INDICATORS OF NEGLECT

TRAINER GUIDE

Professional Development for Child Abuse Hotline Operators

UA LITTLE ROCK
MidSOUTH Training Academy

Professional Development Series
Division of Children and Family Services
Developed and Presented by MidSOUTH

INTRODUCTION

Hotline Training is a contract deliverable for MidSOUTH. This session is offered in partial fulfillment of that deliverable. It is intended for new operators. However, there may be experienced operators and/or supervisors in the class. Be prepared to shift slightly to accommodate and acknowledge their experience and expertise.

This section does not have a Participant Manual. Instead, there are a series of handouts that should be printed and three-hole punched.

LEARNING OUTCOMES

- Explain the significance of the Serve and Return Effect in neglect and brain development.
- Correctly identify behavioral and physical indicators of neglect.
- Recognize the indicators of medical-personnel-reported failure to thrive.
- Correctly use a screening protocol to determine whether a report will be accepted and correctly determine the priority assignment.

SECTION 1: INTRODUCTIONS AND HOUSEKEEPING

A. Begin the session by introducing yourself to the participants and welcoming them to training. Take a few minutes to discuss the training. Refer participants to **Handout 1, "Agenda**."

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

- Sign-in Sheets. Sign-in sheets must be completed for each Section.
- Cell phones. Turn cell phones off during training.
- Attendance. Credit for completing the training will only be awarded if the participant has attended the entire training section.

MATERIALS LIST

Flipchart Set-up for Small Groups; easel, pad, markers, tape

YouTube Videos:

https://www.youtube.com/watch?v=bF3j5UVCSCA (Brain Development)

https://www.youtube.com/watch?v=TSaxn0a1Cbk (Dirty House)

Inter-agency agreement between CACD and DCFS

Handout 1 – Agenda

Handout 2 – What's In It for Me?

Handout 3 – Checklist for Conditions in the Home

Handout 4 – Physical and Behavioral Indicators of Neglect

Handout 5 – Failure to Thrive

Handout 6 – What Would You Do? (multiple pages)

B. Icebreaker

Conduct a quick ice breaker designed to introduce the subject of the training. One has been included, but trainers may use another as long as it accomplishes the same purpose.

Purpose

The purpose of this exercise is to get an understanding of participants' level of knowledge related to neglect and to determine what information would be most helpful to them

Materials

This exercise requires **Handout 2, What's In It for Me?**

Pencil or pen for each participant

Flipchart and markers or whiteboard and markers for the instructor

Methodology

1. Pass out **Handout 2,** "What's In It for Me?"
2. Ask each participant to spend a few minutes answering the questions on the handout.
3. If there is a large group, ask participants at each table to then compare their lists and decide whether there are common themes and issues. If the group is small, there will probably be sufficient time to cover everyone's issues and concerns.
4. Call time and begin the debriefing/processing.

Processing

- As participants discuss their answers, make notes on the flipchart or whiteboard. Be attuned to common issues or themes.
- If there are issues that are clearly outside the scope of this session (such as questions about sexual abuse), make sure participants know it will be covered in another session.

TEACHING NOTES

- Consider posting this list and returning to it as needed during the remainder of the training. Encourage participants to add material if something pops into mind.
- Trainers must be flexible enough to incorporate appropriate issues and concerns from this list.

To Summarize:

Show the YouTube video referenced in the Materials List to illustrate the effects of neglect on early brain development. In summary: Extensive biological and developmental research shows significant neglect—the ongoing disruption or significant absence of caregiver responsiveness—can cause more lasting harm to a young child's development than overt physical abuse, including subsequent cognitive delays, impairments in executive functioning, and disruptions of the body's stress response. This edition of the InBrief series explains why significant deprivation is so harmful in the earliest years of life and why effective interventions are likely to pay significant dividends in better long-term outcomes in learning, health, and parenting of the next generation.

SECTION 2: PHYSICAL AND BEHAVIORAL INDICATORS OF NEGLECT

A. Begin by acknowledging to participants that neglect is much less clear than abuse. When is a dirty house too dirty? When is a child capable of staying alone? These questions defy easy answers.

There are five “generalized” types of neglect (all of which are further defined in Arkansas law). These include:

- Medical
- Educational
- Environmental
- Safety (failure to protect)
- Emotional

TEACHING NOTES

Neglect in some form is the **most common type** of child maltreatment.

B. There are many indicators of neglect. Pass out **Handout 3, Checklist for Conditions in the Home for Reports of Neglect** (environmental). Briefly review the information categories and give participants a moment to look it over. Ask participants to use this list as they watch a short video clip.

Purpose

The purposes of this exercise are to provide participants with an opportunity to practice identifying physical indicators of neglect and identify parental behaviors indicative of neglect.

Materials

Use either Jerry Baker from the 8 Vignettes or the YouTube link in the Materials List. The YouTube video is a clip on the children of hoarders. It is much more current than the 8 Vignette clips. Either media choice meets the objective of providing an opportunity to use the checklist. **Trainer Note:** Be sure to emphasize that the video workers are going to see **is not** intended to be a good example of how to interview. Its purpose is to present a great deal of visual information in a short period of time.

Methodology

1. Show the vignette or YouTube video. On 8 Case Vignettes, show only about the first 10 minutes, just long enough for people to get an idea of the situation.
2. Ask the participants to make notes on observations of possible neglect.
3. After the video is over, have the small group members compare notes. Ask them to record their observations on the flipchart.
4. Designate the things that everyone saw vs. the things that only one or two group members observed.

TEACHING NOTES

Processing

As the groups share their observations, focus on the following points:

- Does the situation just viewed fit any statutory definition of neglect?
- Reinforce accurate identifications of physical and environmental factors and behaviors that indicate a neglectful situation.
- If someone was calling you with this report, are there clarifying questions you would want to ask?

Summarize this exercise with Handout 4, "Physical and Behavioral Indicators of Neglect." Review this chart of indicators with the group.

Physical Indicators of Neglect

Constant hunger

Poor hygiene

Inappropriate clothing

Consistent lack of supervision

- ✓ Over long periods of time
- ✓ Child engages in or is exposed to dangerous activities such as playing in/wandering the streets, unattended near ponds or pools, matches, or hot surfaces

Constant fatigue or listlessness

Unattended physical problems or medical needs such as infected wounds, untreated ear infections, lack in seeking medical attention

Behavioral Indicators of Neglect

Begging or stealing food

Willingness to go with strangers (lack of attachment to caregiver)

Lack of curiosity or initiative

Constantly falling asleep in class

Rare or sporadic school attendance

TEACHING NOTES

Addiction to alcohol or drugs

Engaged in delinquent acts

Statements that there is no one to care for the child

Parental Characteristics

Chaotic home life

Substance abuse

Low IQ and/or flat affect

Impulsive, poor planners

Past history of abuse or neglect, with unmet emotional needs from childhood

Low self-esteem

Passive and low motivation to change

Lack of skills

Lack of knowledge of child rearing or children's needs

Limitations of Behavioral Indicators

Discuss with the group that the "Indicators" are just that and do not definitely mean neglect. Lead a short discussion with the group about when their own life experiences had "indicators" but did not meet the definition of neglect. You may start by giving an example from your own life.

SECTION 3: MEDICAL REPORTS OF FAILURE TO THRIVE

A. This is an area of neglect that needs additional attention. Due to time constraints, this will need to be covered quickly. Give the participants **Handout 5, "Failure to Thrive."** Highlight some of the things Hotline Operators need to know about FTT. Points include:

- This type of neglect is statutorily defined as severe maltreatment; however, it is one of the types of severe maltreatment that will be investigated/assessed by DCFS.

TEACHING NOTES

- FTT can be defined as failure to gain weight and grow
  - Weight consistently below the 3rd percentile for age;
  - Progressive decrease in weight to below the 3rd percentile;
  - Weight < 20% of ideal weight for height-age; or
  - A decrease in expected rate of growth based on the child's previously defined growth curve, irrespective of whether below the 3rd percentile.
- Maximum brain growth occurs in the first 6 months of life. FTT can leave permanent effects.
- Physical developmental delays tend to be weight loss first, failing to gain in height second, and finally, failure for the head and brain to grow (small head circumference).
- There are many reasons – many of them medical – that cause infants to fail to gain weight and grow as expected.
- Cases reported will likely be due to non-organic factors that include social, economic, and/or environmental factors.
  - Children with FTT:
    - May be depressed and apathetic.
    - Turn away from adults; do not look to adults for comfort or nurture.
    - Have other developmental delays.
    - Have difficult temperaments.
    - Have some physical health problems that exacerbate the problem.
  - Parents of FTT children:
    - May be depressed, apathetic, and have flat affect.
    - Have poor understanding of proper feeding and child's nutritional needs.
    - May prepare formula inaccurately through ignorance or economics (trying to stretch it).
    - Live at or below the poverty level.

TEACHING NOTES

SECTION 4: PRATICE SCENARIOS

The primary work aid used by the Hotline is the Inter-Agency Agreement (MOU) between DCFS and CACD, as well as the Child Maltreatment statute. This exercise is set up to give participants experience using these guides. NOTE: For experienced MidSOUTH Trainers – the Hotline does not use PUB 357, as it is 6 years out of date.

If there will be experienced workers in the class, try to arrange small groups so that there is at least one relatively new person in each group. Several scenarios have been written and are available to the trainer with a "Cheat Sheet" set out below. However, trainers should also refer back to the first exercise where people identified areas that gave them problems. Trainers may need to use those examples instead. For example, if someone said he had difficulty figuring out when something should be registered as a Priority I or Priority II, ask the person to give an example situation. Then poll the group about how they would handle it. Refer back to the exercise on risk factors – very young child, unable to protect self, developmentally at risk – to help make decisions on those cases that seem they could go either way.

Give the group **Handout 6, Practice Scenarios**. Have the participants read each scenario as listed below. Using what they have learned, ask the participants to decide how they would handle the report. Another option is to give small groups of participants one scenario each, and then have them report out. *If delivered this way, save example 3 and use it as a large group "What If" exercise.*

#1 You receive a call that a six-month-old infant is nothing but skin and bones. The baby never cries. The reporter states that the mother never holds the child and refers to him as "the kid." The reporter states the baby has not gained much weight since it was born.

Would you take this report? Yes or No

TEACHING NOTES

Why? This report is a possible FTT report and or a starvation report. A failure to thrive report can be taken, even if the reporter is not a medical professional (although to be substantiated as FTT, you need a medical diagnosis).

#2 The reporter states that at 5:10 p.m., a mother left her two children, ages about four and three, in the car while she went into the grocery store. The reporter had just heard on the radio that it was 95 degrees outside. When the reporter came back out (about 20 minutes later), the children were still in the car. She is calling you on her cell phone asking for immediate assistance

How would you handle this report? ***This is a potentially life-threatening situation.*** In the initial training (in-house) that operators receive, they are taught the following protocol:

1. Get the attention of a supervisor.
2. Have the supervisor listen in.
3. While the caller is still on the line, the supervisor will call the police.
4. The operator will encourage the caller to do the same thing – contact local law enforcement – at the end of the call.
5. Additional questions for this exercise might include:

a. What information do you want to get – license plate number, did she see the care giver and if so, what did that person look like, has she asked the store manager for assistance?
b. What do the children look like – active, lethargic, sweaty?
c. Can the children unlock the car?

What priority would you assign and to what category would you assign it?

This is a situation where the operator may have to think beyond the protocol. Inadequate supervision is a Priority II by protocol. Lockout is also a Priority II. Threat of harm is a Priority I and may be the way to go.

TEACHING NOTES

#3 **This scenario is a "play with it "scenario. As it is initially reported, it would not be taken for investigation. Parental drug use in and of itself does not equal maltreatment.**

a. Initial report: The caller is worried about the children because the parents are using cocaine and meth. This would not be taken if this was the only information the operator had.

b. Ask the class what other information they need.

c. Give the first **What If** scenario – what if the caller tells you that there is little to no food in the home? The electricity has been out for two months. There is no furniture. The family uses boxes for chairs. The parents are using cocaine/meth. The mother works for the post office but uses her income to support her and her husband's drug habit. The children go to relatives and neighbors complaining they are hungry, and they ask for food on almost a daily basis.

   Accept for inadequate supervision/inadequate food, Priority II – DCFS

d. Give the second **What If** – what if the caller tells you that the parents are buying/selling drugs out of the home while the children are present?

   Accept for failure to protect, Priority II – DCFS

e. Give the third **What If** – what if the parents are leaving drug paraphernalia where the children can reach it?

   Accept for environmental neglect, providing a child with drugs-Substance misuse P2 assigned to DCFS– Priority II – DCFS

f. Give final **What if** – what if the parents are manufacturing meth in the home?

   Accept for Poisonous Noxious Substances P1 assigned to CACD.

TEACHING NOTES

#4. A hospital social worker calls the Hotline. The social worker reports that they have a mother in their hospital who has just given birth. She tests positive for methamphetamine, cocaine, and marijuana. The mother also has an elevated blood alcohol count. These tests were done at the time of delivery because the mother appeared to be under the influence of alcohol or drugs when she came into the ED in labor. The physicians are not willing to say that the baby has suffered any ill effects from the mother's pre-natal drug use. The definitive tests on the baby are not back yet to see if the baby has an illegal substance in his system.

Would you accept this report? This report should be accepted because the mother tests positive at the time of the baby's birth.

Are there additional questions you would want to ask about this situation? Do not forget to ask the rest of the screening questions they would normally ask when assessing whether to accept a report. Other things to consider might be: Does the reporter know if the mother has a prior history of drug abuse? Are there other children in the family? Where are they and does the reporter have any information on their condition? Does the reporter have any information about the mother's ability to care for the child? When does the hospital anticipate the baby will be discharged (immediate safety issues)?

If accepted, what priority would be assigned? These are Priority II reports by protocol.

#5. A woman calls to make a complaint against her ex-daughter-in-law. She says that the mother just "don't take good care of them kids. She runs around all night with this man and that and is nothin' better than a whore. Those babies spend more time with the babysitter than they do with their mamma."

TEACHING NOTES

If this is the only information you get, would you accept this report for investigation? No

What questions might you ask to see if there is a legitimate allegation here? (Trainer, play it by ear, but information you need is: age of the children, more information about the babysitter and the situation, exactly what does the caller mean about not taking good care of the children.)

WORKER MATERIAL

HANDOUT 1

HOTLINE OPERATOR TRAINING
AGENDA

I. Introductions and Icebreaker

II. Conditions in the Home for Reports of Neglect

III. Physical and Behavioral Indicators of Neglect

IV. Garrett's Law Issues

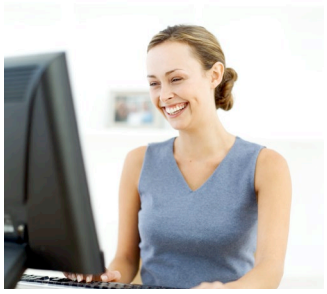
V. Non-Organic Failure to Thrive

VI. Practice Scenarios

HANDOUT 2

WHAT'S IN IT FOR ME?

INDICATORS OF NEGLECT



If this training only addressed two things, I hope they would be:

1.

2.

With regard to neglect, I would like to know more about:

When I am handling calls about neglect, two things that really make me crazy are:

1.

2.

Something that would make this part of my job easier is:

HANDOUT 3

CHECKLIST FOR CONDITIONS IN THE HOME FOR REPORTS OF NEGLECT

Children may be at risk of neglect if the following conditions are present and parents exhibit no concern or interest in remedying the condition.

Inside Environment

___ Bare electrical wires, frayed cords, overloaded sockets, or open sockets

___ Exposed heating elements or fan blades

___ Gas leaks

___ No railings on stairs

___ Broken, jagged, or sharp objects

___ Unprotected windows; e.g., upper story windows that are uncovered and accessible to a small child

___ Medicines, cleaning compounds, or hot liquids within the child's reach

___ Drug manufacturing chemicals

___ Drug paraphernalia in reach

Sanitation

___ Overrun with vermin or many domestic animals

___ Urine-soaked mattresses

___ Eating utensils and cooking equipment reused without washing

___ Human or animal feces on floors and walls

___ Encrusted or multi-layered dirt throughout

___ Toilets being used but not in working order; bathtubs being used as toilets

___ Garbage left to rot in the house/refrigerator

Furnishings

___ Inadequate number of beds for number of persons residing in the home

___ Cribs with broken slats or rails

___ Stove not working

___ Refrigerator not working

___ No food in cabinets or in the refrigerator

Utilities

___ Heating inoperable

___ Electricity inoperable

___ No water

Structure

___ Repairs needed to make the house habitable

___ Broken windows or doors

___ Holes or leaks in the roof

___ Floors rotting

Outside Environment

___ Broken appliances, abandoned cars

___ Sharp/broken objects

___ Chemicals in locations where children can access them

Parental Behaviors

___ Flat affect

___ Inattentive to children

___ Under the influence of alcohol or other drugs

___ Depressed

___ Low IQ or developmental delay

___ Domestic violence in the home

HANDOUT 4

PHYSICAL AND BEHAVIORAL INDICATORS OF NEGLECT

Physical Indicators of Neglect

- Constant hunger
- Poor hygiene
- Inappropriate clothing
- Consistent lack of supervision
  - ✓ Over long periods of time
  - ✓ Child engaging in dangerous activities such as playing in the street, playing with matches, playing near ponds or pools
- Constant fatigue or listlessness
- Unattended physical problems or medical needs such as infected wounds, untreated ear infections

Behavioral Indicators of Neglect

- Begging or stealing food
- Willingness to go with strangers (lack of attachment to caregiver)
- Lack of curiosity or initiative
- Constantly falling asleep in class
- Rare or sporadic school attendance
- Addiction to alcohol or drugs
- Engaged in delinquent acts
- Statements that there is no one to care for the child

Parental Characteristics

- Chaotic home life
- Substance abuse
- Low IQ and/or flat affect
- Impulsive, poor planners
- Past history of abuse or neglect, with unmet emotional needs from childhood
- Low self-esteem
- Passive and low motivation to change
- Lack of skills
- Lack of knowledge of child rearing or children's needs

HANDOUT 5

FAILURE TO THRIVE

Things to remember about Failure to Thrive (FTT)

- This type of neglect is statutorily defined as severe maltreatment; therefore, it is one of the few types of severe maltreatment that will be investigated/assessed by DCFS.

- FTT can be defined as failure to gain weight and grow:
  - Weight consistently below the 3rd percentile for age;
  - Progressive decrease in weight to below the 3rd percentile;
  - Weight < 20% of ideal weight for height-age; or
  - A decrease in expected rate of growth based on the child's previously defined growth curve, irrespective of whether below the 3rd percentile.

- Maximum brain growth occurs in the first 6 months of life. FTT can leave permanent effects.

- Physical developmental delays tend to be weight loss first, failing to gain in height second, and finally, failure for the head and brain to grow (small head circumference).

- There are many reasons – many of them medical – that cause infants to fail to gain weight and grow as expected.

- Cases reported to DCFS will likely be due to non-medical factors, which include:
  - Social
  - Economic, and/or
  - Environmental factors.

- Children with FTT:
  - May be depressed and apathetic.
  - Turn away from adults; do not look to adults for comfort or nurture.
  - Have other developmental delays.
  - Have difficult temperaments.
  - Have some physical health problems that exacerbate the problem.

- Parents of FTT children:
  - May be depressed, apathetic, and have flat affect.
  - Have poor understanding of proper feeding and child's nutritional needs.
  - May prepare formula inaccurately through ignorance or economics (trying to stretch it).
  - Live at or below the poverty level.

- "Non-organic" may be a misleading term. Many FTT cases have mixed features. It is the interaction of variables in **each individual case** that must be assessed for appropriate intervention to take place.

HANDOUT 6

PRACTICE SCENARIOS
What Would You Do?

Read the following scenarios and decide how you would handle the report.

#1 You receive a call that a six-month-old infant is nothing but skin and bones. The caller says this baby looks like those pictures of starving kids you see on TV. The baby never cries. The reporter states that the mother never holds the child and refers to him as "the kid." The reporter states the baby has not gained much weight since it was born. The reporter says the mother never takes the child to the doctor.

Would you take this report? If so, how would you register it?

What Priority would you assign if you took it?

Would it make a difference in your decision if the caller was from a medical facility?

#2 The reporter states that at 5:10 p.m., she noticed two children, ages about four and three, in a car when she (the caller) went into the grocery store. The reporter had just heard on the radio that it was 95 degrees outside. When the reporter came back out (about 20 minutes later), the children were still in the car. She is calling you on her cell phone asking for immediate assistance. The car door is locked.

How would you handle this report?

What priority would you assign and to what category would you assign it?

#3 The reporter says that she is worried about the children, ages 4 and 6. The parents are using cocaine and meth.

Would you take this report?

What priority would you assign if you took it?

1st What If:

2nd What If:

3rd What If:

#4. A hospital social worker calls the Hotline. The social worker reports that they have a mother in their hospital who has just given birth. She tests positive for methamphetamine, cocaine, and marijuana. The mother also has an elevated blood alcohol count. These tests were done at the time of delivery because the mother appeared to be under the influence of alcohol or drugs when she came into the ED in labor. The physicians are not willing to say that the baby has suffered any ill effects from the mother's pre-natal drug use. The definitive tests on the baby are not back yet to see if the baby has an illegal substance in his system.

Would you accept this report?

Are there additional questions you would want to ask about this situation?

If accepted, what priority would be assigned?

#5. A woman calls to make a complaint against her ex-daughter-in-law. She says that the mother just "don't take good care of them kids. She runs around all night with this man and that and is nothin' better than a whore. Those babies spend more time with the babysitter than they do with their mamma."

If this is the only information you get, would you accept this report for investigation?

What questions might you ask to see if there is a legitimate allegation here?

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 agencies shall receive report notification via a format that the agencies shall request at the time of the outage to assure child safety.

Child maltreatment allegations will be assigned to either the child maltreatment investigative pathway or the differential response pathway 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	DCFS
Forcing a Child to Listen to a Telephone Sex Line	I	CACD
Human Bites	II	DCFS
Human Trafficking	I	CACD
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	DCFS
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	CACD
Sexual Exploitation	I	CACD
Sexual Penetration	I	CACD
Sexual Solicitation	I	CACD
Sex Trafficking	I	CACD
Shaking a Child Age Four or Older	II	DCFS
Shaking a Child Age Three or Younger	II	DCFS
Sprains/Dislocations	II	DCFS
Striking a Child Age Seven or Older on the Face	II	DCFS
Striking a Child Age Six or Younger on the Face	II	DCFS
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 10 and older	I/II	CACD
Underage Juvenile Offender Under age 10	I/II	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 I CACD investigation.

^^CACD will investigate only those allegations of abandonment in which the alleged offenders are former and or current 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.

Regarding allegations that fit Differential Response criteria and involve a child who is currently in foster care but the allegations took place prior to the child entering foster care, the hotline will assign these allegations to DCFS via the investigative pathway given that the child is already in foster care so a Differential Response does not apply.

B. Investigations – Who Will Investigate?

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

1) DCFS foster parent or a member of the foster parents' household that is assigned to the investigative pathway;
2) DCFS pre-adoptive parent;
3) DCFS provisional foster parent;
4) Therapeutic Foster Care (TFC) foster parent;
5) Juvenile named as an alleged offender aged 10-18 and the allegation is "severe maltreatment" as defined in the Child Maltreatment Act;
6) Alleged offender who is a person who is not a family member or is not living in the home with the alleged victim(s) with an allegation of severe maltreatment;
7) 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;
8) Staff person of a Division of Youth Services owned facility or Division of Youth Services contract facility as the alleged offender;
9) 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.
10) Division of Children and Family Services employee or spouse as an alleged offender in a report assigned to the investigative pathway;
11) Child death accepted by the Child Abuse Hotline that:
    a) Is sudden and unexpected; and,
    b) 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,
    c) The death of a child reported by a coroner or county sheriff; or,
    d) Dies during the course of an open child maltreatment investigation.

DCFS, being the state agency designated to administer or supervise the administration of the programs under the Child and Family Services Plan, including title IV-B and title IV-E, shall investigate all reports of child maltreatment that identify a(n):

1) Arkansas State Police employee or spouse, either in their personal or official capacity, as the alleged offender assigned to the investigative pathway; and,
2) Allegations that fit Differential Response criteria that involve a child who is currently in foster care but the allegations took place prior to the child entering foster care (hotline will assign these to the investigative pathway with DCFS as the investigative agency given that the child is already in foster care so a Differential Response would not apply);
3) DCFS foster parent or a member of the foster parents' household that is assigned to the differential response pathway (assignment will be made to a DCFS county office other than the county in which the alleged foster parents/member of the foster parents' household reside) ; and,
4) DCFS employee or spouse or Arkansas State Police employee or spouse named in a report assigned to the differential response pathway (the DR will be assigned to a county office outside the area in which the DR allegation allegedly occurred).

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 CACD 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.

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.

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 sexual abuse if the most recent allegation of sexual abuse was more than one (1) year ago -or the alleged victim does not currently have contact with the alleged offender, abandonment if the child is in a facility, or 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 noted 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 Health 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. 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, CD's, DVD's 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 **$3,298,404** in funding for State Fiscal Year (SFY) 2020. DCFS will cover the cost to house CACD investigators in DHS 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.

X. Severability

The parties agree to be bound by any change in federal laws or regulations, or state laws or state plans pertaining to the operation of the various programs affected by this agreement and, in the event this agreement is irreconcilably inconsistent with such laws, regulations or plans, this agreement shall be subordinate thereto. The provisions of this agreement are severable such that invalidity of one (1) provision shall not affect the validity of any other provision.

XI. Duration

This agreement shall take effect July 1, 2019 and shall end June 30, 2020. 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:

William J. Bryant

Colonel Bill Bryant, Director
Arkansas State Police

08/21/19

Date

Cindy Gillespie

Cindy Gillespie, Director
Arkansas Department of Human Services

9/25/19

Date

MAJ Jeffrey Drew

Major Jeffrey Drew, Commander
Crimes Against Children Division
Arkansas State Police

8-21-19

Date

Mischa Martin

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

9/12/19

Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of Director

P.O. Box 1437, Slot S201 Little Rock, AR 72203-143
501 682-8650 Fax: 501-682 6836 TDD 501 682-88

SFY 2020 Cost Sharing Agreement

This agreement is entered into between the Arkansas State Police (ASP) and the Department of Human Services (DHS) for the purpose of sharing training costs for the Crimes Against Children Division (CACD) of the ASP. This agreement is valid for the fiscal year ending June 30, 2020.

DHS agrees to pay for training costs for the CACD up to 50% per training event, not to exceed a fiscal year cumulative total of $25,000. Such training must be specifically related to child welfare.

ASP will pay all expenses for the training and submit copies of paid expenses to DHS. DHS will reimburse ASP up to the amount specified in this agreement.

Colonel Bill Bryant
Director, Arkansas State Police

08/21/19
Date

Cindy Gillespie
Director, Department of Human Services

9/30/2019
Date

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Office of Director

P.O. Box 1437, Slot 5201 · Little Rock, AR 72203 1437
501 682-8650 · Fax:501-682-6836 TDD 501 682-8820

SFY 2020 Cost Sharing Agreement

This agreement is entered into between the Arkansas State Police (ASP) and the Department of Human Services (DHS) for the purpose of reimbursing process server costs for the Crimes Against Children Division of the Arkansas State Police. This agreement is valid for the fiscal year ending June 30, 2019.

The Department of Human Services (DHS) agrees to reimburse Arkansas State Police (ASP) for process servers used by CACD. ASP agrees process servers will only be used after all other means of contact have been exhausted. ASP will pay the expense and submit copies of paid expenses to DHS. DHS will reimburse ASP for the cost incurred.

William J. Bryant
Colonel Bill Bryant
Director, Arkansas State Police

08/21/19
Date

Cindy Gillespie
Director, Department of Human Services

5/20/2019
Date