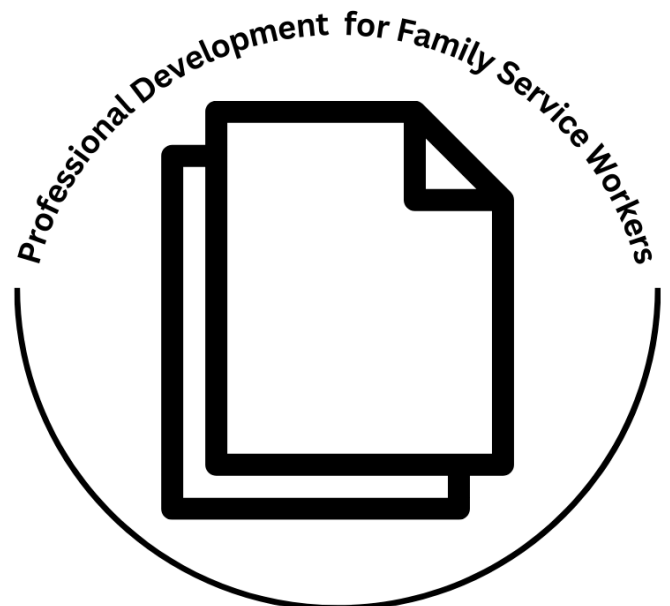


Investigations Unit 8

Handouts



MidSOUTH
COLLEGE OF BUSINESS, HEALTH,
AND HUMAN SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

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HANDOUT 1

02/22/2021 4:40 pm

Arkansas Department of Human Services

Referral Acceptance Snapshot

| | | |
|-----------------------------------------------------|---------------------------------------------|-----------------------------------------|
| Referral Number 1227126 | Referral Date 08/15/2017 03:00 AM | Family Name FLOWERS-MSTRAINER |
| County of Referral Jefferson (Pine Bluff) | Staff Name One,I. | Staff County State Office |

REFERRAL INFORMATION

Address

284 S Hwy 63
ALTHEIMER, Arkansas 72004-

County: Jefferson (Pine Bluff)

Directions

| | | | |
|-------------------|--------------------------------------|-------------|----------------------|
| Home Phone | Cell Phone: (870) 410-0034 | Fax: | Message Phone |
|-------------------|--------------------------------------|-------------|----------------------|

REFERRAL DISPOSITION:

Disposition Date: 8/15/2017

Investigation Type: In-Home

☒ **Accepted for Investigation**

☐ **Screened Out**

☐ **Accepted for Differential Response**

Accepted Category

Priority Two

Days to be Initiated 3

INCIDENT DESCRIPTION

What Happened? When Happened? Who did it? Does the person still have access to the child?

Reporter stated that Jerrod was seen in the emergency room at Jefferson Regional hospital last night around 10:00 pm. Jerrod had a blister or lesion which extended 2/3 cm (nearly 1 inch) on his scalp. It appears to be from an infected insect bite. Jerrod also has a blister or lesion on the back of his index finger on his left hand, and an old bruise to his forehead. All the injuries looked to be a week to ten days old. The lesions appeared to be infected, and Jerrod's finger and hand are swollen. According to the grandmother, Georgia Weems, "Jerrod's parents got into a fight at the family gathering tonight" so the grandmother took Jerrod and his sister to her house. When the grandmother was giving Jerrod a bath she became concerned about the blisters and decided to take him to the hospital. When questioned about the bruise, the grandmother stated that this is not the first time that she has noticed bruises on Jerrod. When she questioned her daughter about past bruises, Charlotte couldn't provide her mother an explanation. This leads Georgia to think that mom is not watching Jerrod so she doesn't know how he gets the injuries. The mother, Charlotte Flowers, showed up at the hospital while Jerrod was being examined.

Jerrod was treated in the emergency room and released to his mother. Mother said she was going to her mother's house because that's where her little girl was. The doctor noted an elevated white blood count so Jerrod was discharged on antibiotics. The treating physician was concerned that Jerrod is not being supervised properly based upon the location of the injuries, mother's lack of knowledge about how the bruise happened, and that the mother failed to obtain adequate medical attention for the infected bites. The insect bites and infected area appear to be 9-10 days old. The infection is potentially serious.

What are the children's conditions/injuries now? Describe the children's current conditions and any injuries.

Jerrod has blisters that are swollen and filled with pus. The blisters were very sensitive to touch. Medical personnel are concerned that the infection has gone untreated.

When were the children last seen and by whom?

Dr. Rhonda Dickson saw Jerrod in the emergency room on 8/14/2017

Where are the children located and how long will they be there? (include address and county)

Caller believes the mother and her two children are at the Weems house.

What are the risk factors in the home? (Domestic Violence, Safety Hazards, Physically/Mentally Disabled Victim, Etc.)

Domestic Violence, the mother and her boyfriend got into a fight last night at a family gathering.

Who else was told or knows of this situation?

The treating Physician, Dr. Rhonda Dickson
The maternal grandmother, Georgia Weems

Is there a Client that is an Active Duty Service Member?

No

Additional Information:

Do you know of any resources or supports that the family has?
The maternal grandmother, Georgia Weems.

REPORTER INFORMATION

Name ☐ Anonymous

HANNAH LEWIS

Relationship to Referral
Nurse/Other Medical Professional

Relationship Description

| Home Phone | Cell Phone | Fax | Message Phones | Work Phone |
|------------|------------|-----|----------------|--------------------------|
| | | | | (870) 541-7100 Ext. 0749 |

Address
1600 W 40th Avenue
PINE BLUFF, Arkansas 71603-
County: Jefferson (Pine Bluff)

Email Address

CLIENT INFORMATION

Client Number 1: CHARLOTTE FLOWERS-MSTRAINER

Primary Role in Referral Alleged Offender

| Client ID | Gender | Birth Date | Approx. Age | Active Duty Service Member |
|-----------|--------|------------|-------------|----------------------------|
| 3074657 | Female | 04/02/1994 | | N |

| Address | <input type="checkbox"/> Home During Day | Comments |
|---------|------------------------------------------|----------|
|---------|------------------------------------------|----------|

284 S Hwy 63
ALTHEIMER, Arkansas 72004-

County: Jefferson (Pine Bluff)

Other Location

| Home Phone | Cell Phone | Fax | Message Phone | Work Phone |
|------------|----------------|-----|---------------|------------|
| | (870) 410-0034 | | | |

Race

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Unable to Determine

Tribe

Primary:

Ethnicity: NOT HISPANIC OR LATINO

Secondary:

Employer

Schedule

Day Care

Schedule

Distinguishing Characteristics

Relationships

Household

PRFC

FRANKIE FLOWERS-MSTRAINER is the Daughter (Biological) of CHARLOTTE FLO
Same NJERROD HILL-MSTRAINER is the Son (Biological) of CHARLOTTE FLOWERS-MS
Same N

CLIENT INFORMATION

Client Number 2: FRANKIE FLOWERS-MSTRAINER

Primary Role in Referral Sibling

| Client ID | Gender | Birth Date | Approx. Age | Active Duty Service Member |
|-----------|--------|------------|-------------|----------------------------|
| 3074659 | Female | | 5 | |

| Address | <input type="checkbox"/> Home During Day | Comments |
|---------|------------------------------------------|----------|
|---------|------------------------------------------|----------|

284 S Hwy 63
ALTHEIMER, Arkansas 72004-

County: Jefferson (Pine Bluff)

Other Location

| Home Phone | Cell Phone | Fax | Message Phone | Work Phone |
|------------|----------------|-----|---------------|------------|
| | (870) 410-0034 | | | |

Race

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Unable to Determine

Tribe

Primary:

Ethnicity: NOT HISPANIC OR LATINO

Secondary:

Employer

Schedule

Day Care

Schedule

Distinguishing Characteristics

Relationships

Household

PRFC

CHARLOTTE FLOWERS-MSTRAINER is the Mother (Biological) of FRANKIE FLO
Same YJERROD HILL-MSTRAINER is the Brother (Half) of FRANKIE FLOWERS-MSTRAIN
Same N

CLIENT INFORMATION

Client Number 3: JERROD HILL-MSTRAINER

Primary Role in Referral Alleged Victim

| Client ID | Gender | Birth Date | Approx. Age | Active Duty Service Member |
|-----------|--------|------------|-------------|----------------------------|
| 3074658 | Male | 06/12/2016 | | |

| Address | <input type="checkbox"/> Home During Day | Comments |
|---------|------------------------------------------|----------|
|---------|------------------------------------------|----------|

284 S Hwy 63
ALTHEIMER, Arkansas 72004-

County: Jefferson (Pine Bluff)

Other Location

| Home Phone | Cell Phone | Fax | Message Phone | Work Phone |
|------------|----------------|-----|---------------|------------|
| | (870) 410-0034 | | | |

Race

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Unable to Determine

Tribe

Primary:

Ethnicity: NOT HISPANIC OR LATINO

Secondary:

Employer

Schedule

Day Care

Schedule

Distinguishing Characteristics

Relationships

Household

PRFC

CHARLOTTE FLOWERS-MSTRAINER is the Mother (Biological) of JERROD HILL-
Same YFRANKIE FLOWERS-MSTRAINER is the Sister (Half) of JERROD HILL-MSTRAINER
Same N

ALLEGATIONS

| | | |
|--------------------------|-------------------------------------------------------|----------------|
| Allegation #1 | <input checked="" type="checkbox"/> Accidental Injury | Age of Injury: |
| Abuse Category: | <input type="checkbox"/> Neglect | |
| Abuse Type: | | |
| Abuse/Neglect Specifics: | | |

| | |
|----------------------------------------------------------------|----------------------------|
| Recent Child Maltreatment Allegation Incident Date: 08/14/2017 | Approximate Incident Date: |
| Injury Characteristics: Abrasions/ Lacerations | |

Injury Specifics:

| | |
|------------|-----------------------------|
| Offenders: | CHARLOTTE FLOWERS-MSTRAINER |
|------------|-----------------------------|

MEDICAL INFORMATION

☐ Reporter Indicate Child Needs Med. Attn. ☐ Child Received Medical Attention

When was medical attention received

Medical Professional determined child sustained one or more of the following:

☐ Significant Injury

Transaction Date:

☐ Near Fatality

Transaction Date:

☐ Fatality

Transaction Date:

Date of Death:

Where was medical attention received

Medical Professional

Title:

Name:

Comments

Drug Information

Birth Hospital Class:

Infant Birth Weight: lb. oz.

Gestational Age (weeks):

Prenatal Care

☐ Prenatal Care Received

Type:

Specifics:

Mother's Drug Test Result:

Infant's Drug Test Result:

COLLATERAL INFORMATION

Collateral Name DR RHONDA DICKSON

Relation to Family
Medical ProfessionalStart Date
08/14/2017

End Date

Address1600 W 40th Avenue
Pine Bluff, Arkansas 71603-

County: Jefferson (Pine Bluff)

Comments

Home PhoneCell Phone
()- -Work Phone
(870) 541-7100 Ext. 0554

COLLATERAL INFORMATION

Collateral Name GEORGIA WEEMS

| Relation to Family | Start Date | End Date |
|--------------------|------------|----------|
| Relative | 04/02/1994 | |

Address

1616 Pennsylvania Avenue
Pine Bluff, Arkansas 71603-
County: Jefferson (Pine Bluff)

Comments

| Home Phone | Cell Phone | Work Phone |
|------------|----------------|------------|
| | (870)-536-2010 | |

HANDOUT 2

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Note: This is an example of an inadequate Immediate Safety Plan.

Family Name: Flowers Case ID: 1227126 Date: 08-15-2017

Worker Name: Kim Possible

Harm and/or Worry Statement(s): What harm, if anything has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

Jerrod has been neglected. Jerrod will be neglected again.

| DESCRIBE THE SAFETY THREAT (caregiver + behavior + impact on child) | WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE? | WHO WILL DO IT, BY WHEN? | HOW WILL WE KNOW IT IS WORKING? |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------|---------------------------------|
| Medical Neglect | Open PS Case | The assigned Case Worker. | No new calls to the hotline. |
| | | | |
| | | | |
| | | | |

Who has agreed to be part of this plan? (Must include at least one legal custodian or guardian.)

| FAMILY MEMBER OR NETWORK MEMBER | CONTACT DETAILS | |
|---------------------------------|-----------------|-------|
| | PHONE | EMAIL |
| | | |
| | | |
| | | |
| | | |
| | | |

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within 14 days)*

Date/time:

October 15, 2017

Who will be involved (caregivers, network, and agency)?

The assigned Case Worker.

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?

| | |
|----------------------------|----------------------|
| Caregivers/legal guardians | Call the hotline. |
| Network members | Call the hotline. |
| Child | |
| DCFS | Remove the children. |

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING

| NAME | PHONE NUMBER | EMAIL ADDRESS |
|---------------------------------------------------------------------------|--------------|---------------|
| Assigned worker name: | | |
| Supervisor name: | | |
| On-call contact: (After business hours, weekends, and holidays) | | |

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

Legal custodians or guardians

Worker/supervisor

| | |
|--|--|
| | |
| | |

Children

Network members

| | |
|--|--|
| | |
| | |
| | |
| | |

HANDOUT 3



AFTER THE CALL



When you arrive at the home, Charlotte is throwing her belongings into the trunk of the car. The children are inside with their grandmother. There is a policeman on the scene trying to talk to Ms. Flowers, but she is yelling at him to stay out of her “stuff” and that these are her kids, and she can do what she wants.

Though the scene is pretty chaotic, you manage to find out that Jerrod has not had his medicine that morning because Charlotte refused to give it to him and refused to let her mother give it to him. While she has put her clothes, makeup and cigarettes in the car there are no clothes for the children.

You attempt to engage Charlotte and explore whether she will still take protective actions for her children. But despite your best effort she finally says:

“I have thought about it. I ain’t doing the things that you have on this paper. You can take this paper and shove it! I don’t think DCFS should be involved so you can just get out of here. I don’t want my mother’s help. I don’t need her help. She is always up in my stuff. I’m not giving Jerrod that medicine. He doesn’t need it. It’s only bug bites. And so, what if I left Frankie? She’s a big girl. She did OK overnight. She helps me a lot and I’m taking my kids and going to California. I’m sick of Brad, too. He blames me for everything, and he is the one who hits me. And yah, he got convicted for hitting his wife and yah, he’s still married to her anyway. My best friend moved out there and she’ll let me stay. And NO! I won’t tell you her name. None of you all will ever be able to find me again, including Brad. Frankie, you get your brother and get your asses in this car RIGHT NOW! Leave that damn medicine in the house. He does NOT need it!”

Participant Observations:

What is the scariest part of this for you?

Who is there that can help?

What can you do to minimize the trauma for Frankie and Jerrod?

HANDOUT 4 – Poor Affidavit (1 of 3)

IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ARKANSAS
JUVENILE DIVISIONAFFIDAVIT

Comes Affiant herein, affirming under oath that the following statements are true and correct to the best of my knowledge and belief:

1. Petitioner is an adult employee of the Arkansas Department of Human Services.
2. I believe the appropriate venue for this case is the Juvenile Court of JEFFERSON COUNTY, Arkansas because the child's primary place of residence is in JEFFERSON County.
3. The juvenile(s) involved
are: Name: Frankie
DOB:
SSN: 000-00-0000
Name: Jerrod
Hill DOB:
06/12/2016
SSN: 000-00-
0000
4. The parents of the juvenile(s)
are: Mother: Charlotte
Flowers
DOB:
Address: 284 S Hwy 63
Phone: 870-410-0034
Father: Brad
Hill DOB:
Address: 284 S Hwy 63 Altheimer, AR 72204
Phone:
Putative or Legal: Putative father. Mr. Hill claims that he may be Jerrod's biological father.
Charlotte had the following involvement in the dependency-neglect of the juveniles:
Charlotte failed to seek medical attention for Jerrod's infected hand. She is not supervising the kids. She threatened to flee the state and move to California with the children.

HANDOUT 4 – Poor Affidavit (2 of 3)

It is recommended that family time between Charlotte, Frankie, and Jerrod be supervised and that they occur outside of the family home because Charlotte has threatened to take the children and flee the state.

1. The legally responsible party of the juvenile(s) is: Name: Charlotte Flowers
Address: 284 S. Hwy 63 Altheimer, AR 72004
Phone: 870-410- 0034
The juvenile(s) has/have lived with Charlotte since birth.
2. The juvenile(s) siblings are: All the children in the family are listed on the affidavit.
3. I believe the Indian Child Welfare Act DOES NOT apply to this petition: No family member has indicated that they have Native American tribal affiliation. No one in the family is an enrolled or registered member of an Indian Tribe.
4. I have completed a diligent search for relatives and fictive kin for the juvenile(s). Relatives are Georgia and Brad. Frankie's father is unknown.
5. The Department has the following history with the family: No prior history.
6. The basic factual grounds upon which the Department bases its petition are Jerrod has a bad infection and if he doesn't receive the prescribed medical treatment it could result in long-term health issues. The mother leaves the children home alone a lot and fails to supervise them appropriately. Charlotte has some mental health issues and when she fails to take her medication, she makes poor decisions. Charlotte has a history of staying with her mother off and on when she gets into fights with her boyfriend, Brad Hill. Charlotte has threatened to flee the state and take the children with her.
7. Removal: The juvenile(s) Frankie Flowers and Jerrod Hill were removed from the physical and legal custody of Charlotte Flowers on 8-17-2017 at 10:00 am because circumstances or conditions of Charlotte present an imminent danger to the health and physical well-being of the juveniles. The following safety threats were identified:

HANDOUT 4 – Poor Affidavit (3 of 3)

1. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.
2. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal)
3. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
4. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.

The reasonable efforts made on the part of the Department to prevent the removal of the juvenile(s) from HER home are: An immediate safety plan was implemented on 8-16-2017. Charlotte decided on 8-17-2017 that the plan was unnecessary, and she did not want to work with DCFS. She wanted to take the children and move to California to live with a friend. These services did not prevent removal because Charlotte refused to cooperate with the plan.

2. The juvenile's health and safety are in danger due to the allegations. Given the facts of the situation and the history of this family, the juvenile should remain in the custody pending further hearings on this matter.
3. The Department reserves the right to present additional evidence of dependency/neglect to the Court, which may become known to it through further investigation.

Further Affiant sayeth not.

Affiant,

(Your Name), Family Service Worker

HANDOUT 5 – Flowers CFS-411 (1 of 5)

IN THE CIRCUIT COURT OF xxxxxx COUNTY,
ARKANSAS JUVENILE DIVISION**AFFIDAVIT**

Comes Affiant herein, affirming under oath that the following statements are true and correct to the best of my knowledge and belief:

1. Petitioner is an adult employee of the Arkansas Department of Human Services.
2. I believe the appropriate venue for this case is the Juvenile Court of COUNTY, Arkansas because [the child's primary place of residence is in xxxxx County *or* the facts giving rise to the petition arose in xxxxx County].
3. The juvenile(s)
involved are: Name:
DOB:
SSN:
4. The parents of the
juvenile(s) are: Mother:
DOB:
Address: [or use UTL checklist to document diligent efforts to locate, ADC search] Phone:

Father:
DOB:
Address: [or use UTL checklist to document diligent efforts to locate, ADC search] Phone:
Putative or Legal: [state why, i.e. married at time of birth, visitation order attached]

PARENT is the non-custodial legal parent of the juvenile(s). PARENT had the following involvement in the dependency-neglect of the juvenile(s): [list any involvement or contributions to the situation which caused the filing of the current petition].

[SPEAK WITH OCC ATTORNEY about capturing information pertaining to the appropriateness of unsupervised family time and/or placement with each parent, non- custodial parent, identified relatives and fictive kin. Information may be requested in the affidavit or OCC may request information to be provided directly to them]

5. The legally responsible party of the
juvenile(s) is:

HANDOUT 5 – Flowers CFS-411 (2 of 5)

Name:

Address:

Phone:

The juvenile(s) has/have lived with NAME since DATE.

6. The juvenile(s) siblings are: [list all siblings not involved in the current petition and their DOB's. Identify current living situation and how you assessed their safety/determined that they don't need to be a party to the petition].
7. I believe the Indian Child Welfare Act DOES/DOES NOT apply to this petition: [list all reasons for belief, does the child or a member of the child's family have a tribal membership card, has anyone indicated that the child has Indian heritage?].
8. I have completed a diligent search for relatives and fictive kin for the juvenile(s). I have [If no relatives located, list at least 3 items from the UTL checklist which you have completed to locate relatives. If relatives have been located, list the relative names, phone number, address, if they passed background checks, and any other information about their home and appropriateness of contact, family time with, transportation and placement of the juvenile(s).]
9. The Department has the following history with the family: [list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the investigation and associated case, see example below

3/16/17 Threat of Harm, True finding, safe with a plan, moderate risk, PS case opened 4/16-6/16/17, anger management, parenting, IFS services]
10. The basic factual grounds upon which the Department bases its petition are: [List what happened in a clear narrative format. List in chronological order the facts that caused you to have worries about the safety of the juvenile. Write the story so that those who have no background with the family can make sense of what happened. Describe safety threats identified. I.E. mom's drug use (a risk factor) caused her to pass out and she was unable to wake up to answer the phone when the school began calling her to pick up the 5-year-old juvenile. The juvenile had been left at school for over an hour before the school sent someone

HANDOUT 5 – Flowers CFS-411 (3 of 5)

to the home and mom couldn't be awaked by the knocking on the door (safety threat).]

11. [Select *one* of the following based on the type of petition being filed:]

- a. [Immediate Safety Plan under ACT 963] On DATE I assessed the health and safety of the juvenile(s) and determined that the juvenile could not safely remain in the care, custody, or control of NAME without an immediate safety plan. The Department implemented an immediate safety plan on DATE to address the juvenile's safety by PLAN REQUIREMENTS. The Department offered services to address the juvenile's safety including LIST SERVICES. On DATE, I re-assessed the health and safety of the juvenile(s) and determined that the juvenile(s) remained at substantial risk of harm.
- b. [30-day petition] The Juvenile should remain in the custody of NAME pending further hearings in this matter.
- c. [Less than Custody] The juvenile(s) should remain in the custody of NAME, with safeguards to ensure the protection of the juvenile(s) because, as described above, the juvenile's health AND/OR physical well-being IS/ARE in immediate danger. Specifically, the Court should LIST SAFEGUARDS.
- d. [Removal] The juvenile(s) was removed from the physical custody of NAME and the legal custody of NAME on DATE at TIME because circumstances or conditions of CAREGIVER present an immediate danger to the health or physical well-being of the juvenile(s). The following safety threats were identified and considered in making the decision to remove the juvenile(s): [list each safety threat considered on an individual line].

[Select ONE of the following two paragraphs]

The reasonable efforts made on the part of the Department to prevent removal of the juvenile(s) from HIS/HER home are [list all services provided and interventions attempted, such as TDM, immediate safety planning, DR cases]. These services did not prevent removal because REASONS.

[Or]

HANDOUT 5 – Flowers CFS-411 (4 of 5)

An emergency existed and services could not be provided to prevent removal because [state what emergency was and how it prevented services being put in place to keep the juvenile(s) safely in the home/why couldn't the Department create an Immediate Safety Plan with the family?].

12. The juvenile's health and safety are in danger due to the allegations. Given the facts of the situation and the history of this family, the juvenile should [remain in the custody of NAME *or* be placed in the custody of NAME *or* remain in the custody of Arkansas Department of Human Services] pending further hearings on this matter.
13. The Department reserves the right to present additional evidence of dependency/neglect to the Court, which may become known to it through further investigation.

Further Affiant sayeth not.

Affiant,
(Your Name), Family Service
Worker

VERIFICATION

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

State of Arkansas, County of _____.

Subscribed and Sworn to me on this ____ day of _____, 2022.

NOTARY PUBLIC ARKANSAS

MY COMMISSION EXPIRES:

HANDOUT 5 – Flowers CFS-411 (5 of 5)

Directions for Completing the Affidavit Template

- 1) Replace all xxxxx with the appropriate County.
- 2) Speak with your OCC attorney about information pertaining to appropriateness of unsupervised visitation/placement with parents, non-custodial parents, identified relatives and fictive kin. Put information gathered in the affidavit or provide it to the OCC attorney as directed by the attorney.
- 3) Remove all information in [] with consideration given to information that should be added to replace the bracketed information as appropriate.
- 4) Replace all words printed in all caps with the correct information.
- 5) Note sections with *and/or* and remove unnecessary sections of information before or after the identifier.
- 6) Under #9: list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the dr, investigation, and associated case(s)
- 7) Under #11, select one of four letters, A, B, C or D. Delete the other three options and follow the directions above for modification of the remainder of the selected option.
- 8) Under the signature line, remove the (your name) and replace it with the correct spelling of your typed name.
- 9) Delete the directions page from the affidavit.

HANDOUT 5A – CFS 411 (1 of 5)

IN THE CIRCUIT COURT OF xxxxxx COUNTY, ARKANSAS
JUVENILE DIVISION**AFFIDAVIT**

Comes Affiant herein, affirming under oath that the following statements are true and correct to the best of my knowledge and belief:

1. Petitioner is an adult employee of the Arkansas Department of Human Services.
2. I believe the appropriate venue for this case is the Juvenile Court of COUNTY, Arkansas because [the child's primary place of residence is in xxxxx County *or* the facts giving rise to the petition arose in xxxxx County].
3. The juvenile(s) involved are:
Name:
DOB:
SSN:
4. The parents of the juvenile(s) are:
Mother:
DOB:
Address: [or use UTL checklist to document diligent efforts to locate, ADC search]
Phone:

Father:
DOB:
Address: [or use UTL checklist to document diligent efforts to locate, ADC search]
Phone:
Putative or Legal: [state why, i.e. married at time of birth, visitation order attached]

PARENT is the non-custodial legal parent of the juvenile(s). PARENT had the following involvement in the dependency-neglect of the juvenile(s): [list any involvement or contributions to the situation which caused the filing of the current petition].

[SPEAK WITH OCC ATTORNEY about capturing information pertaining to the appropriateness of unsupervised family time and/or placement with each parent, non-custodial parent, identified relatives and fictive kin. Information may be requested in the affidavit or OCC may request information to be provided directly to them]

CFS-411 (02/2020)

HANDOUT 5A – CFS 411 (1 of 3)

HANDOUT 5A – CFS 411 (2 of 5)

5. The legally responsible party of the juvenile(s) is:
Name:
Address:
Phone:
The juvenile(s) has/have lived with NAME since DATE.
6. The juvenile(s) siblings are: [list all siblings not involved in the current petition and their DOB's. Identify current living situation and how you assessed their safety/determined that they don't need to be a party to the petition].
7. I believe the Indian Child Welfare Act DOES/DOES NOT apply to this petition: [list all reasons for belief, does the child or a member of the child's family have a tribal membership card, has anyone indicated that the child has Indian heritage?].
8. I have completed a diligent search for relatives and fictive kin for the juvenile(s). I have [If no relatives located, list at least 3 items from the UTL checklist which you have completed to locate relatives. If relatives have been located, list the relative names, phone number, address, if they passed background checks, and any other information about their home and appropriateness of contact, family time with, transportation and placement of the juvenile(s).]
9. The Department has the following history with the family: [list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the investigation and associated case, see example below]
- 3/16/17 Threat of Harm, True finding, safe with a plan, moderate risk, PS case opened 4/16-6/16/17, anger management, parenting, IFS services]
10. The basic factual grounds upon which the Department bases its petition are: [List what happened in a clear narrative format. List in chronological order the facts that caused you to have worries about the safety of the juvenile. Write the story so that those who have no background with the family can make sense of what happened. Describe safety threats identified. I.E. mom's drug use (a risk factor) caused her to pass out and she was unable to wake up to answer the phone when the school began calling her to pick up the 5-year-old juvenile. The juvenile had been left at school for over an hour before the school sent someone to the home and mom couldn't be awaked by the knocking on the door (safety threat).]

HANDOUT 5A – CFS 411 (3 of 5)

11. [Select *one* of the following based on the type of petition being filed:]

- A. [Immediate Safety Plan under ACT 963] On DATE I assessed the health and safety of the juvenile(s) and determined that the juvenile could not safely remain in the care, custody, or control of NAME without an immediate safety plan. The Department implemented an immediate safety plan on DATE to address the juvenile's safety by PLAN REQUIREMENTS. The Department offered services to address the juvenile's safety including LIST SERVICES. On DATE, I re-assessed the health and safety of the juvenile(s) and determined that the juvenile(s) remained at substantial risk of harm.
- B. [30-day petition] The Juvenile should remain in the custody of NAME pending further hearings in this matter.
- C. [Less than Custody] The juvenile(s) should remain in the custody of NAME, with safeguards to ensure the protection of the juvenile(s) because, as described above, the juvenile's health AND/OR physical well-being IS/ARE in immediate danger. Specifically, the Court should LIST SAFEGUARDS.
- D. [Removal] The juvenile(s) was removed from the physical custody of NAME and the legal custody of NAME on DATE at TIME because circumstances or conditions of CAREGIVER present an immediate danger to the health or physical well-being of the juvenile(s). The following safety threats were identified and considered in making the decision to remove the juvenile(s): [list each safety threat considered on an individual line].

[Select ONE of the following two paragraphs]

The reasonable efforts made on the part of the Department to prevent removal of the juvenile(s) from HIS/HER home are [list all services provided and interventions attempted, such as TDM, immediate safety planning, DR cases]. These services did not prevent removal because REASONS.

[Or]

An emergency existed and services could not be provided to prevent removal because [state what emergency was and how it prevented services being put in place to keep the juvenile(s) safely in the home/why couldn't the Department create an Immediate Safety Plan with the family?].

HANDOUT 5A – CFS 411 (4 of 5)

12. The juvenile's health and safety are in danger due to the allegations. Given the facts of the situation and the history of this family, the juvenile should [remain in the custody of NAME *or* be placed in the custody of NAME *or* remain in the custody of Arkansas Department of Human Services] pending further hearings on this matter.
13. The Department reserves the right to present additional evidence of dependency/neglect to the Court, which may become known to it through further investigation.

Further Affiant sayeth not.

Affiant,
(Your Name), Family Service Worker

VERIFICATION

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

State of Arkansas, County of _____ Subscribed and Sworn to me on
this _____ day of _____, 2022.

NOTARY PUBLIC ARKANSAS

MY COMMISSION EXPIRES:

CFS-411 (02/2020)

HANDOUT 5A – CFS 411 (5 of 5)

Directions for Completing the Affidavit Template

- 1) Replace all xxxxxx with the appropriate County.
- 2) Speak with your OCC attorney about information pertaining to appropriateness of unsupervised visitation/placement with parents, non-custodial parents, identified relatives and fictive kin. Put information gathered in the affidavit or provide it to the OCC attorney as directed by the attorney.
- 3) Remove all information in [] with consideration given to information that should be added to replace the bracketed information as appropriate.
- 4) Replace all words printed in all caps with the correct information.
- 5) Note sections with *and/or* and remove unnecessary sections of information before or after the identifier.
- 6) Under #9: list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the dr, investigation, and associated case(s)
- 7) Under #11, select one of four letters, A, B, C or D. Delete the other three options and follow the directions above for modification of the remainder of the selected option.
- 8) Under the signature line, remove the (your name) and replace it with the correct spelling of your typed name.
- 9) Delete the directions page from the affidavit.

HANDOUT 6

AFFIDAVIT CHECKLIST

| | |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Identifies all parents and addresses (or states why a parent or address is unknown).</p> <ul style="list-style-type: none"> If a parent's name or address is unknown, You DCFS list what specific steps were taken and what further steps will be taken to identify and locate that parent. Examples: DCO, OCSE, CLEAR, Asked the mother, Asked the JV if age appropriate. |
| | <p>MUST have facts to determine whether a man is a parent or a putative father.</p> <ul style="list-style-type: none"> Was the mother legally married to anyone when the child was conceived or born? Has any court entered an order regarding child support, custody or visitation? If so, what court? Did anyone sign an acknowledgment of paternity? |
| | <p>Is a father's name on the birth certificate? If unmarried, AOP must be signed for this to happen without a court order.</p> <ul style="list-style-type: none"> Has any putative father established a significant relationship with the child? When was the last time the child saw the putative parent? Has DNA testing been completed? DNA TESTING DOES NOT ESTABLISH PARENTAGE!! It's just evidence. STOP using LEGAL vs PUTATIVE. Just state the facts needed |
| | <p>Addresses fitness of non-custodial, legal parent to assume custody. Parents are presumed to be fit. If not fit, it must state why.</p> |
| | <p>Address clearly whether or not significant contacts exist between any putative father and juvenile. Do they visit them, have they ever lived with them, how often do they talk, do they acknowledge it at all? Any of his family have a relationship?</p> |
| | <p>Identifies ALL SIBLINGS and the safety of all biological children is addressed. Also address other children in the home if the offender has legal custody.</p> <ul style="list-style-type: none"> Ex. If there is another child that was not in the home, but in the physical and/or custody of another then the affidavit should address that child. ALL siblings must be identified, even if they are found to be at different levels of risk, and thus treated differently. Even if they are not to be part of the case and listed in the top section, they have to be named. Just because 1 is in immediate danger doesn't mean all are in immediate danger. |

| | |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Steps taken to investigate and what you ACTUALLY found. Do not just state what the allegations are. State the specific evidence and how/from whom that evidence was obtained. The only thing that can (MUST) remain confidential in our cases is the identity of the reporter. NOTE: ACT 727 Prohibits the Child Abuse Hotline from accepting an anonymous report. |
| | States clearly from whom legal custody was removed (if applicable) and from whom possession was taken from, if different, and how long the child had been in that person's possession/residence if different than legal custodian. |
| | ALL PRIOR CONTACT. THIS IS FOR REASONABLE EFFORTS! Identifies whether there was previous contact with family, and if so, it states when, what for, and what services were provided to family. If services were offered but not accepted, that needs to be stated as well. SERVICES is key here. |
| | Whether ICWA applies. This affects the legal grounds for removal, so waiting until PC doesn't cover FSW if they had reason to know the child may have Native American heritage. Active efforts to prevent removal are required, not reasonable efforts. |
| | States facts sufficient for a DN finding. Whether for maltreatment (specific allegation of abuse/neglect), it must state the facts which support your argument. Do NOT just list the allegations, but state what you actually found out and why the child is at risk. (See the definitions of DN sheet). |
| | If a 72 hour hold was taken, includes a statement of why the emergency hold was necessary to ensure the safety and welfare of the child(ren), and the statement uses proper legal reasons/grounds: Lists the safety factor. Why services could not remedy the safety factor identified should be addressed or clearly indicated. Immediate danger language is required for removals and other ex parte orders. The standard for a 30-day petition is substantial risk of harm, not danger. Arkansas is a FACT PLEADING STATE. Any civil lawsuit requires the plaintiff to list the facts to support each allegation made. |
| | "No legal caretaker" is NOT a reason for removal or filing ANYTHING. Every fit parent has a right to send their child to live with someone else without giving that person custody. |

| | |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Drug use alone is not a reason for removal. How is the drug use making the parent unfit? How is the drug use seriously affecting the ability of the parent to care for the kids? How has the drug use put the kids in immediate danger? |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

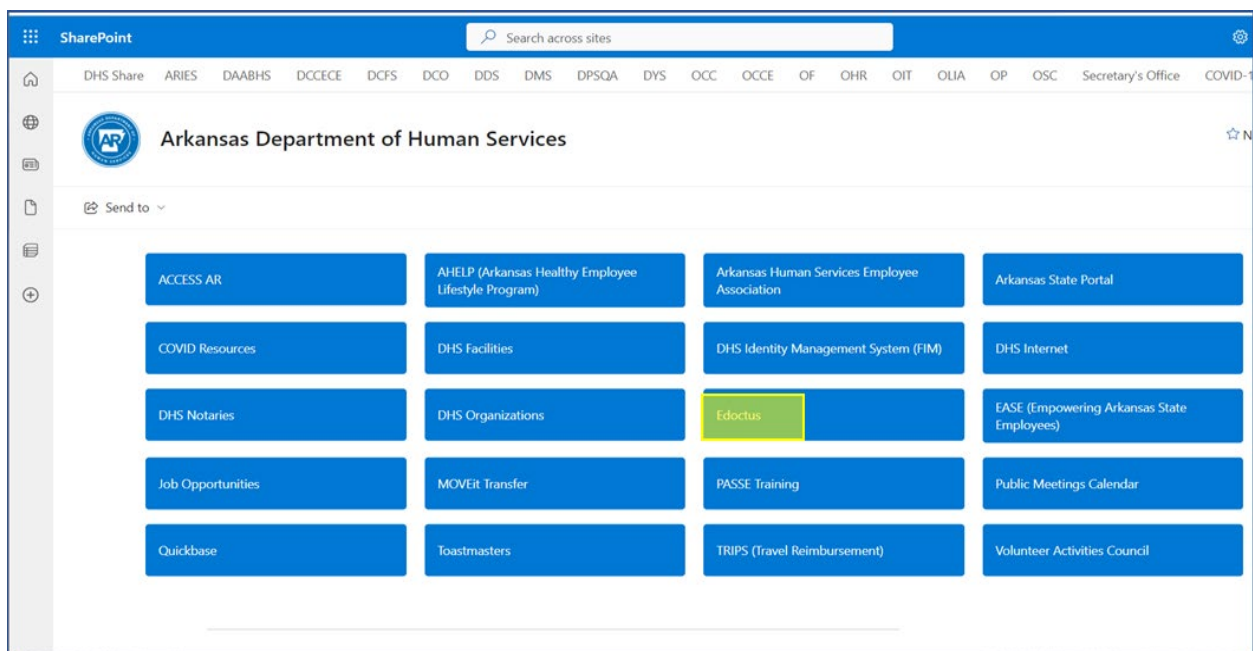
HANDOUT 7

Instructions for Uploading SDM Safety and Risk Assessments to Edoctus for DRs and Unsubstantiated Investigations

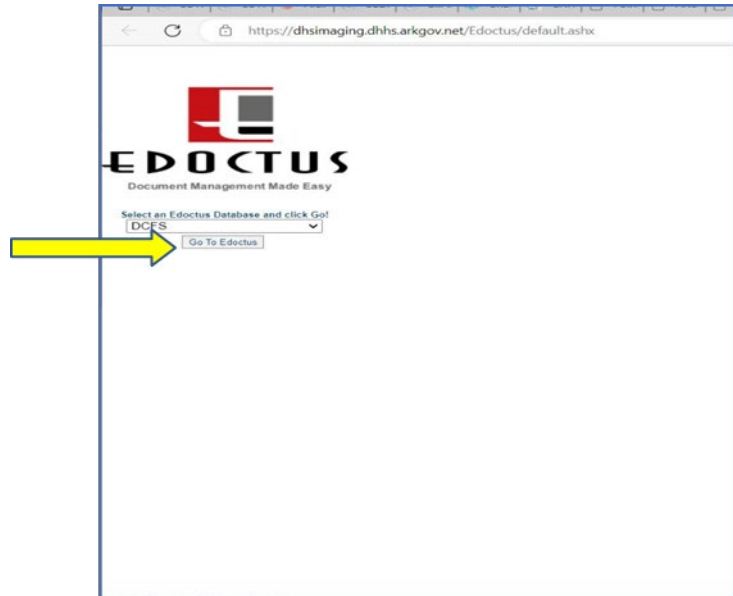
SDM Safety and Risk Assessments for DRs and any unsubbed investigation that subsequently had a case opened due to the SDM Risk Assessment rating must be uploaded into Edoctus within five (5) business days of the DR or investigation closure. This will help to ensure that these important pieces of DRs and investigations will be incorporated into ARfocus so that we have a full and accurate record of clients' involvement with our system.

To upload SDM Safety and Risk Assessments:

1. Print the SDM Safety and Risk Assessments from the Data Collection System (DCS).
2. Scan the SDM Safety and Risk Assessments to yourself as a PDF and save the document to your computer where you can easily find it. It is recommended to name the document by the referral ID when you save it.
3. Access Edoctus from DHS Share Useful Links Page



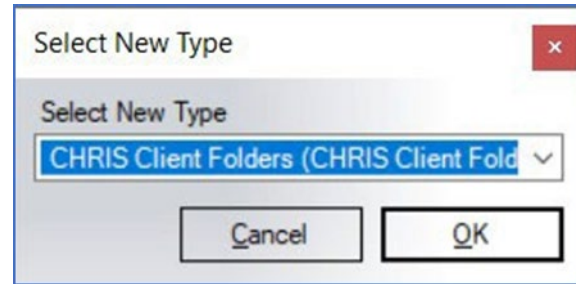
4. The Edoctus home page should default to “DCFS” for the Edoctus Database. If not, please select “DCFS” from the Edoctus dropdown menu and then select “Go to Edoctus” button.



5. From the menu on the left-hand side, click on “Edit Content” to display sub-items and then from the sub-items, select “Add New Folder.”



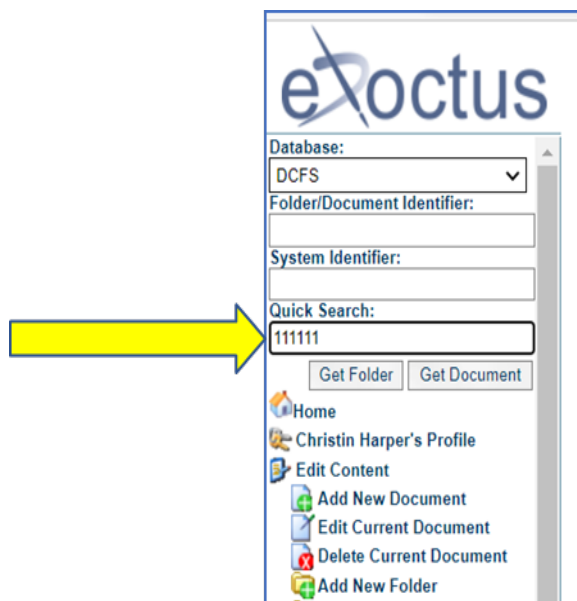
6. A “Select New Type” dialogue box will pop up and display “CHRIS Client Folders” highlighted in blue. Select “OK”



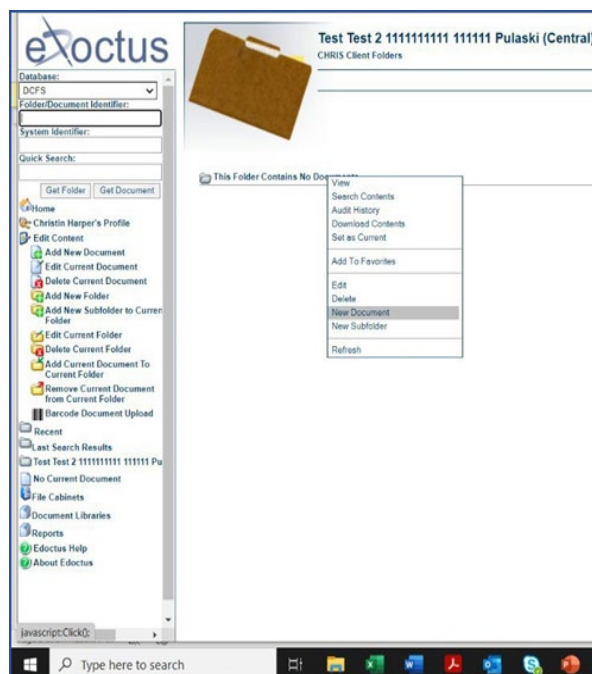
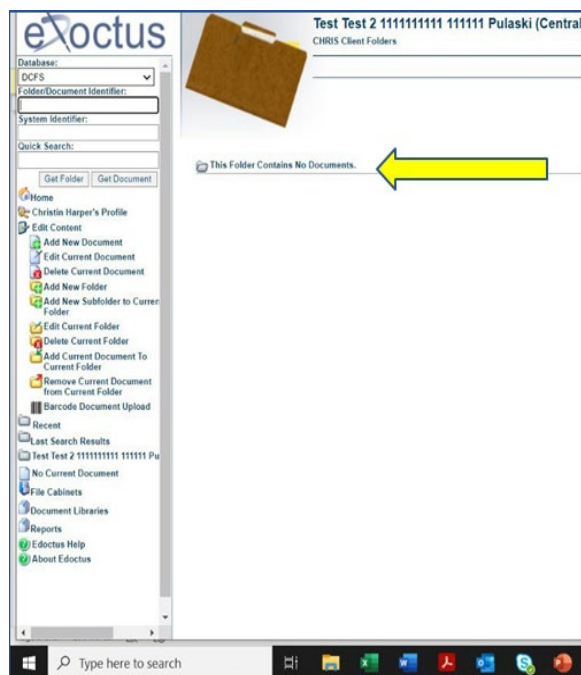
7. A new pop up box will display. Please enter all required information into the box. For consistency, please use name and client ID of the oldest victim child named in the referral.
- First name
 - Last name
 - Client ID
 - Referral ID
 - Primary county (select from drop down menu)

8. Select “Save.”
9. Enter the Referral ID in the “Quick Search” box at the top of the menu on the left-hand

side.

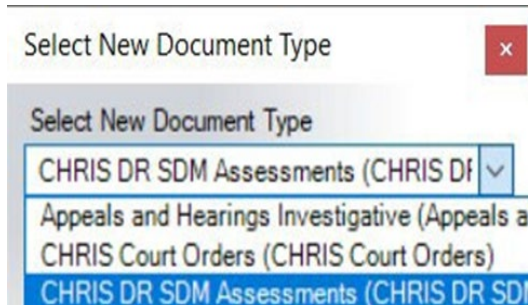


10. When the referral displays, right click on the “This folder contains no documents” or the folder icon next to this statement and select “New Document” from the drop down.



11. Another “Select New Type” dialogue box will pop up, from the drop down menu, select as applicable, either:

- CHRIS DR SDM Assessments for DRs; OR
- CHRIS Unsubstantiated Investigation SDM Assessments but the only requirement to upload the SDM Safety and Risk Assessments for unsubbed investigations is if a case was opened from that unsubbed investigation based on the SDM Risk Assessment rating.

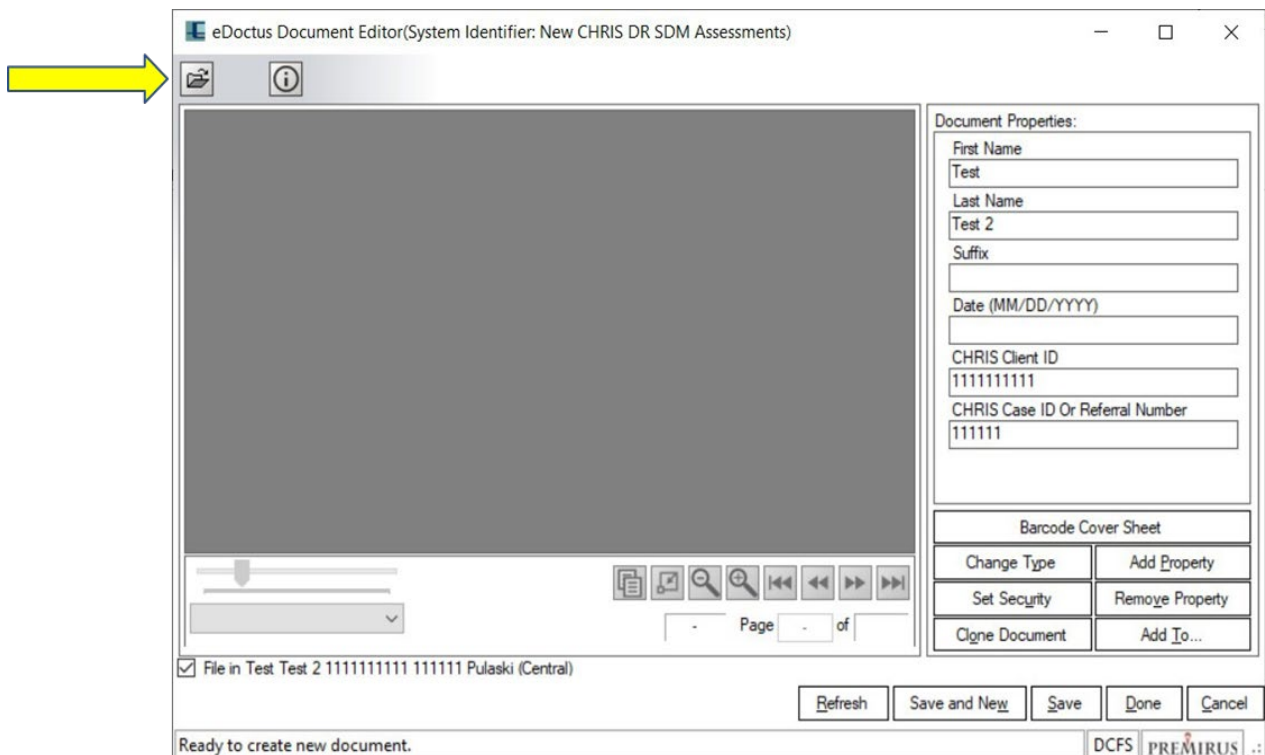


OR



11. Select “OK.”

12. When the Edoctus Document Editor box pops up, left click on the folder icon in the upper left-hand corner.



13. Select your file containing the scanned SDM Safety and Risk Assessments for this specific DR or unsubbed investigation and upload.
14. After you have added the file, click “Save” and then “Done” to close finalize the saved document.

HANDOUT 8

UPLOADING INVESTIGATION FILES TO EDOCTUS

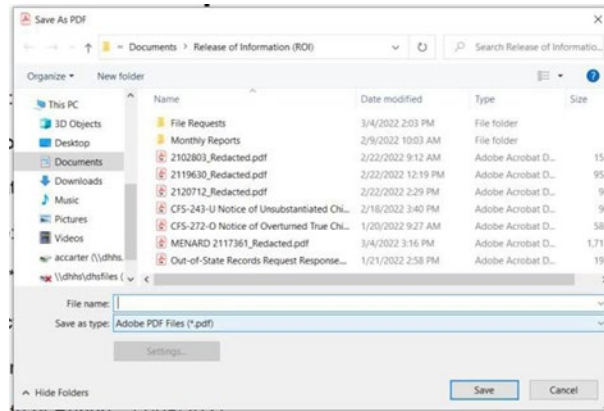
All true investigation files must be uploaded to eDoctus within 5 business days from the completion of the investigation. You must be added to a FIM Group to access Investigation Files in eDoctus. If you need access to Investigation Files in eDoctus, please email John.Lowden@dhs.arkansas.gov to request access. ***You must have your Area Director's approval to have access to upload investigation files in eDoctus.***

What should the investigation file include?

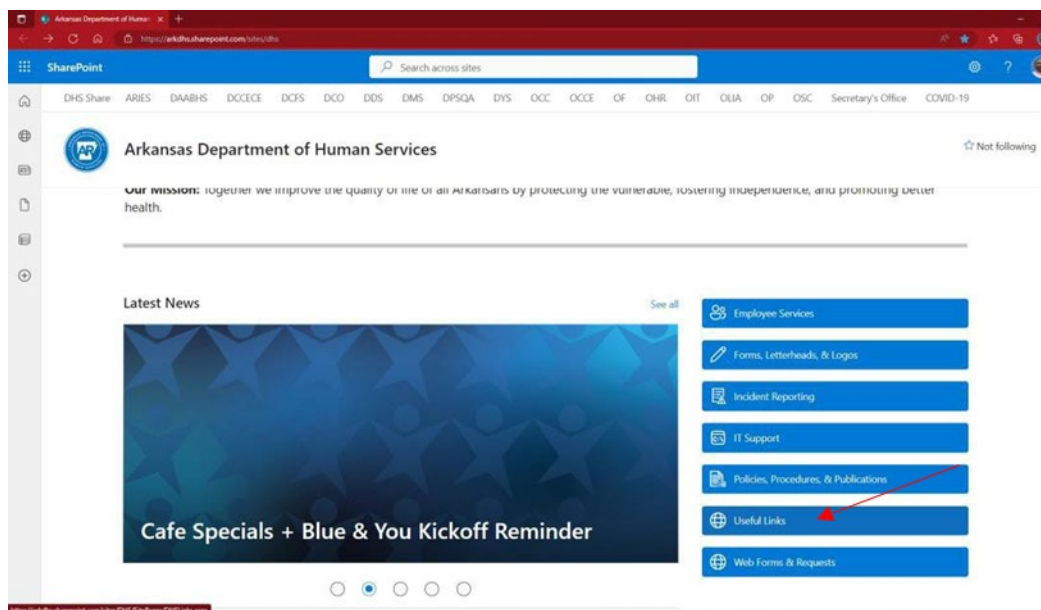
- Any color photographs (if applicable)
- Any media recordings (audio or video) (if applicable)
- Maltreatment Summary
- Report to PA
- Drug Screen Results/Hair Follicle Results (if applicable)
- Police Records and Mug Shots (if applicable)
- Court Connect Print Out (if applicable)
- Investigation notes
- Medical Records (if applicable)
- Screenshots of text messages pertaining to the investigation (if applicable)
- **SDM Safety and Risk Assessments**
- Any other documents used to gather information during the investigation

Uploading Files to eDoctus

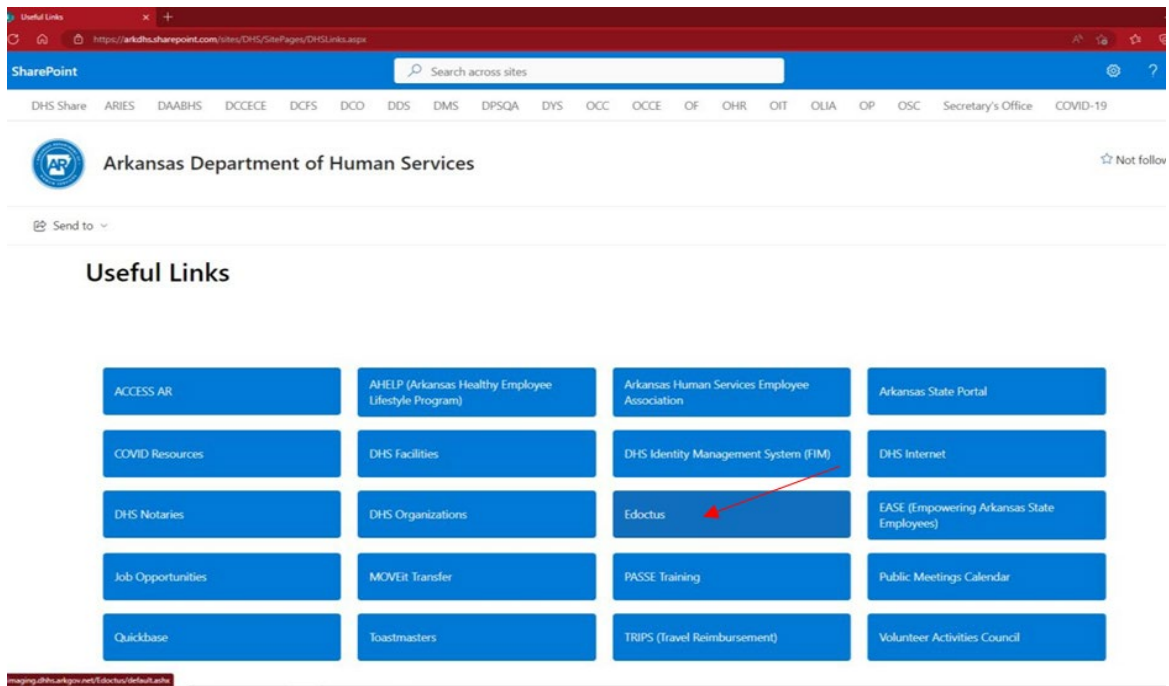
1. Scan entire file to yourself as a PDF and save the document to your computer where you can easily find it (be sure all color photos are scanned on a scanner that recognizes color). Media files will have to be stored separately and uploaded individually using these same instructions.



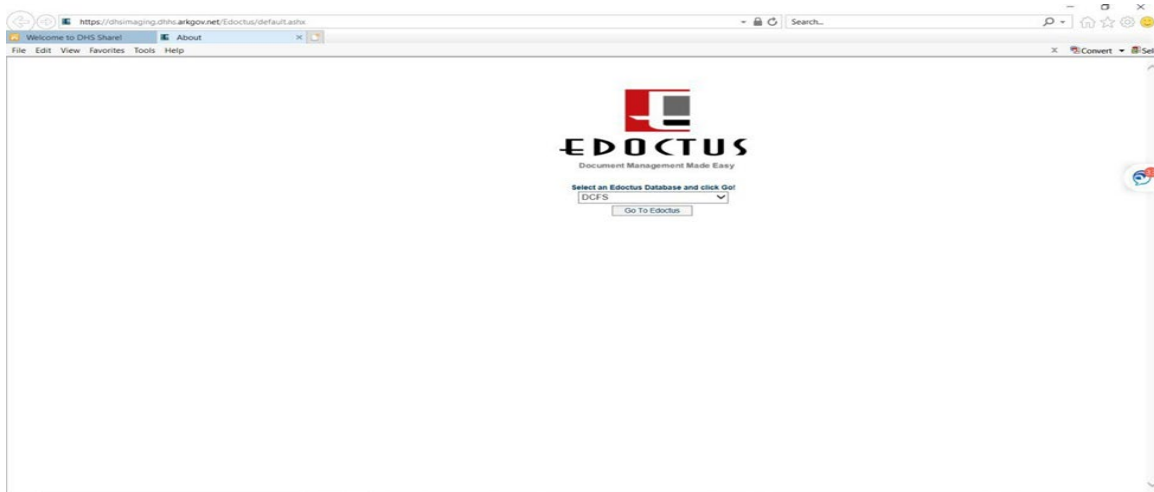
2. Access Edoctus on Microsoft Edge (must download the 'Register Edoctus Client Extension' from the Software Center)
 - Go to [DHS Share Arkansas Department of Human Services](https://sharepoint.com) - Home (sharepoint.com)
 - Click 'Useful links'



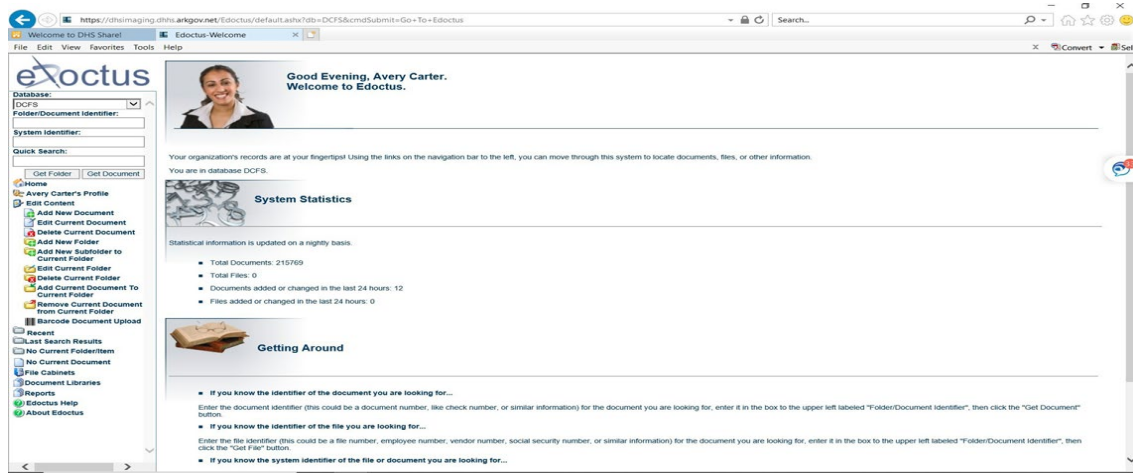
- Click 'Edoctus'



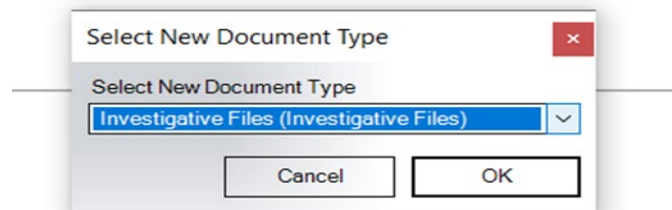
- Use the dropdown arrow to select 'DCFS' if it is not already selected and then click 'Go To eDoctus'.



3. On the left side of the screen under 'Edit Content' select 'Add New Document'.



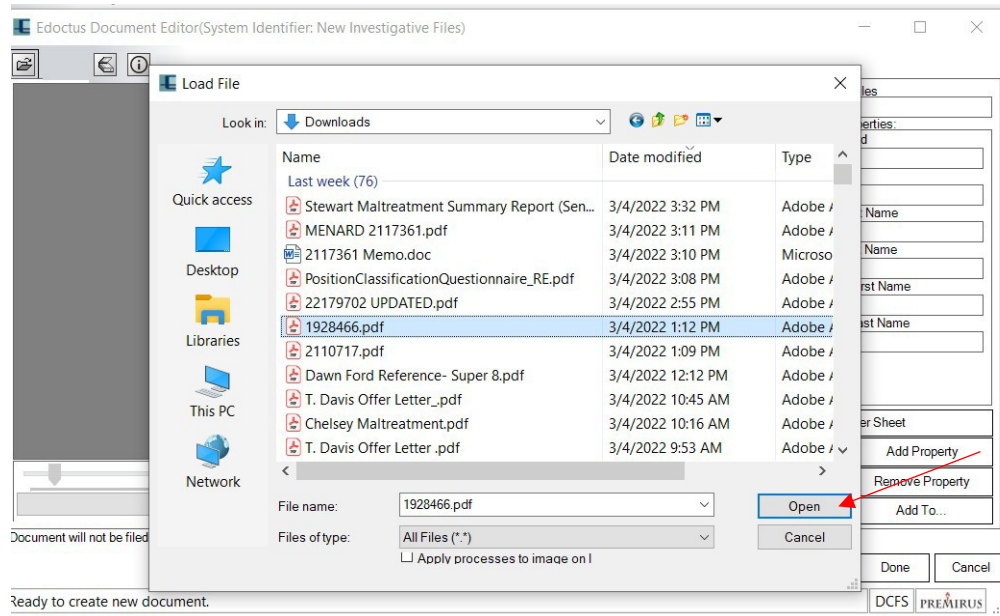
4. Select the Document Type using the Dropdown arrow as "Investigation Files".



5. Click the 'Open File' Icon to bring up the File Explorer to locate the file or media you previously saved.

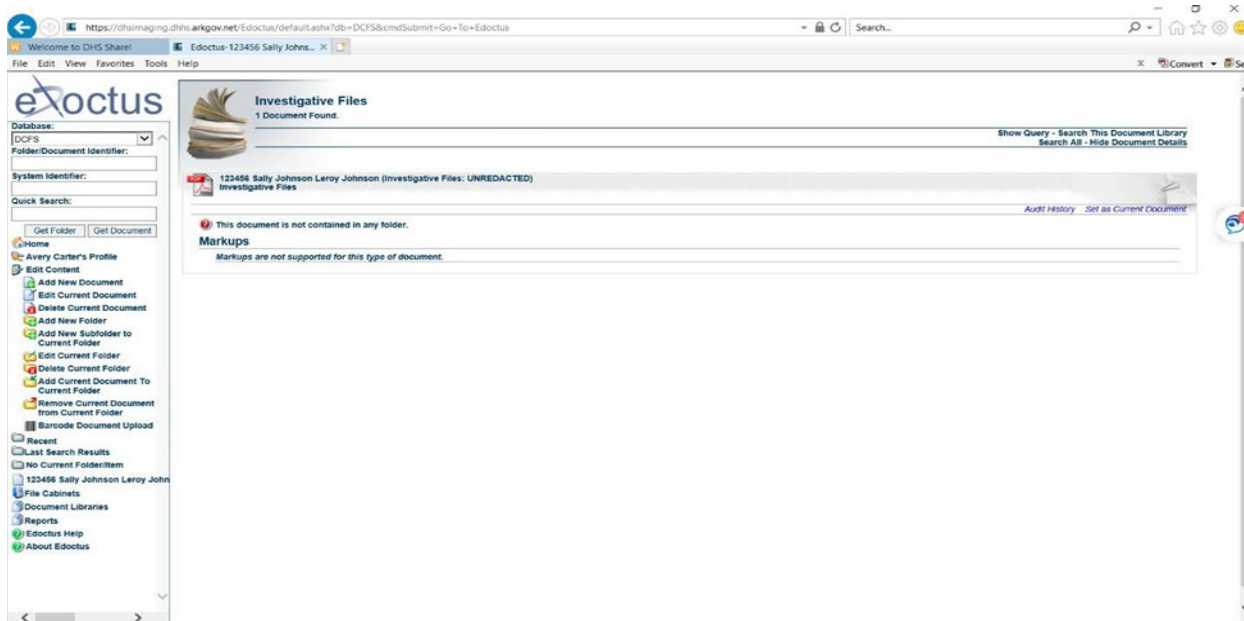


6. The File Explorer will open so you can search for the file or media you are trying to upload. Once you have found the file, click the file name and then select 'Open.'



7. Fill in the following information on the right side of the upload box:
- Investigative File: Write the word 'UNREDACTED' to indicate this is the unredacted copy of the file.
 - If this is a media, write whether it is an audio or video. If there are multiple media recordings, identify the media by the type of media and the number this media should appear in numerical order out of the total number of available media (i.e. DVD 1/3 to indicate this is the first DVD out of 3 DVDs total)
 - Date Scanned: the date you are uploading the file or media
 - Referral #: The referral number associated with this file/media
 - Victim's First Name: If there are multiple victims you can use the oldest child's first name
 - Victim's Last Name: If there are multiple victims, you can use the oldest child's last name
 - Offender's First Name: If there are multiple offenders you can type the full name of the first offender
 - Offender's Last Name: If there are multiple offenders, you can type the full name of the second offender and so on

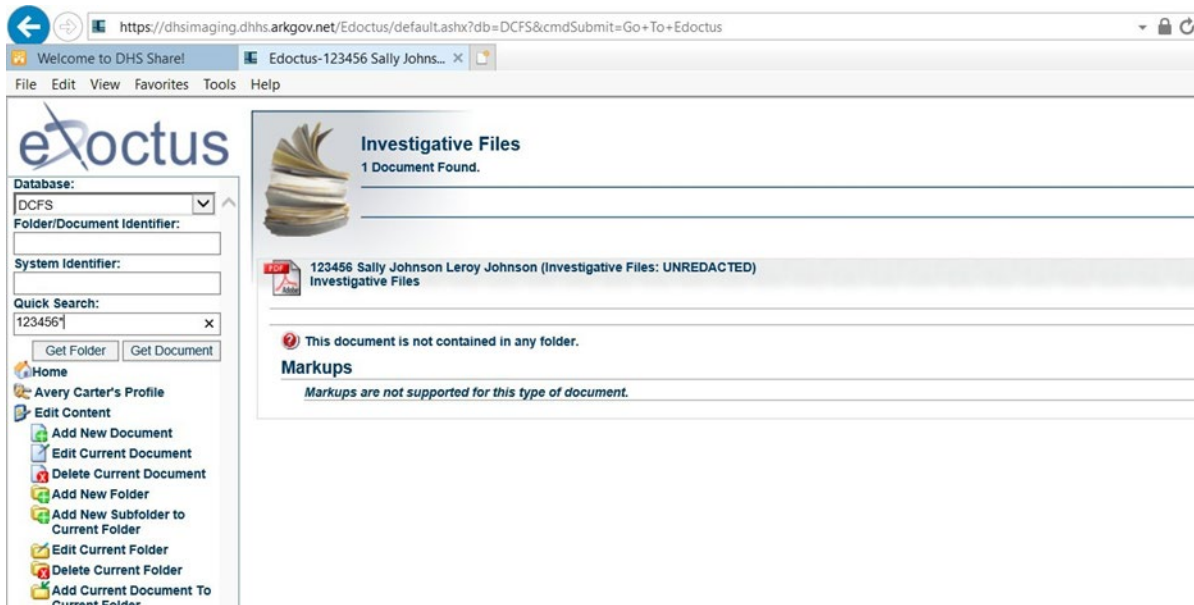
8. Carefully review the information to ensure everything is correct and then click 'Save' and then click 'Done.' Your screen should be similar to the screenshot below showing the PDF you just uploaded.



You have successfully uploaded the investigation file.

To Search For An Investigation File or Media

1. Use the instructions above to access eDoctus (step 2-3 above)
2. In the 'Quick Search' bar in the top left section, enter the referral # followed by an asterisk (i.e. 123456*)



3. Click 'Get Document.' Any scanned files or media associated with this referral number will then appear. If there are no files or media uploaded associated with this referral #, there will be a message displayed in the top middle section of the screen that says, 'Nothing Found.'

HANDOUT 9 (1 of 4)

IMMEDIATE SAFETY PLAN: ADEQUATE EXAMPLE

Family Name: Gina and John Thomas Case ID: 123-555-6666 Date: 9/15/21Worker Name: Tammy Smith

Harm and/or Worry Statement(s): What harm, if anything has already occurred? What is the agency and/or the family worried will happen to the children if nothing else changes?

Harm statement (provisional): It was reported that the family home was without electricity and had a leaky roof, broken windows, trash, choking hazards, and unsanitary items both inside and outside the home (a hatchet, animal feces, stacks of broken furniture) that were accessible to the children, ages 2 to 9.

Worry statement: Rico (9), Sara (6), Hector (5), Maya (3), and Luis (2) could be physically harmed or become ill (experience lack of electricity and exposure to inclement weather, ingest and choke on items on the floor, get sick from sleeping on bedding with dog feces, have stacked furniture or other items fall on them, or injure themselves with the hatchet the 3-year-old was playing with) if the parents are not able to clean, restore utilities, and maintain a hazard-free living environment.

| Describe the safety threat (caregiver + behavior + impact on child) | What will be done to address the safety threat until the review date? | Who will do it, by when? | How will we know it is working? |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| No adults were ensuring the children were safe in the home's unsanitary environment and the children are at risk of becoming sick or injured. | Gina and John made arrangements for maternal grandmother to come over to the home and help care for the children until the home is cleaned, repaired, and approved by the worker. | The worker will contact the maternal grandmother and confirm her willingness to stay with the children until the family and DCFS agree that the home is clean and the children are kept away from hazards. | |
| John left the hatchet in reach of the children and the 3-year-old was playing with the hatchet and could have cut himself. | Gina and John agreed to keep the hatchet and other tools stored in the shed, locked, and out of the children's reach. | Sofia, Greg, and Gwen agreed to check on the children each of the next three days to ensure hazards are being cleared and the children are safe. Greg will come in the mornings before the children go to school; Gwen in the evenings around dinnertime. | On day 3, Sofia, Greg and Gwen will let DCFS know whether hazards have been cleared and the children are safe. |

HANDOUT 9 (2 of 4)

| Describe the safety threat (caregiver + behavior + impact on child) | What will be done to address the safety threat until the review date? | Who will do it, by when? | How will we know it is working? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gina and John were unable to pay the electric bill and the home was very cold. Food rotted without refrigeration, meals could not be prepared, and the children could not navigate safely through the cluttered home in the dark. | Gina and John had the electricity turned back on and agreed to reach out to their church for help maintaining electricity as long as the children are living there. | Gina and John will confirm that their church has agreed to help maintain their electric bill or share whether another plan needs to be explored after this month. | Worker will return to the home within 72 hours to confirm that the items in the "What will be done" column have been completed and see whether Gina and John need more time. |
| Clutter in the home has reached a stage where family members, especially the children, are at risk of heavy objects falling on them and injuring them. If there were a fire, people could become trapped as it would be very difficult for them to exit. | John, with help from his friend Greg, agreed to create clear walkways throughout home by removing trash piles and stacks of furniture that might fall on the children or cause them to trip and fall. | Greg will come to the house tomorrow by noon to help John clear the clutter. | Greg and John will share photos of their work with DCFS when this task is complete. |
| Gina and John have not been able to keep fresh food in the home or ensure the children are fed regularly. They also have not been able to keep up with the puppies' needs, and the feces left around could make the children sick. | <p>Gina and John agreed to keep a minimum supply of fresh food (not spoiled or rotten) in the home or have a plan for obtaining food, such as:</p> <ul style="list-style-type: none"> a. Eating at their friend Gwen's house; or b. Going to the food bank. <p>Gina and John agreed to ensure that the children's sleeping area is free of animal feces by:</p> <ul style="list-style-type: none"> a. Cleaning up after puppies (e.g., puppy pads); and b. Keeping puppies out of the sleeping area (e.g., in kennel). | <p>Network members will check the food supply in the home when they visit and ask the children what they are eating.</p> <p>Everyone in the family has agreed to "do chores" that include taking the puppies outside to toilet every two hours and making sure the puppies sleep in the kennel and not in the children's beds.</p> | The DCFS worker will check in with the family and the network to make sure this is happening when she comes to the home on day 3. |

HANDOUT 9 (3 of 4)

Who has agreed to be part of this plan? (Must include at least one legal custodian or guardian.)

| FAMILY MEMBER OR NETWORK MEMBER | CONTACT DETAILS | |
|--------------------------------------------|-----------------|--------------------|
| | PHONE | EMAIL |
| Gwen Morris, Mother's friend and neighbor | 566-7999 | gmorris@email.com |
| Greg Salgado, Father's friend and neighbor | 544-6544 | gsalgado@email.com |
| Sofia Perez, Maternal grandmother | 233-6577 | sperez@email.com |

| WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? (Must be within 14 days) | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Date/time: 9/18/21, 10 am | Who will be involved (caregivers, network, and agency)? Gina, John, Gwen, Greg, Sophia, Tammy and Mary from DCFS |

| WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING? | |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Caregivers/legal guardians | Ask network for help and if that's not working call DCFS worker |
| Network members | Call or email DCFS worker |
| Child | Tell grandma her worries |
| DCFS | Call everyone in for a family team meeting (or TDM meeting if applicable) |

| WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING | | |
|------------------------------------------------------------------------------------------------------------|----------------|-------------------------------|
| NAME | PHONE NUMBER | EMAIL ADDRESS |
| Assigned worker name: Tammy Smith | 501-682-XXXX | Tammy.smith@dhs.arkansas.gov |
| Supervisor name: Lana Morales | 501-682-XXXX | Lana.Morales@dhs.arkansas.gov |
| On-call contact: (After business hours, weekends, and holidays) CACD Child Abuse and Neglect Hotline | 1-800-482-5964 | |

HANDOUT 9 (4 of 4)

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action. If I am unable to follow this plan, I will contact my DCFS worker to develop a new plan.

| | |
|-------------------------------|---------------------|
| Legal custodians or guardians | Worker/supervisor |
| <u>John Thomas</u> | <u>Tammy Smith</u> |
| <u>Gina Thomas</u> | |
| Children | Network members |
| | <u>Gwen Morris</u> |
| | <u>Greg Salgado</u> |
| | <u>Sophia Perez</u> |

HANDOUT 10

**EXAMPLE OF TRUE
NO RISK**

This referral 111111, a true determination has been made but the assessment is that the alleged offender does not pose risk to vulnerable populations, so the recommendation is to select ¹¹Exempted (No Risk)" in the findings screen.

1) Does not pose a risk to a vulnerable population write an email to his/her direct supervisor as follows:
a) Write in subject line: ¹¹Exempted (No Risk) Recommendation Review Request for <enter referral number>.'

b) State in the body of the email that for this referral number, a true determination has been made but the assessment is that the alleged offender does not pose a risk to vulnerable populations, so the recommendation is to select ¹¹Exempted (No Risk)" in the findings screen.

c) Include the reasons for this recommendation based on the consideration of the following factors: i.) The severity of the child maltreatment-Child was not severely maltreated.

ii.) The nature and severity of an injury or other adverse impact caused by the child maltreatment- Child was not injury or impacted. There is no indication if the child was present during the domestic dispute between the parents.

iii.) The current or future access the offender has or could have to a vulnerable population-The AO is currently in school for Nursing.

iv.) Offender's previous child maltreatment history and whether there are similar fact patterns related to current offense and past child maltreatment history- AO has had a report#1111111 in the past for inadequate supervision which was unsubstantiated. The report listed that there was domestic violence between the parents and that at that time child was in the home.

v.) Subsequent reports of child maltreatment against the offender; vi.) Criminal history of the offender; and-this is the AO's second report as an Offender. AO was not arrested during and was listed in the report as being a victim of domestic violence. Back on 7-9-2019, FSW RICK went to the Jacksonville Police Department in order to

conduct further research with regard to this case. FSW RICK asked Records Clerk, Ms. BLUE APPLE, for a listing of all call-outs at the residence of BOB DOE and JANE

DOE located at 1111 PUPPY DRIVE APT# B, JX, AR 72076. Ms. APPLE checked the database and reported that there was only one call-out on record and that was in November of 2005 due to the report of a car break-in at the residence. Other than that, Ms. APPLE stated that there were no other call-outs to the home.

vii.) Risk assessment tool rating- The Risk assessment tool rating indicated a score of total score of 4/low.

d) If there are multiple alleged offenders named in the report and it is determined that more than one does not pose a risk to vulnerable populations, a separate email for an Exempted (No Risk) Recommendation Review Request will be sent for each alleged offender to his/her direct supervisor. There was no other alleged offender named in this Report.