

Investigations Unit 8

Trainer Resources



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

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NOTES ON THE REFERRAL

CASE NAME: FLOWERS

CHRIS ID NUMBER: Different for each student

PRIORITY II

How do I know if I have a new case or investigation?

- Worker receives an email with the information and the date the supervisor assigned it to you.
- Worker's responsibility to check your email frequently.
- At login, worker has a screen that comes up with new cases/investigations in bold font.

CHRIS SCREEN PATH

Workload (on Main Tool Bar) > Click OK Button when the dialog box comes up > Find Flowers and click on the name to highlight > Show > Referral

What is the referral date? 08-15-2017 @ 3:00 am	Screen: Referral
Who is the caller?	Screen: Caller Information
What is the caller's relationship to the alleged victim(s)? Nurse/medical professional	Screen: Caller Information
Who is/are the Alleged Victim(s)? Jerrod Flowers	Screen: Demo
Who is/are the Alleged Offender(s)? Charlotte Flowers, biological Mother	Screen: Demo
Who is identified as the PRFC? Charlotte Flowers, mother	Screen: Demo and Relationship
What types of maltreatment were reported? <ul style="list-style-type: none"> • Neglect – Failure to provide necessary medical treatment. • Neglect – Inadequate supervision by placing a child in a dangerous situation. 	Screen: A/N Alleg

Does this referral have a person or people outside the family you need to interview? If yes, who? <ul style="list-style-type: none">• Rhonda Dickson, MD• Georgia Weems, MGMO• Hannah Lewis, Reporter	Screen: Coll Info Referral
This report is a Priority <u>2</u> report.	Screen: Referral Ref. Accept
Where is the child right now? At the Weems house	Screen: Narrative Coll Info – for Grandmother’s address and contact information
When does this report need to be initiated? Be specific. No later than 8-18-2017 @ 3:00 am (May vary slightly on time because of the time it took to input the scenarios into CHRIS. The bottom line is look at the time on your individual Flowers case.)	Screen: Ref Accept Referral

INVESTIGATION TRAINER RESOURCES

Online Handout 8.3.2
TRAINER ANSWER KEY

The Hotline received a report from Little Angels childcare center that 4-year-old Angel Starkey came to the center with 8 bite marks on her. The center personnel thought that the bites looked “too big” to be made by a child. The bites were also symmetrically placed. Two bites were on the face – one on each cheek. Two bites were on the back just below the shoulder blades – one under each shoulder blade. Two bites were on the buttocks – one on each side. And two bites were on the legs – one on each calf. The bites were a dark, purplish red and the skin around them was swollen. One of the bites on the buttocks had broken the skin.

When staff asked the mother about the injuries, she said that Angel’s 2-year-old brother Jason bit her when they were fighting over a toy. The center called the Hotline on June 5, 2017, at 4:30 pm. The mother had taken the two children home. The call was accepted for investigation and assigned to DCFS.

You complete a Division Information Management System search on the mother, Janice Starkey. You find two old referrals on her that were both unsubstantiated. These were for environmental neglect when Angel was 18 months, and for locking out when Angel was 3 and Jason was not quite 1 year old.

You attempt to see Angel on June 7, 2017. You had hoped to see her at the childcare center. However, when you got there the center staff said that Angel and Jason had not been back since the Monday (June 5th) when the center made the call.

You make a visit to the address in the childcare records, which was the same

Questions: Procedure II-D3**Did you (Pope County) initiate the investigation?**

NO. The Pope County Investigator has not initiated the investigation although she did good preparation as required by policy. The investigator has not seen the child and had not interviewed the child outside the presence of the alleged offender.

Which county is primary?

Newton. When the Hotline took the report, Pope County was primary. But the child is now located in Newton County and Newton becomes primary. That does not mean Pope is done.

Does the Newton County worker need to interview Angel? How soon?

YES; 06-08- 2017 before 4:30

This investigation has not been initiated and has been transferred to Newton County as Primary. So, the Newton County worker needs to interview Angel. The policy says the investigation is “reinitiated.” But a good rule of practice would be to conduct that interview within 24 hours regardless of the Priority assignment of the investigation.

List all the people you (worker in Pope County) need to interview)

- The reporter at Little Angel Childcare
- Each child’s teacher at Little Angel if different from the reporter
- Darla Brown
- Jack Brown
- Elizabeth Brown
- Marcie Brown

Household Assessed

Janice Starkey

address provided in the Hotline report. This house is located in Pope County. When you arrive, you find a woman named Darla Brown. Ms. Brown has 3 children Jack Brown (age 6), Elizabeth brown (age 8) and Marcie Brown (age 11).

Darla tells you that Janice was her cousin and had been living with the Browns for about 4 months. On Monday, she came home, told Darla. "I think the Welfare's on me," picked up a few belongings and left the home. She told Darla that she was going to her sister's (Denise Starkey) house. The address Darla provided for Denise is in a town that is in Newton County.

When the worker from Newton County went out to the address, she found Janice Starkey in the home with her sister Denise. Denise has a 6-month-old son named Dan.

List all the people the worker in Newton County needs to interview.

- Angel Starkey
- View Jason Starkey
- Janice Starkey, mother
- Denise Starkey, aunt
- Observe Dan Starkey

Who completes the Safety Assessment (Immediate Safety Plan, and Risk Assessment)?

Newton County (Primary)

Just FYI – both counties need to help with due diligence to locate the father(s) of Angel and Jason

Extra Credit: See if the class can explain why the bites are suspicious for maltreatment.

Investigation Scenario – Flowers

Trainer Note: This worksheet is for trainers (Classroom and CHRIS). Please do not give it out to students as it has information that they need to obtain through interviews in the classroom. Study this information carefully. Some of it is available in the referral but other data pieces emerge through the interview process. Since the class designs an investigation plan, the dates and times may differ slightly. The Chart below reflects the trainer example.

Investigation Timeline

- Report Made: 8-15-2017 @ 3 :00pm
- Report Initiated: 8-16-2017 @12:30pm
- Reporter Interview (Hannah Lewis): 8-16-2017 @ 9:15am
- Collateral Interview (Dr. Dickson): 8-16-2017 @ 10:50am
- Collateral interviewed (MGO Georgia): 8-16-2017 @ 01:15pm
- **INITIATION INTERVIEW: (Jerrod): 8-16-2017 @ 12:30pm**
- Sibling/victim interview (Frankie): 8-16-2017 @ 02:20pm
- A/O interview (Charlotte): 8-16-2017 @ 03:00pm
- Victim interview (Frankie): 8-16-2017 @ 04:10pm
- A/O + Collateral interview
(Charlotte & Georgia): 8-16-2017 @ 04:45pm
- Safety Assessment/ Safety Plan: 8-16-2017 @ 04:45pm
- Contact (Supervisory approval Safety Plan): 8-16-2017 @ 05:15pm
- Contact - Time for TDM: 8-17-2017 @ 09:00am
- A/O interview (Brad): 8-17-2017 @ 11:30am
- Crisis Contact (MGO): 8-18-2017 @ 10:20am
- A/O interview (Charlotte): 8-18-2017 @ 11:50am
- Removal: 8-18-2017 @ 12:45pm
- Contact – Notify OCC of Hold 8-18-2017 @ 01:30pm
- Safety Assessment update (Safety Plan fails): 8-18-2017 @ 01:58pm
- Risk Assessment/Case Connect: 8-18-2017 @ 02:00pm
- Contact – Notify Resource Worker: 8-18-2017 @ 02:30pm
- Affidavit: 8-18-2017 @ 03:30pm
- Safety/Risk Assessment: 8-21-2017 @ 09:00am
- Collateral interview (Law Enforcement): 8-25-2017 @ 09:00am
- Contact (Supervisor Conference): 8-29-2017 @ 03:30pm
- Collateral Interview (Mental Health): 8-30-2017 @ 02:47pm
- Case Closure: 8-31-2017 @ 09:00am

INTERVIEWS BY TEAMS

Team Member 1	Team Member 2
Reporter – Hannah Lewis, nurse	Collateral – Dr. Dickson, ER Doctor, entered into the Division Information Management System as collateral by Hotline
Collateral – Georgia Weems, grandmother, entered into the Division Information Management System as collateral by Hotline	Victim – Jerrod Hill from script
Sibling/victim – Frankie Flowers; update client screen and change role in referral – enter as victim interview	PRFC; A/O – Charlotte Flowers
PRFC/A/O – Brad Hill	
Collateral – Detective; add collateral; add interview – may also be done by team member 2 because Frankie and Charlotte’s interviews will take some time to document.	Collateral – Psychiatrist; add collateral, add interview and possibly Detective

INTERVIEW INFORMATION

Demographic information on the key people in the Flowers investigation.

Date of Referral: 08-15-2017 @ 3:00 am

Date of injury: Approximately 08-04-2018

Name: Hannah Lewis		Interviewed 08-16-2017@ 09:15 am
Role in Referral	Reporter	
Relationship	Nurse / Other medical professional	
Address	1600 W. 40 th Ave, Pine Bluff, AR	
Phone	870-541-7100, ext. 0749	
All this demographic information is available in the referral.		

Name: Charlotte Flowers	
Role in Referral	PRFC/Alleged Offender
DOB	04-02-1994
Relationship	Mother of Frankie & Jerrod; daughter of Georgia
Address	284 S. Hwy 63, Altheimer, AR, 72004
Phone	870-410-0034 (cell – discontinued)
All this demographic information is available in the referral.	

Name: Jerrod Hill	
Role in Referral	Alleged Victim
DOB	06-12-2016
Relationship	Son of Charlotte; brother of Frankie; Grandson of Georgia
Address	284 S. Hwy 63, Altheimer, AR 72004
Phone	870-410-0034 (Mother's cell - discontinued)
All this demographic information is available in the referral.	

Name: Rhonda Dickson, MD	
Role in Referral	Collateral
Address	1600 W. 40 th Ave, Pine Bluff, AR
Phone	870-541-7100, ext. 0554
All this demographic information is available in the referral.	

INTERVIEW INFORMATION

Name: Frankie Flowers	
Role in Referral	Sibling
DOB	Age 5 See note below*
Relationship	Daughter of Charlotte, sister of Jerrod, granddaughter of Georgia
Address	284 S. Hwy 63, Altheimer, AR 72004
Phone	870-410-0034
The referral lists Frankie's age as 5. Students will update this client because her role will change. At that time her DOB will be entered as 04/04/2012.	

Name: Georgia Weems	
Role in Referral	Collateral
DOB	March 21, 1974
Relationship	Mother of Charlotte, maternal grandmother of Frankie and Jerrod
Address	1616 Pennsylvania Ave, Pine Bluff, AR
Phone	(870) 536-2010
Trainer Note: Interviews determine that Charlotte frequently lives at her mother's house. Helping students determine mother's actual address is an area that classroom trainers need to address. The nurse or hospital provided the grandmother's address from paperwork she filled out on the night she took Jerrod to the ER. It is on the referral.	

Demographic Information Obtained During the Investigation

Name: Brad Hill	
Role in Referral	PRFC/Alleged Offender
DOB	06-21-1984 (age 33)
Relationship	Putative father of Jerrod, live-in boyfriend of Charlotte, no relation to Frankie or Georgia
Address	284 S. Hwy 63, Altheimer, AR, 72004
Phone	501-666-1585 (cell)
Trainer Note: Students should get this information from interviews with the grandmother and with the mother if they follow the scripts. If for some reason this information does not come out through interviews, prompt the interviewer to ask specific questions about the children's father(s) and the father(s) role in the children's lives.	

Name: Detective Sherman Goodnight	
Role in Referral	Collateral
Relationship	Sheriff Department detective who has responded to domestic violence calls at the residence in Altheimer
Address	101 E. Barraque St, Pine Bluff, AR, 71601 (Jefferson CO Sheriff's Department)
Phone	870-541-5351, ext. 95
Trainer Note: Lead a discussion about how the workers might obtain this information. Information about police involvement with the family comes out in several interviews.	

Name: Jackson Farley, MD	
Role in Referral	Collateral
Relationship	Charlotte's psychiatrist
Address	2304 W. 29 th Ave, Pine Bluff, AR, 71603 (Comprehensive Counseling Assoc.)
Phone	501-666-1585 (cell)
Trainer Note: This information comes out in interviews with grandmother and with mother.	

Trainer Note: As interviews progress, other people emerge who should be interviewed as collaterals. These include:

- Frankie's kindergarten teacher,
- The neighbor Tisha, and
- The people making the reports of domestic altercations to the sheriff's department. Lead a discussion with the group about why – in the real world – you would need to interview these people.

Another teaching point might be to remind workers to search the Economic and Medical Services (EMS) records since the family receives assistance. Understanding how Brad's presence in the house could affect the eligibility for SNAP and TEA benefits might help workers understand Brad's reluctance to admit he and Mom live at the same address.

Throughout this day, point out things that go to support reasonable efforts to prevent removal.

REFERRAL INFORMATION

Date medical treatment sought: 8/14/2017

Report date: 08/15/2017@ 3:00 am

Date of injury approximately: 08/04/2017

Maltreatment Types:

- Failure to provide necessary medical treatment- Injury Characteristics /Medical Neglect Abuse Specifics: Abrasions/Lacerations/ Injury location/ Fingers and Head.
- Inadequate Supervision by placing child in a dangerous situation.

Incident Description:

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 condition/injuries now?**

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

- **What are the risk factors in the home?**

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

- **Who else was told?**

The treating Physician, Dr. Rhonda Dickson

The maternal grandmother, Georgia Weems

- **Do you know of any resources or support that the family has?**

The maternal grandmother, Georgia Weems. Caller believes the mother and her two children are at the Weems house.

Reporter Hannah Lewis Interview Script

Name: Hannah Lewis		Interviewed 08-16-2017@ 09:15 am
Role in Referral	Reporter	
Relationship	Nurse / Other medical professional	
Address	1600 W. 40 th Ave, Pine Bluff, AR	
Phone	870-541-7100, ext. 0749	
All this demographic information is available in the referral.		

Your attitude - You have never met this family before they came to the emergency room. You are somewhat irritated that you have to talk about this report again. However, you will respond appropriately if the worker approaches you in a professional manner and helps you understand the need to talk to you him/herself. You want to be sure the worker knows that this was not just the hospital staff being irritated because the child had lots of mosquito bites.

What You Know and Will Volunteer:

What You Know - Georgia Weems brought her grandson Jerrod to the emergency room last night. She was concerned because he had multiple blisters on his skin, two of which seemed to be badly infected. She thought, and the exam seemed to confirm, that these were insect bites of some kind. Ms. Lewis said it was really more appropriate to call these injuries lesions, as blisters was somewhat misleading. The two lesions that were most concerning was one on his scalp that was about 2.5 cm (close to an inch) and another on the back of his index finger on the left hand. This lesion covered most of the finger from the hand to the first joint. The lesion on the hand had red streaks running up the back of the hand. The child's finger was very swollen and appeared to hurt him when touched. The rest of the hand was slightly swollen. There were some red streaks running from the lesion up the back of the hand, which increased the concern for infection. Both lesions were pus filled. Jerrod also had an old bruise on his forehead. This appeared to be several days old as it was fading and yellowish in color. The child also looked thin for his age. The hospital did not chart his height and weight on a growth chart, but he was thin enough that the doctor commented on it. Jerrod's temperature was 101 degrees. His white count was high which another indication of infection is. The medical staff treating Jerrod estimated the lesions to be around 10 days old. The treating physician was Dr. Rhonda Dickson.

Grandmother told staff that Jerrod's parents had gotten into a fight during a family gathering so she took Jerrod and his sister to her house. When she was giving him a bath, she noticed the blisters. The blister on his finger appeared swollen so she decided to take Jerrod to the emergency room to get medical treatment. Georgia was very upset with her daughter because she

did not get Jerrod the needed medical attention. According to the grandmother, this is not the first time that she has noticed injuries to Jerrod. She has seen bruises on Jerrod in the past. When she talked to her daughter, Charlotte could not explain how they happened. Georgia was afraid that Charlotte was not watching her children closely enough.

Jerrod's mother, Charlotte Flowers, came to the ER while Jerrod was being treated. She seemed irritated with her mother for bringing Jerrod to the ER for "bug bites that would get better on their own." She could not tell the staff how Jerrod got the bruise on his head. Her response was "kids just run into things." When asked if Jerrod is walking mother and grandmother said he is pulling up on furniture and cruising from piece to piece but not really walking yet. Since mother is the custodian, the hospital discharged Jerrod to her care. Mother was given a prescription for antibiotics, which she seemed to think was a waste of money. Mother told staff she was taking Jerrod to her mother's house because that is where her daughter was and because her boyfriend is "still mad at her."

The decision to report was influenced by an apparent delay in treatment that has led to a serious infection and concern that the mother had felt the antibiotics were not needed.

What You Know and Will Tell if Asked:

A normal white cell count for children is between 5,000 and 10,000. Jerrod's was 11,000.

Georgia told you that Charlotte has had a history of being in abusive relationships. She is currently living with the grandmother but has plans to return home to Jerrod's dad, Brad Hill. You do not know where the father lives or if Mom and Dad are married. Whenever things get rough between Charlotte and Brad she tends to run home to Mom but always goes back. You do have an address for Georgia Weems from the admission papers. It is 1616 Pennsylvania Ave, Pine Bluff, AR. You have an address for Mother from the financial paperwork. It is 284 S. Hwy 63, Altheimer, AR, 72004.

The grandmother is very worried about the children because Charlotte has difficulty following through with simple things. The grandmother also stated that Charlotte is developmentally delayed and received special education services as a child. She has always struggled with math and reading. Charlotte receives SSI benefits and takes several psychotropic medications. Charlotte wants to be a good mother but sometimes she does not know what to do and she is easily overwhelmed. Charlotte attributes her actions to the medication she takes; but, if she doesn't take her medication, she can't function and hallucinates. You did not notice any behaviors that would indicate that Charlotte was hallucinating during her brief time in the ER. You do not know that the mother left Frankie home alone when she came to the ER.

TYPE OF INTERVIEW: Will depend on whether the class decided to interview in person or on the phone

Treating Physician Rhonda Dickson Interview Script

Name: Rhonda Dickson, MD	
Role in Referral	Collateral
Address	1600 W. 40 th Ave, Pine Bluff, AR
Phone	870-541-7100, ext. 0554
All this demographic information is available in the referral.	

What You Know and Will Volunteer:

You saw Jerrod in the Jefferson Regional ER “a couple of days ago; the 14th. You believe his mom and grandmother brought him in. You are concerned about Jerrod’s low weight; he looked very small and thin for his age. He had several infected blisters or lesions. The most concerning ones were one on his head and another on his index finger on his left hand. These were infected and a reasonably prudent parent would have provided some kind of treatment. He had a fever and his white count was elevated, and you are concerned that a delay in treatment was why the infection had gotten as bad as it was. If he had not received treatment when he did, the infection could have spread to other parts of his body. He had to be in lots of pain, but mom seemed like she could not comprehend the need for treatment. Mom was more focused on arguing with the grandmother and wondering what her boyfriend was going to say when he found out they were at the hospital. The gist of Mom’s arguments was that this was a lot of unnecessary expense and that the grandmother should not have taken it on herself to bring the child to the ER.

You told the nurse to contact DCFS because this is serious and if mom does not follow through with the treatment for Jerrod, the infection could spread. He may have to get the finger amputated. Since you were concerned about Jerrod’s weight and size, you ran some test to see what was going on. These were mostly to see if there were any blood work abnormalities that would look like Jerrod had liver or kidney problems and whether his blood clotted normally. Jerrod had an elevated white count and he was running a fever. Both of these speak to the seriousness of the infection. Jerrod needs to follow up with his family physician to see if the antibiotics are “knocking that infection back.” You would also recommend a full work-up on Jerrod to determine if there is a medical condition that is contributing to his small size. A full work up like this is not really appropriate for the ER.

What You Know and Will Tell if Asked:

You did not notice anything that would indicate that Jerrod has delayed intellectual functioning. You did not do a head CT or skeletal survey. The bruise observed seemed consistent with a

toddler bumping his head. It is more concerning that the grandmother has seen other bruises and Mom has no explanation of how they happened. This leads you to be concerned that Mom is not watching him as closely as she should. You do not know that the mother left Frankie home alone when she came to the ER.

TYPE OF INTERVIEW: Depends on the class

Maternal Grandmother Georgia Weems Interview Script

Name: Georgia Weems	
Role in Referral	Collateral
DOB	March 21, 1974
Relationship	Mother of Charlotte, maternal grandmother of Frankie and Jerrod
Address	1616 Pennsylvania Ave, Pine Bluff, AR
Phone	(870) 536-2010

What You Know and Will Volunteer:

You were at a family gathering on August 14th, and Charlotte and her boyfriend were there. They had both children with them. Charlotte's children are Frankie Flowers and Jerrod Hill, ages 5 and one year. Charlotte's boyfriend is Brad Hill. He is 33 years old and Charlotte is 23. They have had an on again off again relationship for about three or three and a half years. Both of them were drinking pretty heavily and they got into a fight. You are not sure what the fight was about but you know that Charlotte kept promising "she was not going to press charges." You got worried and took both children home with you.

Charlotte and the children stay with you frequently. The last time they were there was around the 4th of July. They usually come to your house for a few days or weeks after Charlotte and Brad have a fight. Charlotte always ends up going back to him so the children are dragged back and forth. You have tried to get Charlotte to leave them with you so that they have a safe place but she just accuses you of "trying to steal her kids." You worry about how this moving back and forth will affect Frankie when she starts first grade next year.

You were giving Jerrod a bath and noticed the sores that looked infected. It seemed to hurt Jerrod when you touched them and he cried when you tried to clean them up. Jerrod was dirty and looked as if he had not had a bath in several days. You explain that the children are often dirty when they come to your house. You note Jerrod did not have a diaper rash. That has been a problem in the past and you have really worked with Charlotte to be sure she cleans him up after a diaper change. Jerrod had an old bruise on his head. This was not their last time you saw him. You have seen bruises on him before which his mother could not explain. You don't think she or Brad is hitting him. Although you feel that if Charlotte was properly monitoring Jerrod, she would know how he was getting the bruises. Jerrod also seemed to be running a fever. You decided he needed to be seen by a doctor. His regular doctor is in the town where Brad lives so you took Jerrod to the ER.

As you were getting ready to leave, Charlotte came to your house. She was upset that you were taking Jerrod to the doctor for something that was “no big deal.” You told Charlotte to stay with Frankie, which she reluctantly did. You were surprised when Charlotte showed up at the ER and then you realized Frankie was alone at your house. Charlotte and you argued. Charlotte told you Frankie was asleep and got angry when you said she still should have stayed with her. So, since Charlotte was at the ER, you came home as soon as you could so Frankie would not be there by herself. Luckily, she was still asleep and had not been frightened to wake up and find herself alone. Charlotte and Jerrod came home from the ER and for the moment they are living with you.

What You Know and Will Tell if Asked:

Charlotte is your only child. She is developmentally delayed. She was in resource classes in school and has always struggled with reading comprehension and with math. You were told that her IQ was low average but you do not know the number. Charlotte was not tested for learning disorders.

Charlotte also has a diagnosis of bi-polar disorder. You became concerned about her severe mood swings when she was in her early teens. She would be highly excited and “flighty” and then her mood would crash and she would be depressed for days on end. When she was depressed, she would stay in her room and only come out to use the bathroom. You took her to a psychiatrist who put her on “a cocktail” of drugs to manage her moods. She took Lithium and Zyprexa at one time and you think she may still be on those medications but you are not sure. Charlotte has hallucinations and psychotic behavior when she is off her meds. Charlotte does well if she takes her medications but she still has difficulty making good decisions and is very impulsive. She has difficulty following through with even simple things. Keeping her children clean after diaper changes is an example. She has to be reminded frequently. You feel like she wants to be a good mother but she gets overwhelmed and makes bad choices. She also resents your “interference because she is a grown woman now.” Charlotte’s doctor is Dr. Jackson Farley.

You are concerned that Charlotte keeps getting involved with “deadbeat men who mistreat her.” The guy before Brad was no good either. You think Brad uses Charlotte for her SSI check. You have seen bruises and injuries on your daughter. She says Brad did it. You know Brad has a conviction for abusive behavior towards his first wife. (You do not know if they are actually divorced yet.) You think the police have been to Brad and Charlotte’s house several times. You wonder about criminal charges because of what you overheard them arguing about at the family outing. You do not know who Frankie’s father is. Charlotte was at a party with “several guys.” She told you that she had sex with all of them and that she did not know their names.

You are worried that Charlotte might be going back to Brad soon because she is mad at you. She says she doesn't need to give Jerrod the antibiotics and everyone is over-reacting. You are afraid she will not follow through if she leaves your house. You are worried that Charlotte is not feeding Jerrod enough and you did not know the ER doc had recommended further medical evaluation to see why Jerrod was so small.

You can provide Frankie's birthday which is 04/04/2012.

You were married to Charlotte's father, Charles Flowers. He died when she was one year old in a car wreck. You married Arthur Weems in 1997, but divorced within 6 months. She have never married again.

TYPE OF INTERVIEW: This should be a face-to-face interview as the mother and children are living in her home, at least temporarily. The time will depend on the investigation plan developed.

Observation of Alleged Victim

Name: Jerrod Hill	
Role in Referral	Alleged Victim
DOB	06-12-2016 (14 months old)
Relationship	Son of Charlotte; brother of Frankie; Grandson of Georgia
Address	284 S. Hwy 63, Altheimer, AR 72004
Phone	870-410-0034 (Mother's cell - discontinued)

Observation:

You observe Jerrod because he is too young to interview. You see a very small child in a Pack and Play. He has several toys and is picking them up and playing with them. He throws them out of the Pack and Play and laughs. His sister Frankie is playing with him and throwing them back in. You observe Jerrod pulling up on the side of the Pack and Play and cruising around the edges. Despite his small size, he seems alert and engaged in his surroundings.

While you are there, the grandmother feeds both children. Jerrod has a highchair. He eats chicken strips that his grandmother cut up in small pieces, along with green peas and string cheese (all finger foods). He drinks whole milk. Jerrod appears to have a good appetite. Grandmother gives him Jell-O for dessert. Charlotte does not help her mother and stays in the other room watching TV because her "Story" is on.

Jerrod, his sister Frankie and his mother Charlotte are all staying at Georgia Weems's house. She is the maternal grandmother. The house has four bedrooms. Frankie and Charlotte each have their own room. Georgia says that she moves Jerrod's Pack and Play into her room at night and he sleeps there. You do not notice anything that would be concerning about housekeeping standards. The outlets have safety plugs and there is nothing on the low standing furniture (coffee table, hassock, and couch) that would be hazardous for a toddler. Both Jerrod's antibiotic and Charlotte's medications are stored out of the children's reach. The children have clothes at their grandmother's house because "they stay there a lot."

LOCATION: Georgia Weems' Home

TYPE: Face to Face (Observation)

Interview with Charlotte Flowers Alleged Offender

Name: Charlotte Flowers	
Role in Referral	PRFC/Alleged Offender
DOB	04-02-1994
Relationship	Mother of Frankie & Jerrod; daughter of Georgia
Address	284 S. Hwy 63, Altheimer, AR, 72004
Phone	870-410-0034 (cell – discontinued)

Your Attitude - You will be somewhat belligerent but not over the top. You really do not get it that the infection is a problem because everyone knows that mosquito bites get better by themselves. Remember, you are mildly developmentally delayed. If the worker uses words you do not understand it is OK to ask what they mean. You are not good with dates or numbers. You read at a 4th grade level.

What You Know and Will Volunteer:

You live with your boyfriend Brad Hill. You think he is Jerrod's daddy but you are not sure because there has not been a test. Frankie's Daddy is "probably some guy I met at a party. There was a bet that I wouldn't have sex with all of them and boy did I show them!" You truly do not know their names. You will go back to Brad's after he gets over being mad about the time the police came. And besides, you are mad at your mother for getting "into your stuff" about the kids.

You went to the hospital last night because your mother took Jerrod. You waited until Frankie was asleep then you left to go to the hospital too. Jerrod has some mosquito bites and my mom got all crazy because she thought they looked swollen. Everyone knows mosquito bites will go away by themselves after a while. I don't think they were that bad. Jerrod is just more sensitive to bug bites and he scratches even when I tell him not to. We were at my friend's house and he got the bites. It was a month ago or maybe not quite that long. You were over there "having a good time." Jerrod cried but you think he was just wanting attention.

What You Know and Will Tell if Asked:

The last time the police came to where you and Brad live was a few days before the family party. They came because the neighbors called. You did not want to press charges but they arrested him anyway. He got out of jail but he was MAD.

The police have been there “a lot.” Brad has a temper and he does hit her. He is always sorry later. He’s left bruises. He has never hit the kids but he yells at them a lot, especially Frankie because she is not his. Your friends say he did jail time for beating up his wife but he says he didn’t, and you believe him. Brad and Belinda are still married but he hasn’t been with her “in a long time.”

Brad works sometimes as a mechanic. Your Mom helped you get the place where Brad and you live now and your check pays for it. He’s not supposed to live with you but he does. (Subsidized housing).

You know that the doctor thinks that Jerrod’s bug bites are serious. He gave you medicine but you don’t remember to give it to him. That’s OK because your mother does it if you forget. If you go back to Brad maybe he will help you remember. The doctor told you to have another doctor see Jerrod to see why “he’s such a runt.” Jerrod doesn’t have a regular doctor and anyway, Jerrod’s just a “runt.”

You will be vague if asked about Jerrod’s eating/food preferences. You will say that Frankie sometime feeds him “if you forget.” Jerrod is a pretty good baby but he demands a lot of attention. You are ready to potty train him because you are tired of diapers and they cost too much. You will be proud that he has not had a diaper rash in “a while” after you started making sure he was clean like your mother showed you.

Frankie is your little helper. She is really old enough now to watch Jerrod for “a little while” if you and Brad go out for a date. She can feed him and make him go to bed.

You do not like to take your medicine. You think it makes you “fat and stupid.” You know that if you don’t you “get crazy and see things that aren’t there.” You hope maybe soon you can stop taking it and things will be OK. Brad calls you Fatty when he’s mad because he knows it hurts your feelings.

You do not have a job. You get a check because you “have problems without my meds (SSI).” The children get SNAP and TEA benefits. Your mother helped you get set up for this stuff.

You and Brad do not “do drugs” but you both like to drink. It is only a six pack of beer or two a night and it is only beer. If you go out “for a date,” you might drink “harder stuff.” Brad has asked you once or twice if he could sell one or two of your “pills.”

Worker Observation: Charlotte has a fading black eye and a large fading bruise on her face. She has a bruise around her neck that looks like fingerprints. She has fading bruise on both arms; again, these look like fingerprints. Charlotte says this happened when she and Brad were fighting and she “fell.”

LOCATION: Georgia Weems' Home

TYPE INTERVIEW: Face to Face

Interview with Brad Hill – Biological Father of Jerrod Hill

Name: Brad Hill	
Role in Referral	PRFC/Alleged Offender
DOB	06-21-1984 (age 33)
Relationship	Putative father of Jerrod, live-in boyfriend of Charlotte, no relation to Frankie or Georgia
Address	284 S. Hwy 63, Altheimer, AR, 72004
Phone	501-666-1585 (cell)

What You Know and Will Volunteer:

You live at 284 S. Hwy 63, Altheimer, AR, 72004.

You first say you only visit twice a month and do not live with Charlotte and the children. Then you will change to say they live about half time with you in Altheimer. Finally, you will say that you do live there all the time but the kids and their mother don't. Their Mom hauls them back and forth between Altheimer and grandmother's house in Pine Bluff. She leaves every time we have a fight and will then come back "home." You do not deny that Jerrod is your son. He looks just like you. You have not established paternity.

You are not employed right now. You lost your last job as a truck driver because you got a DUI. You are looking for work and do a little mechanical work on the side.

You think Charlotte's mother is just a busybody who is trying to break you up. You and Charlotte get into some "pretty intense fights, usually because her mother is trying to butt into something that is not her business." You got into that big fight at the party because Georgia was "trying to bitch about those bug bites" and was trying to get Charlotte to take the kids to the doctor, and you disagree that was necessary. So, she (Georgia) went off on a huff and took the kids. You think she called the police on you when she got home because they stopped your car. You were not arrested but you got another DUI.

You don't really remember seeing the bug bites nor noticing they were infected. You felt like they would go away. You also feel that childcare is Charlotte's responsibility so if she didn't think there was a problem then OK.

You say she's a pretty good mother when she takes her meds. As far as you know she is on them now. She got off right after they met and went pretty crazy. Frankie was about 2 then and spent a

lot of time with Georgia until Charlotte got straightened out. You know that Charlotte's is "slow."

What You Know and Will Tell if Asked:

You will reluctantly admit to the fact that you did jail time for battery committed against your wife, Belinda Hill. It was all a misunderstanding and the judge did you wrong because she (the judge) was a woman and took Belinda's side. You and Belinda are still married but you only see her every now and then. The two of you have no children.

You will admit that your fights with Charlotte get physical and that you have hit hard enough to leave a 'few small bruises.' At the first of August, you were arrested and spent the night in jail because "your nosy neighbors called the police." Charlotte was making a lot of noise. She had "some little marks." She is not going to press charges but for some reason the prosecutor in Jefferson County is thinking about charging you anyway. You think the prosecutor has it in for you.

Observation of the Home:

The residence is a small house set back from the highway. It has a combined living/dining area, kitchen, one bathroom and two bedrooms. Brad and Charlotte share one bedroom and the other bedroom is locked. Brad opens the door and shows you it is set up with weights, exercise equipment, and a television set. The children sleep on a mattress in the living areas. It is between the couch and the wall. Brad says they put it there so that he and Charlotte could watch the TV in the living room and the children could still sleep. There were ruffled sheets and a blanket on the mattress. When asked why the children did not use the bedroom he told you that he needed his "man cave." The children's clothes were piled on the floor by the mattress. You did not see any diapers. Brad said they were out and he had not bought more because the kids were not there right now. There was ointment for diaper rash in the bathroom.

The beds were not made and the dishes were not washed. The adults' bedroom had clothes on the floor and spilling out of dresser drawers. Brad says he is waiting for Charlotte to get home and take care of it, because those are really her jobs. There were empty beer cans on the kitchen counters and on the furniture in the living room. The trashcan in the kitchen is full of beer cans and fast food containers. The stove had crusted food on the stove top and the microwave needed to be cleaned inside. You do not see anything that looks like other drug paraphernalia. The utilities were on and the plumbing is functional. You do not note any hazards such as exposed wiring or cleaning chemicals where children can reach them. Brad said he would have cleaned up a little if he had known you were coming.

DATE & TIME: 08/18/2017 @9:30 am

PLACE OF INTERVIEW: Brad's Home Address

TYPE OF INTERVIEW: Face to Face

Collateral Interview with Det. Sherman Goodnight

Name: Detective Sherman Goodnight	
Role in Referral	Collateral
Relationship	Jefferson Sheriff Department detective who has responded to domestic violence calls at the residence in Altheimer
Address	101 E. Barraque St, Pine Bluff, AR, 71601 (Jefferson CO Sheriff's Department)
Phone	870-541-5351, ext. 95

You have responded to 7 calls in the past two years to the residence where Brad Hill and Charlotte Flowers live. The last call was August 1, 2017. That call came from a neighbor.

You arrested Brad after observing bruises on Charlotte's face, neck and arms. She said he did it and he said she deserved it. Brad stayed in jail overnight but was released the next day after Charlotte made it clear she was not going to press charges.

The prosecutor is considering whether to bring charges independently of Charlotte because Brad is known to their office. He has a criminal conviction for battery against his wife, Belinda Hill.

There is no record of criminal activity on Charlotte.

This is all you know.

TYPE INTERVIEW: Phone Interview, unless the class decides to conduct this conversation differently.

Collateral Interview with Dr. Jackson Farley

Name: Jackson Farley, MD	
Role in Referral	Collateral
Relationship	Charlotte's psychiatrist
Address	2304 W. 29 th Ave, Pine Bluff, AR, 71603 (Comprehensive Counseling Assoc.)
Phone	501-666-1585 (cell)

You are Charlotte's psychiatrist. She has been your patient for 10 years.

You changed her treatment and she takes lithium to regulate mood and a combination of Xanax and Ativan for depression and anxiety. Charlotte cannot function without medication to control her bipolar disorder. Between depression and mania, she cannot conduct normal activities of daily living. Nor can she control the extreme lack of impulse control, which is a feature of her mania.

As long as she is on these medications, she can function. You know she had an episode about 3 years ago when she stopped taking her medication and her behavior became very erratic. Her mother brought her in and that is when they changed part of her "cocktail" to the Xanax and Ativan. You know that it is not uncommon for people with chronic mental illness to want to give up their medication.

You do not have any current concerns or options about her ability to parent her children.

This is all you know and all you would testify to without further testing.

TYPE INTERVIEW: Phone Interview, unless the class decides to conduct this conversation differently.

Interview with Sibling Frankie Flowers

Name: Frankie Flowers	
Role in Referral	Sibling
DOB	Age 5 See note below*
Relationship	Daughter of Charlotte, sister of Jerrod, granddaughter of Georgia
Address	284 S. Hwy 63, Altheimer, AR 72004
Phone	870-410-0034

Your Attitude - You are a little shy because the person interviewing you is a stranger. You would like for your grandmother to be in the room but you will talk to the worker after you are reassured that she (grandmother) is nearby. (Do not start giving information until your interviewer addresses your concerns.)

If asked who lives with you ask at which house. You have two houses. You live with Mama, Jerrod and Daddy Brad at one house and with Mama, Jerrod and Granny at your other house. You usually live at Granny's house when Mama is mad at Daddy Brad. But when you were little, you lived with granny for a long time because Mama was sick. You go to kindergarten at Sarah Clark Elementary School in Altheimer when you are at Daddy Brad's house. You like school and miss going there when you are at Granny's. Your teacher is Ms. Anne.

If asked what happened at the family picnic, you will tell that Mama and Daddy Brad got into a fight. They fight a lot and Mama cries. If asked, you will say you saw Daddy Brad hit mama one time. That was before the party. You know that the police come to your house a lot. You are afraid when Mama and Daddy Brad yell. It make you sad when you hear Daddy Brad hit Mama.

About the bug bites: You will tell that you and Mama and Jerrod were at April's house. April is mama's friend. There were mosquitos everywhere. You wanted to stay inside but Mama made you go outside and put Jerrod in his playpen outside. Both of you got lots of bites. Jerrod cried and scratched them a lot. You had bites too. You went to Tisha's house by yourself and she put medicine on your bites that made them stop itching. Tisha lives close to the house where you, Mama, Jerrod and Daddy Brad live. Jerrod's bites got yucky and Mama would not take him to the doctor. She did not put medicine on Jerrod's bites. She told you to do it but there was no medicine. The bite on Jerrod's finger got all red and "stuff" came out of it. If Jerrod cried mama told him to stop crying because it would be OK.

If asked you will talk about fixing Jerrod's dinner when Mama and Daddy Brad go out. Your favorite thing to fix is peanut butter sandwiches or just peanut butter on a spoon if there is no

bread. Sometimes you feed Jerrod even when mama is there because she forgets. You do this a lot. You have to fix cereal or stuff out of the refrigerator because you are not allowed to use the stove. You put Jerrod to bed and you know how to change a diaper. You do not give Jerrod a bath because he is too heavy for you to lift into the tub. Sometimes Jerrod gets stinky if Mama does not remember to buy diapers. Mama and Daddy Brad sometimes stay out all night. You get scared but they tell you to be a big girl.

Your favorite thing is when Mama sings to you.

Mama takes medicine to “make her act right.” If she does not take it, she talks really loud to herself. Sometimes Daddy Brad wants some of Mama’s medicine. She has heard him ask but they don’t know she heard.

You do not have to take care of Jerrod when you are at Granny’s. You have your own room and you like that. At Daddy Brad’s house you and Jerrod sleep on a bed on the floor (describe a mattress) in the living room. You think you do a pretty good job taking care of Jerrod. He’s a good brother but he cries a lot. He doesn’t walk yet but he is learning. He can say Mama and Sis-sis (Frankie) and Gran-gran. You can tell when he wants something but mama does not always know what his words mean. You help Mama figure it out.

TYPE INTERVIEW: Face to Face Interview

LOCATION: Georgia Weems’ Home

PREPARING FOR INTERVIEW QUESTIONS



Name of Person:

Where/How to Interview (EXPLAIN):

When to Interview:

What Do You Need to Learn from this Person (Purpose/nature of this Interview)?

Issues, Feelings, Concerns (Yours & Theirs)	
Ideas for Introduction:	Specific Questions or Statement or Strategy:
Ideas to Engage and Connect:	Specific Questions or Statements or Strategy:
Ideas to Gather Information:	Specific Questions or Statements or Strategy:
Ideas for Closure:	Specific Questions or Statements or Strategy:
Forms or Pubs Needed:	

QUESTION TYPES

Open ended question or directive	To gather a lot of information and allow the person opportunity to tell the story	Tell me about what has been going on.
Closed ended question	To get facts, answers to specific questions	When did that happen?
Clarifying	Clarifying usually get more information, fact-based, specific	If I understand correctly, after he threw the soda can, you came into the room to check on him. Is that what you said?
Probing	Gets the other person to think and expand on what they have said.	What happened next? What would happen if...?
Active listening (reflecting)	To communicate understanding of the entire message and to help identify the feeling associated	You seem to feel frustrated/stuck because it does not appear that things are moving along on our work together.
Summarization	To help organize information.	So far, you've mentioned that you are worried about money, your health, and whether you need to find a job or stay home with your youngest child. Did I miss anything?
Redirection	To keep the interview focused.	Let's go back to your worries about your health. I'd like to find out more about that.
Giving options, advice	Offering range of solutions, direct toward action	It seems like you could work on your GED and still apply for the job at the dollar store or even keep your sister's children a few days a week. What do you think?
Confrontation	Nudge or push the person toward acknowledge or admission.	Your words say you want to have your children back in your care, but your actions say it is not a priority for you right now.
Silence	Allows space for the person being interviewed to gather their thoughts.	

THREE HOUSES PROCESS

1. **Be Prepared.**

In preparing to do the “Three Houses’ with a child or young person, it can be helpful to find out as much background information as you can. The other important part of preparation is working out what materials you will need to take. At a minimum you will need sheets of paper [preferably one for each house, as well as some spares] and some colored pencils and markers. The other important decision is where to meet with the child. If possible, choosing a venue where the child is likely to feel most comfortable is important, particularly for your first meeting.

2. **Inform parents and obtain permission to interview child/ren.**

Sometimes, child protection workers have to interview children without advising or seeking the permission of the parents or primary caregivers. Wherever possible, the parents should be advised/asked in advance and showing the “Three Houses” Tool to the parents can help them to understand what the worker will be doing.

3. **Make decision whether to work with child with/without parents present.**

Again, sometimes child protection workers need to insist that they speak with the children without a parent or caregiver present. Wherever possible it is good to make this a matter of choice for the parents and the child, but when this isn’t possible, all efforts should be made to provide an explanation to the parents as to why the worker feels it is necessary to speak to the child on their own.

4. **Explain and work through 3 houses with child using one sheet of paper per house.**

Use words and drawings as appropriate and anything else you can think of to engage child in the process. They can re- name houses using toys, Lego houses, picture cut outs etc. Give child choice about where to start. Often start with ‘house of good things’ particularly where child is anxious or uncertain.

5. **Explain to and involve the child or young person in what will happen next.**

Once the “Three Houses” interview is finished it is important to explain to the child or young person what will happen next, and to obtain their permission to show the “Three Houses’ to others, whether they be parents, extended family, or professionals. Usually children and young people are happy for others to be shown their “Three Houses’ assessment of their situation, but for some children there will be concerns and safety issues that must be addressed before proceeding with presenting what they have described to others.

6. Present to parents/caregivers.

It may work best to begin with “House of Good Things”. Before showing the child’s “Three Houses”, it can be useful to ask the parents: “What do you think the child would say is good/worried about/dreams of?”

THE THREE HOUSES

A tool that engages children in child protection assessment and planning.

The image displays three identical house-shaped boxes arranged horizontally. Each box is designed for a child to draw or write inside. The first box on the left is outlined in red and has a red roof. Inside the roof, the text 'HOUSE OF' is written in small black letters above the word 'WORRIES' in large, bold, red letters with a black outline. The middle box is outlined in green and has a green roof. Inside the roof, the text 'HOUSE OF' is written in small black letters above the words 'GOOD THINGS' in large, bold, green letters with a black outline. The third box on the right is outlined in blue and has a blue roof. Inside the roof, the text 'HOUSE OF' is written in small black letters above the word 'DREAMS' in large, bold, blue letters with a black outline. The main body of each house is a large, empty rectangle for drawing or writing.

Used with permission from Nicki Weld.

STAGES OF INVESTIGATION

Stages of Investigation and Helpful Tools

Assigned Investigation/CHRIS History Search

CAP Framework: Capture prior True Findings in Harm/Danger section using **Harm Statements**.

Create preliminary **Solution Focused Questions (SFQs)** to ask the family, reporter, and collaterals about the allegations.

Call the Reporter

SFQs & Three Column Map: Gather a rigorous and balanced assessment.

Interview the Alleged Victim & Siblings

Three Houses: Ages 5 and up is best (can be used with some 3-4 y/o).

Safety House: Ages 5 and up is best.

Three Column Map: Use with older youth that are not willing to do the Three Houses or Safety House.

Circles of Safety & Support, Genogram, or Ecomap: Use to identify support people who can help ensure safety for the child, collaterals, and potential placement options if removal is necessary.

Interview the Caregiver and Alleged Offender

SFQs & Three Column Map: Gain a rigorous and balanced assessment. If it is more developmentally appropriate you can use the Three Houses

Circles of Safety & Support, Genogram, or Ecomap: Use to identify the family's support system, collaterals, and potential placement options if removal is necessary.

Interview Collaterals

SFQs & Three Column Map: Gain a rigorous and balanced assessment.

Safety Threat**Identified or Safe with a Plan**

- Able to maintain child in home with immediate safety plan
- Must have AT LEAST one network member who could not have caused the harm
 - No Network, No Plan!

Harm & Worry Statements: Create with the family and share with the safety and support network so there is shared understanding of what the caregiver, behavior, and impact on the child is that led to the identified safety threat and need for immediate safety plan.

Safety House: Complete with the child to get the child's voice in immediate safety planning.

Circles of Safety & Support, Genogram, or Ecomap: Identify biological, legal, formal, and nonformal supports and connections to develop a safety and support network for the family and child that can act immediately to help ensure the child's safety.

Safety Threat Identified – Unsafe

- Removal Consults
- Team Decision Making Meetings

Harm & Worry Statements: Create with the family so there is shared understanding (does not necessarily mean agreement) of what the caregiver, behavior, and impact on the child is that led to the identified safety threat and the child coming into care.

Circles of Safety & Support, Genogram, or Ecomap: Identify potential placement options for

the child, family/friends who can provide logistical support for the family, and family/friends who can help maintain life long and cultural connections for the child even if they cannot be a placement option.

CAP Framework: Use in removal consults to make an informed decision about if removal was necessary and to identify if there is a way to return the child to the home with an immediate safety plan. In areas with fidelity TDM, bring completed CAP Framework to meeting.

Affidavit & Court Testimony

Harm & Worry Statements: Include in affidavit and court testimony to describe the caregiver, behavior, and impact in behaviorally detailed terms that led to the child coming into care. Use information gathered in your **Three Column Map**, **Three Houses**, and **Safety House** when writing your affidavit and providing court testimony.

Circles of Safety & Support, Genogram, or Ecomap: Include names of relatives and fictive kin in your affidavit that you gathered from the tools to provide detailed efforts to locate relatives and fictive kin for placement.

No Safety Threat Identified - Preponderance of Evidence for True Finding

- Open Protective Service Case

Harm & Worry Statements: Include statements in your investigation closure and finding screens to clearly state the caregiver, behavior, and impact on child.

Circles of Safety & Support, Genogram, or Ecomap: Identify network members to support identified needs for the family and the child and help build sustainable safety.

Support Network Grid: Identify how each network member will provide support to the family.

No Safety Threat Identified -

Does not meet Preponderance of Evidence for True Finding high risk family or worries there is something more going on:

- If family is willing open supportive services case
- If family is not willing to do as much as you can in the investigation to reduce risk.

Circles of Safety & Support, Genogram, or Ecomap: Help build sustainable safety for the family and child by ensuring there are people to help the family when DCFS is no longer around.

Documentation & Referrals

Harm & Worry Statements: Clearly list harm and worry statements when submitting referrals and documenting in the investigation finding and closure screens.

Three Column Map, Three Houses, & Safety House: Document use in interview screens when tool is used during AO, PRFC, AV, sibling, or collateral interview. Use information learned from the tools when submitting referrals.

Circles of Safety & Support, Genogram, or Ecomap: Document use in interview screens.

CAP Framework: Document information gathered in the investigation contact's screen.

Supervisory Conference when Recommending True Finding

CAP Framework or Three Column Map: Use the CAP Framework or Three Column Map during supervisory conference when deciding on whether to make a true finding and/or open a case.

Harm, Worry, and Goal Statements: Use Harm, Worry, and Goal Statements to inform supervisor of the caregiver, behavior, and impact on the child and what behavioral change DCFS needs to see to close a case.

Warm Handoff to Casework

CAP Framework: Either complete a CAP Framework with the supervisor and caseworker who will be taking over the case or provide caseworker with the completed CAP Framework.

****These are ideas on when and where to use SOP tools. This is not an exhaustive list. All tools are not used on all investigations.**

CURRENT SAFETY THREATS

The following is a list of safety threats, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each safety threat. Select “Yes” for all that are present for the family at the time of the assessment and “No” for all that are absent, based on the information available at this time. Select “Yes” for each that applies to an individual behavior, but do not select “Yes” for more than one safety threat for the same behavior.

1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):
 - ☐ Serious injury or abuse to the child other than accidental.
 - ☐ Caregiver fears harming the child.
 - ☐ Caregiver has threatened to cause harm or retaliate against the child.
 - ☐ Caregiver has made substantial or unreasonable use of physical force.
 - ☐ Substance-exposed infant is in danger.
2. Child sexual abuse is suspected, AND circumstances suggest that the child’s safety may be of immediate concern.
3. Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 9.*
4. Caregiver’s explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child’s safety may be of immediate concern.
5. Caregiver does not meet the child’s immediate needs for supervision, food, and/or clothing. Select all that apply.
 - ☐ Supervision
 - ☐ Food
 - ☐ Clothing

6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.
8. Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
9. Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
10. Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
11. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.
13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
14. Other (specify): _____

SDM SAFETY ASSESSMENT

IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: _____ Case ID: _____ Date: _____

Worker Name: _____

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?

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?

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

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

Caregivers/legal guardians	
Network members	
Child	
DCFS	

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

THUMBS UP / THUMBS DOWN

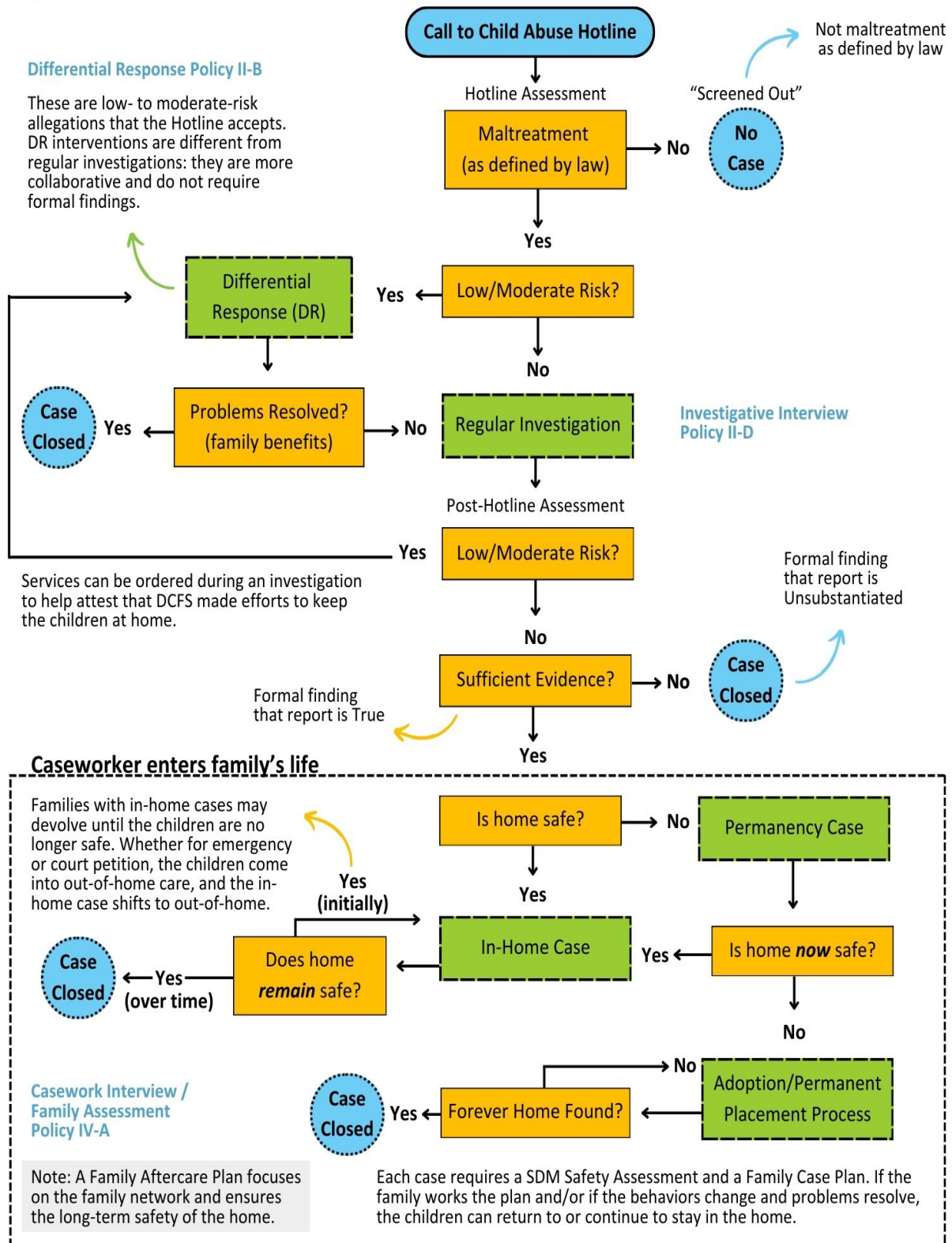
SDM REVIEW

Instructions: Have the participants give a thumbs up if the answer is true. Have the participants give a thumbs down if the answer is false.

1. Safety and risk of future maltreatment are the same thing.
2. If there is high risk of maltreatment, there is always a safety threat or threats present.
3. If you identify a safety threat, you can leave the home without an intervention.
4. A referral for substance abuse counseling might be part of an immediate safety plan.
5. A referral for substance abuse counseling might be part of a family case plan.
6. Only the parent or caregiver is involved in an immediate safety plan.
7. Immediate safety plans must be reassessed within 14 days of implementation.

****** Feel free to create additional true / false SDM review questions.

THE LIFE OF A CASE



THE LIFE OF A CASE - LAW

Child Maltreatment Act

- Report and investigate alleged maltreatment.
- Defines maltreatment.
- Protect and place maltreated children into a safe environment.
- Track maltreatment victims and offenders (Central Registry).
- Allow administrative review of True findings— known as Fair Hearings— to guarantee the rights of the alleged offender.

§9-28-111 - Case Plan

This is the section of the code that goes into detail about things that must be addressed and included in the family case plan. It sets out the criteria for a family case plan on an In-Home Services (Protective Services) case and then sets out the additional criteria for the family case plans on Permanency cases. Remember, some of the federal laws require these elements in family case plans in order for the state to get money to operate the program.

Arkansas Juvenile Code

- Emergency removal and placement of children into DHS custody.
- Ongoing placement in DHS custody.
- Ordering services for children and families.
- Ensuring permanency for children who cannot be safely reunited with their families.
- §9-27-801 authorizes a circuit court to establish a family treatment specialty court program for families involved in dependency-neglect proceedings. Known as Arkansas Family Treatment Specialty Treatment Court Act.

Four conditions that must be met in order to establish initial eligibility for the Title IV-E of the Social Security Act foster care maintenance funds:

- The child has been removed from the home.
- DCFS made reasonable efforts to prevent removal from the home.
- Remaining in the home is contrary to the welfare of the child.
- The child is deprived. This refers to the income of the family from which the child was removed and is one of the reasons it is important to determine the family's income.

Notes:

THE LIFE OF A CASE – POLICY

Initiating Differential Response (DR) (Policy II-B)

Face-to-face contact with the victim child(ren) and at least one (1) parent/caregiver involved in a Differential Response report must take place in the victim child(ren)'s home within 72 hours of the receipt of the initial Hotline report.

All other household members must be seen face-to-face within five days of receipt of the initial Hotline report. For more information on this policy, please refer to the Master Policy Manual - Policy II-B.

Initiating an Investigation (Policy II-D)

Interviewing the child outside the presence of the alleged offender or laying eyes on the child if too young to interview.

- Priority I (Begin investigation within 24 hours of Hotline report).
- Priority II (Begin investigation within 72 hours of Hotline report, except for Garrett's Law cases for which the investigation must commence within 24 hours).

DCFS and CACD will assess Priority I and Priority II referrals as outlined in the "Agreement Between the Department of Human Services and the Arkansas State Police."

Initiation occurs when all victim children are interviewed or observed (if too young for an interview) within the designated time frames. This investigation can be open for 30 days. For more information on this policy, please refer to the Master Policy Manual - Policy II-D.

Immediate Protective Custody (72-hour Hold)

Immediate Protective Custody is also known as a 72-hour-hold.

Immediately notify OCC and request an ex parte emergency order from the court when:

- Circumstances present an immediate danger to the child's health or physical well-being as defined in the Safety Threat section of the SDM Safety and Risk Manual.
- Child is neglected under Garrett's Law and FSW determines that the child and any other children—including siblings—are at substantial risk of serious harm as defined in the Safety Threat section of the SDM Safety and Risk Manual.
- Child is dependent.

Required Investigation Interviews

- Alleged victim.
- Parents (custodial and non-custodial).
- Alleged offender (if not parent).
- Current or past healthcare providers (if allegation reported by a healthcare provider).
- Relevant collaterals (includes siblings and other children under care of alleged offender).

Notes:

THE LIFE OF A CASE – COURT

Maltreatment Investigation

Order of Investigation:

Used when you cannot get into a home, a school, or other places to initiate or complete an investigation or if you need a drug screen on a child under 13 years old and parents refuse to give consent for the test.

- OCC files petition.
- Requires an affidavit.

If you think that the child's health and safety is in immediate danger, contact local law enforcement and ask for assistance. Keep your supervisor in the loop.

NOTE: Keep in mind that an order of investigation is not necessary each time someone refuses to be interviewed or refuses a drug test, This should be used only if DCFS believes the child is in danger or at substantial risk of harm if the interviews do not occur.

Order of Protection:

Petition is filed by family member or household member. If the situation is such that children's and family members' safety requires an Order of Protection, there must be an immediate safety plan in place if the children remain in the home.

Order of Less than Custody:

Used when the Division does not want to seek custody but when a child's health and well-being may be in danger.

- OCC files petition.
- Requires an affidavit.
- Notify supervisor.

72-Hour Hold (Protective Custody):

- Notify OCC immediately.
- A TDM must be conducted on all removals or considered removals. The TDM must be completed prior to filing the affidavit.
- Requires an affidavit. Must be amended if new facts emerge in the investigation.
- OCC must petition court for DCFS to keep child more than 72 hours.
- Emergency hearing (ex parte order—i.e., only one side was present).
- Probable cause hearing in 5 working days.
- Adjudication hearing within 30 days.

Notes:

THE LIFE OF A CASE – COURT CONTINUED

Maltreatment Investigation

Prepare an affidavit (CFS-411 form) for the following:

- Emergency custody on new cases.
- Change of custody in open cases.
- 30-day petitions.
- Petitions for Order of Less than Custody.
- Petitions for Order of Investigation.
- Protection Orders.

There are three Types of Juvenile Court Cases:

- Dependency/Dependency-Neglect.
- Family in Need of Services (FINS).
- Delinquency.

NOTE: ACT 168 known as “Samantha’s Law” allows the court to consider the preference of juveniles if of a sufficient age and capacity to reason, regardless of chronological age, in dependency-neglect hearings and when juveniles are taken into state custody regarding supervised/unsupervised family time, foster placement, and custodial placement.

Notes:

THE LIFE OF A CASE – COURT CONTINUED

In-Home Case

30-Day Petition:

Used to ensure compliance with a family case plan. This petition is to be used if the child's safety is at risk if services provided are not completed.

- OCC files petition.
- Requires an affidavit.
- Risk that court may decide that removal is indicated even if that is not what the Division recommends.

Filing an Immediate Safety Plan with the Court:

Used if an assessment of an Immediate Safety Plan shows there is still a substantial risk of harm.

- OCC files.
- Requires an affidavit.
- Risk that court may decide that removal is indicated even if that is not what the Division recommends.

Order of Less than Custody:

The family can file. Occasionally needed in an In-Home case. Used when the Division does not want to seek custody but when a child's health and well-being may be in danger.

- OCC files petition.
- Requires an affidavit.

Notes:

Permanency Cases

Adjudication/Disposition Hearing:

Decision made that children remain in care of Division. Affidavit prepared by investigator is key. All reasonable efforts to prevent removal (past and present) should be documented.

- Investigator usually takes lead. Caseworker may testify if services were offered during the case and the caseworker (not investigator) was the one who arranged them. Caseworker may also testify if they assisted in locating kin for placement resources.
- Initial permanency goal established.
- The initial family case plan is required to be filed with the court by the adjudication hearing.

Review Hearings:

Held to report on the family's progress on meeting the permanency goal and/or concurrent goal. All reasonable efforts to reunify and/or reasonable efforts to achieve permanency (concurrent planning) should be documented.

- Usually, every 90 days in Arkansas but can be up to 6 months.

Permanency Planning Hearing (PPH):

Hearing to finalize the permanency plan.

- Requires special court report.
- No later than 12 months after the child enters care.
- Documentation of reasonable efforts for reunification or to justify a recommendation for other permanent living arrangement.

Termination of Parental Rights (TPR):

Can happen at any stage in the life of an Out-of-Home case, but usually occurs after PPH.

SCOPE OF MALTREATMENT – ANSWER KEY

SCOPE OF MALTREATMENT

END OF THE YEAR REFLECTIONS

TRAINER ANSWER KEY

Use the Children's Bureau's 2022 Child Maltreatment Report to answer questions 1 - 4.

- 1 How many **national** referrals were made in **2022**?
4.2 MILLION
- 2 How many referrals did **Arkansas** receive in **2022**?
57,339
- 3 What was the estimated total of **national** child deaths due to neglect and abuse in **2022**?
1,990
- 4 How many **screened in** referrals did **Arkansas** have in **2022**?
31,923

Use Arkansas' 2023 Annual Report Card to answer the questions below.

- 1 How many child maltreatment reports did **Arkansas** receive in **2023**?
34,162
- 2 What **percentage** of those reports were assigned to **DCFS**?
82%
- 3 What **percentage** of those reports were assigned to **CACD**?
18%
- 4 How many of the reports assigned to DCFS were **DR Cases**?
5,416
- 5 How many of the reports assigned to DCFS were **Investigation**?
22,461

