognizing the importance of keeping children safe with the help of family and community support!

PUB-35 (03/2016)

Handout 16

Practice Scenarios for CHRIS

Reporter stated that three children were left alone in a white Mazda outside of the Walmart store in Grady, Arkansas on July 7, 2017 at 4:00pm. According to the reporter, a customer observed the children in the car for approximately 15 minutes. Two of the children were in car seats and the third child appeared to be a preschooler. The customer called 911 to report the incident. The family drove away before the police arrived. The witness gave the police the license plate number and a description of the car. The officer was able to locate the address of the person the car was registered to based upon the license plate number. The care is registered to Mary Smith at 4705 Euclid Avenue Grady, Arkansas.

Handout 17

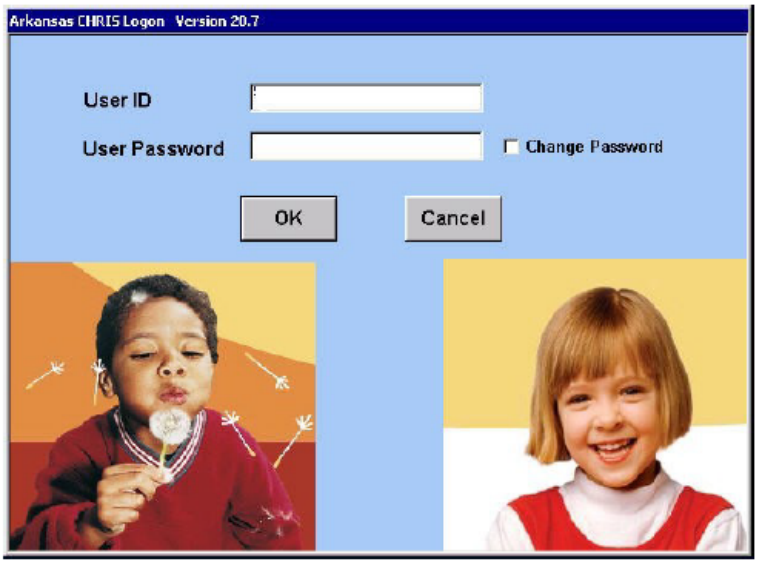
MidSOUTH TRAINING CHRIS LOG IN

1. Log on to a MidSOUTH Computer as set out on the first page. When you get to the desk top:

   - Double click the CHRIS icon

2. You should see the CHRIS Logon Box



3. Enter the MidSOUTH CHRIS Logon user ID and User Password below.

   User ID_____

   User Password:_____

   Remember: This CHRIS User ID and Password is <u>ONLY</u> for the MidSOUTH Training CHRIS system.

OTHERS WITH INVOLVEMENT (REPORTER, COLLATERALS AND OTHER PARENT)
REPORTER AND COLLATERAL INTERVIEWS

1. **Reporter interview -**

   Demographic Information

2. **Collateral Interview –**

   Demographic Information

3. **OTHER PERSONS WITH INFORMATION**

   Demographic Information

Handout 18

Practice Scenarios for CHRIS

Reporter stated that Mary Smith left her three children ages 4,2 and 12 months in the car alone outside of the Walmart store in Grady, Arkansas on July 7, 2017 at 4:00pm. According to the reporter, a customer observed the children in the car for approximately 15 minutes. Two of the children were in car seats and the third child appeared to be a preschooler. A customer went into the store to report the incident to the security officer but when she returned the family was gone. A witness recognized the family and provided the name and address to the Walmart Security guard.

Handout 19

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
JUVENILE DIVISION

AFFIDAVIT

Comes Affiant herein, affirming the following:

1. Affiant is an adult agent and employee of the Arkansas Department of Human Services.

2. Facts in support of the Petition attached hereto are:

_____

_____
AFFIANT

VERIFICATION

On this day the above petitioner came before me stating on oath that the facts contained in the foregoing affidavit and petition are true and correct to the best of petitioner's knowledge, information and belief.

WITNESS MY HAND AND SEAL this_____ day of _____, _____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

ADAMS AFFIDAVIT (1)

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS JUVENILE DIVISION

AFFIDAVIT

Comes Affiant herein, affirming the following:

1. Affiant is an adult agent and employee of the Arkansas Department of Human Services.

2. Facts in support of the Petition hereto are:
   This investigator went to MLK Elementary School after the hotline received a call from the school counselor. The counselor stated that Terry had cuts, bruises and welts on his body. Upon observation I noticed that Terry had 7 purplish bruises on his upper back. The offender is unknown.

   On this day the above petitioner came before me stating on oath that the facts contained in the foregoing affidavit and petition are true and correct to the best of petitioner's knowledge, information and belief.

WITNESS MY HAND AND SEAL this _____day of _____, _____.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____

Handout #20

ADAMS AFFIDAVIT (2)

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS JUVENILE DIVISION

AFFIDAVIT

Comes Affiant herein, affirming the following:

3. Affiant is an adult agent and employee of the Arkansas Department of Human Services.

4. Facts in support of the Petition hereto are:

    a. This matter involves the following juvenile (s): Terry Adams, DOB 1-4-2008: Anton Adams, DOB 6-7-2009, Jeanette Adams, DOB 12-24-2011, Marcus Adams DOB: 2-14-2014, Monique Jones, DOB 1-3-2017. The juvenile's mother is Antoinette Adams, DOB, 3-8-1977. Her address is 809 South Winston Circle Maywood, Arkansas. Larry Jones DOB, 10-7-1975, same address is Monique's father. Terry, Anton, Jeanette and Marcus' father is deceased.
    b. This worker went to MLK Elementary School on 3-10-2017 to begin an assessment for alleged child maltreatment of Terry Adams (1-4-2008), age 9 years old. This worker observed the following injuries to Terry:
        1. 7 Large, purplish bruises that covered Terry's right upper back shoulder blade.
        2. 2 red and swollen loop shaped bruises extending over the right shoulder and arm.
        3. Terry received a medical exam and DCFS was informed that in addition to these injuries, Terry has old bruises on his stomach and left rib. (see attached medical report).
    c. Terry initially stated that he had fallen off of his bicycle, but when questioned further he stated that he had gotten a whooping for making an F on his spelling test. Terry later stated that he received a whooping from his stepfather because he left his younger siblings home alone. Terry stated that he had walked to his grandmother's house to get some formula after they ran out Sunday morning. He also stated that his stepfather, Larry, hit him with his belt several times. According to Terry, the incident happened on Sunday, March 9, 2017. The pattern of the injuries is consistent with being hit with a

belt. The worker took pictures of Terry's injuries. The pictures are included with the affidavit.

d. Terry has two sisters and two brothers. The siblings were interviewed on March 10, 2017. The siblings were not punished; they did not have any signs of current or past physical injuries.
e. DCFS has had three prior investigations involving this family. The first report was accepted on May 1,2009, Referral number 2878961, allegation, inadequate food, the victim was Terry. The mother Antoinette was the alleged offender. This report was unsubstantiated. The second report was accepted on July 7,2013, Referral number 1234567, the report listed Anton has the victim. The allegation was cuts, bruises and welts, the offender was the mother, Antoinette. This report was un- substantiated. The third report was accepted on January 15,2015, Referral number 8765432. The offender was the mother, Antoinette, the victim was Terry, the allegation was inadequate supervision. The report was unsubstantiated.
f. A written protection plan was implemented on March 10,2017, due to the safety concerns below:
    1. Safety factor number (1), Larry's behavior toward Terry was violent and out of control. Mr. Jones stated that he hit Terry with his belt several times because Terry left his siblings home alone.
    2. Safety factor number (2), Ms. Adams has unrealistic expectations of Terry and his ability to care for his siblings for extended periods of time. Ms. Adams left Terry home alone to babysit his siblings for two days.
    3. Safety factor number (3), Terry had serious physical injuries, Terry was observed to have seven purplish bruises that covered his right upper bac shoulder blade. Terry also had two red and swollen loop shaped bruises which covered his right shoulder and arm. Mr. Jones stated that he hit Terry with a belt and that is what caused the injuries.
    4. Safety factor number (7), Ms. Jones was unable to meet Monique's need for food and adequate bedding. Monique ran out of formula and Terry walked to his grandmother's house to get some formula. Monique was without formula for about 24 hours. Additionally, Monique's crib was broken so Monique was sleeping in bed with her sibling. See the attached Protection Plan and the Team Decision Making meeting summary. A written protection plan addressing the issues above was implemented on March 11,2017.

A copy of the Protection Plan and Team Decision Making summary is attached.

_____

AFFIANT

VERIFICATION

On this day the above petitioner came before me stating on oath that the facts contained in the foregoing affidavit and petition are true and correct to the best of petitioner's knowledge, information and belief.

WITNESS MY HAND AND SEAL this 15 day of March, 2017.

_____
NOTARY PUBLIC

MY COMMISSION EXPIRES:

_____