

Foundations Unit 3

Trainer Resources



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

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BRAIN BOOSTERS

When: every 20 minutes of instruction time.

Length: each brain booster should last no longer than 1-2 minutes.

Why: because brain boosters are logical, physical, emotional and supported by research to promote maximum learning in the following ways:

- **A:** attention grabber
- **I:** increases energy and engagement
- **M:** memory retention

Brain Booster Options:

- **Share It:** Invite participants to stand and turn to a partner. Share one thing that you have learned in the past 20 minutes.

Variation: Find a partner from across the room to share with, not from your table.

Did you know that just standing alone increases oxygen to the brain by 5-8%?!

- **Draw It:** Invite participants to stand. Instruct participants to use one hand to draw (with invisible ink on the ceiling) a concept that they have just learned.

Did you know that in terms of retention, images are better than words for remembering concepts?

- **Make It Stick:** Invite participants to write something they just learned about the signs of maltreatment on a sticky note and adhere it to the appropriate piece of large paper posted on the wall.

Prep: Hang several large sheets of paper around the room with various labels depending on your topic (ex. Facts of Maltreatment, Signs of Maltreatment, Definitions of Maltreatment, Impact of Maltreatment). Also, have a generous supply of sticky notes on the tables.

TEACHING NOTES

- **Mark-Ups:** Have a supply of highlighters, colored markers, sticker dots or post-it notes/ flags on the tables. Instruct participants to use one of the following mark-up suggestions:
 - Highlight the main idea on this worksheet
 - Circle the three most important facts on this page
 - Write a one page summary on a post-it note and stick it to this page
 - Flag the most important concept on this worksheet
 - Put stickers or dots beside 3 ideas you can use in the office
 - Draw a symbol or picture of the most important fact on the page
- **Cocktail Napkin:** Invite participants to stand. Pair up with a partner, and each grab a sticky note pad and pen. For the other person, draw and explain one concept you have recently learned (similar to what someone might do in a bar if the cocktail napkin is the only paper available).
Did you know that talking trumps listening for boosting memory?
- **Fact or Fiction:** Read a series of 2-3 true/false questions from material covered in the past 20 minutes. You have 3 options for executing this brain booster based on level of participants' comfort with sharing information:
 - While standing, if the answer is true, put your thumb up in front of your chest; if the answer is false, put your thumb down in front of your chest (safest method).
 - Stand up if you believe the statement to be true; remain seated if you believe the statement to be false.
 - Hold up a green card if the statement is true and hold up a red card for a false statement.
 - Walk to one side of the room if you agree with the statement; walk to the other side if you disagree with the statement (least safe method).

Prep for Method C: Have enough green and red cards for all participants at the tables. They can be any size but should at least be 3x5 or larger.

Prep for Method D: Put a laminated card for "Agree" on one side of the room and a laminated card for "Disagree" on the opposite wall.

Did you know that movement is better than sitting for making the training stick?

TEACHING NOTES

- **Walk and Talk:** Also called “Walkabout,” this activity requires that the participants pair up and walk around the training room, around the training facility or outside for 2-3 minutes. Instruct them to discuss a concept they have learned in the past hour and how they might apply what they have learned to the work setting.
- **Variation-GLP Walk:** Pair up with someone from across the room and leave the room to do this activity, which takes 10 minutes. This might be more appropriate for an end-of-the-week morning review. Instruct pairs to discuss the following three topics:

G: one thing in which I am grateful (sets a positive mood)

L: one thing I have learned

P: one thing I promise to do in the office

- **Graffiti Time:** Also called “Wall Writing,” this structured activity is when you direct learners to write specific responses on labeled charts around the wall at designated times. Here is a list of suggestions:
 - **A question I still have about...**
 - **What I want to learn...**
 - **My opinion about this is...**
 - **One fact I want to remember is...**
 - **The most important thing I have learned so far is...**
 - **I can share this information with...**
 - **How I plan to use what I have learned is...**

Variation: Each group has a chart that they complete as the training progresses. Take a picture of the chart and email it to the group as a souvenir of the training.

- **Beat the Clock:** Instruct each group to stand up and move around a flipchart/stand. Give them 1 minute to brainstorm as many statements about the assigned topic during that minute, while recorder writes them down on the flipchart paper. Have a timer available for this exercise. You may want to celebrate completion of this brain booster with a group cheer to get some energy flowing.
- **Who Has the Ball?** Have participants stand. Using the stress ball at the table, one person holds the ball at a time and shares one thing learned in the past 20 minutes. The person holding the ball decides who speaks next with a toss to another person.

TEACHING NOTES

Prep: Have a stress ball on each table and remove all open drinks before this exercise.

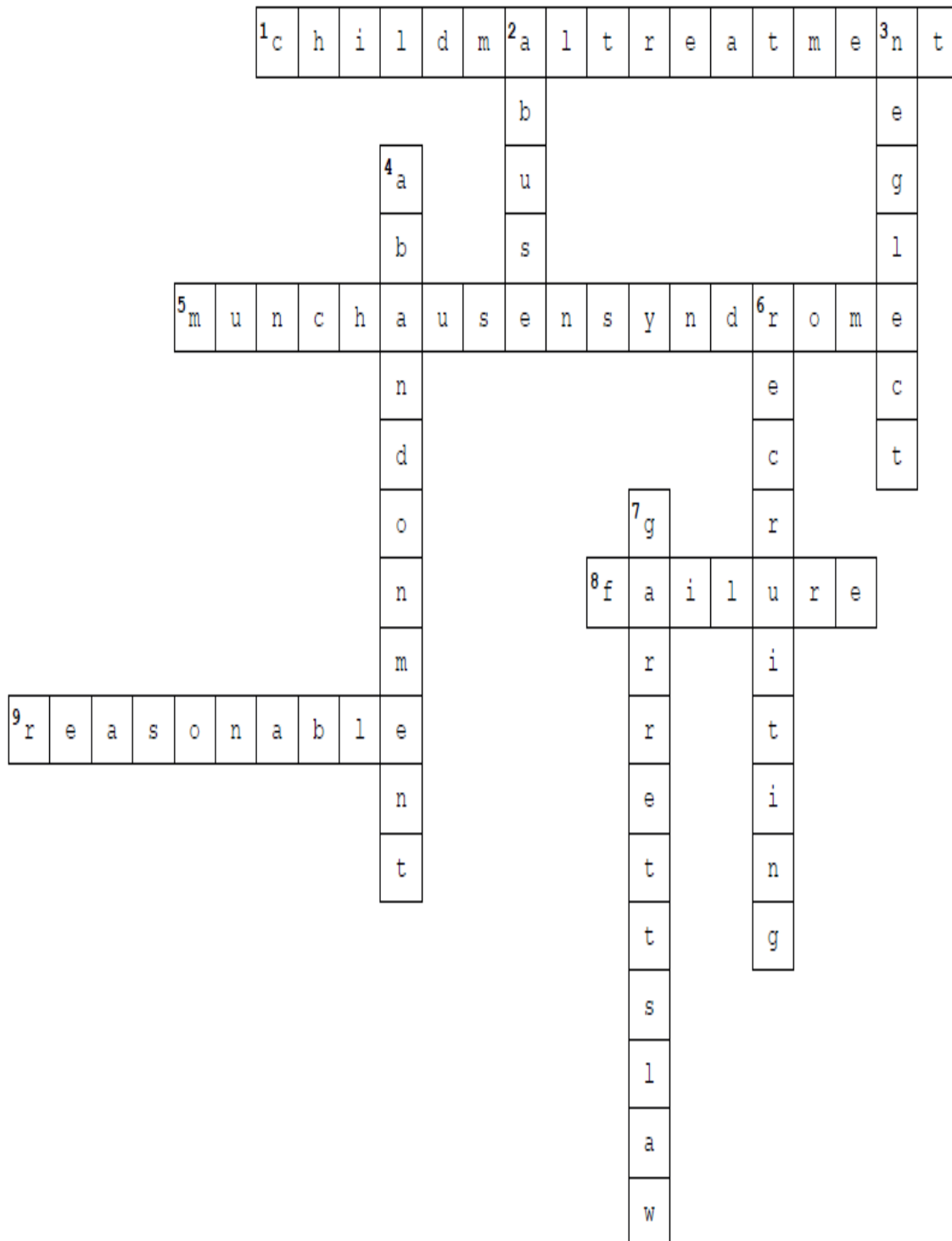
- **Each Teach:** Instruct participants to stand and find two other people to form a triad (or group of four if necessary). Each person gets 30 seconds to teach the others a concept recently learned in class. Rotate around so that all may share. Then participants may return to their seats.

Just remember, if you want to make the training stick:

- *movement* trumps sitting;
- *talking* trumps listening;
- *images* trump words;
- *writing* trumps reading;
- *shorter* trumps longer; and
- *different* trumps same.

Resources: *Using Brain Science to Make Training Stick* by Sharon Bowman (2011) and Eric Jensen's workshop "Teaching with the Brain in Mind" (2009).

Legal Definitions Crossword Puzzle



Across

1. means abuse, neglect, or abandonment of a child by the caretaker.
5. by Proxy or a factitious illness by Proxy if the incident is reported and confirmed by medical personnel.
8. to provide care and maintenance, proper or necessary support, or medical, surgical, or other necessary care.
9. physical discipline DOES NOT cause injury more serious than transient pain or minor, temporary marks.

Down

2. any non-accidental physical injury.
3. the inaction of a caregiver causing harm to the child.
4. when a parent fails to provide reasonable support and to maintain regular contact with their child.
6. harboring, transporting or obtaining a child for labor.
7. required initiation of the investigation in 24 hours even though it is not defined as "severe maltreatment".

Abandonment • Abuse • ChildMaltreatment • Failure • GarrettsLaw • MunchausenSyndrome • Neglect • Reasonable • Recruiting

FAMILY SOCIAL HISTORIES - WILSON SCENARIO



A call was made to the hotline regarding concerns about 5-year-old Becka. The reporter stated that she was reluctant to call because the caregivers for the report, her friends Nancy and Steve Wilson, are both professionals in the community.

She stated that she is not even sure if there really is a problem, given how 'put together' Nancy and her husband appear.

However, the reporter indicated that her daughter told her how dirty the Wilsons' home was, stating that it was extremely dirty. Additionally, that the home has a roach infestation and mold throughout. There are also needles present in areas accessible to Becka.

- *What are your initial thoughts about Becka's parents?*
- *What else do you want / need to know about Becka's parents?*
- *What is working well for Becka and her family?*
- *What are you worried about in this scenario?*
- *What do you think should happen next?*



FAMILY SOCIAL HISTORIES - KENNEDY SCENARIO



A report was made to the hotline concerning an 8-year-old child, Larry, who is suspected to be the victim of physical abuse by his father. The child's parents, Greg and Tanesia Kennedy, are known to have a volatile relationship. Mr. Kennedy reportedly has a history of physically abusing both Tanesia and Larry. According to the reporter, screams were heard coming from the home last night, and the reporter witnessed the mother running from the residence. The reporter has not seen Larry today and is concerned about his well-being.

Additional Information:

Larry was severely beaten last night. He sustained a brain injury that includes internal bleeding, consistent with abusive head trauma. Larry was immediately hospitalized. Medical professionals believe the damage to his brain is likely permanent, and he may lose the ability to walk.

- *What are your initial thoughts about Larry's parents?*
- *What else do you want / need to know about Larry's parents?*
- *What is working well for Larry and his family?*
- *What are you worried about in this scenario?*
- *What do you think should happen next?*



FAMILY SOCIAL HISTORIES - JOHNSON SCENARIO



A report was made to the hotline regarding an 8-year-old child named Lucy, who was found wandering the neighborhood at approximately 8:00 p.m. The reporter indicated that Lucy often appears to lack sufficient food and is frequently dressed inappropriately for the weather. On multiple occasions, she has been seen wearing only a T-shirt and jeans in temperatures as low as 40 degrees. The reporter further stated that Lucy's parents are suspected of substance abuse and are frequently absent when Lucy returns home from school. They reportedly struggle to wake up in the morning to ensure she gets to school on time.

Although neighbors have occasionally provided food for Lucy, many are now reluctant to help, as her father has become extremely upset and has threatened harm to anyone who assists her. The reporter also expressed concern that Lucy's mother, Jenny Johnson, may be suffering from depression, as she often appears sad and consistently fails to nurture or show affection toward Lucy.

- *What are your initial thoughts about Lucy's parents?*
- *What else do you want / need to know about Lucy's parents?*
- *What is working well for Lucy and his family?*
- *What are you worried about in this scenario?*
- *What do you think should happen next?*



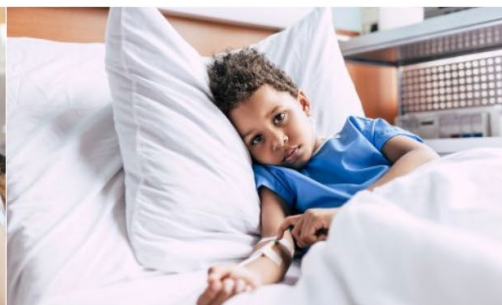
FAMILY SOCIAL HISTORIES - RODRIGUEZ SCENARIO



A mandated reporter made a report to the hotline that 4-year-old Ramon, a child with cerebral palsy, was seen today for a routine physical and he had visible bruising on his back, chest, and legs. The child's mother Regina seems oblivious as to how the child sustained the injuries and is extremely uninterested as it relates to receiving information about how to properly care for her child and his special needs.

The child is unable to communicate coherently; however, it appears that he is in pain because he moans and cries whenever he is touched. The child has lost significant amount of weight since his last visit, which is also reason for worry. The reporter suspects that the child has been physically abused and neglected.

- *What are your initial thoughts about Ramon's parent?*
- *What else do you want / need to know about Ramon's parent?*
- *What is working well for Ramon and his family?*
- *What are you worried about in this scenario?*
- *What do you think should happen next?*



PROTECTIVE CAPACITIES

Behavioral Protective Capacities

The caregiver takes action	<p>This refers to a person who is action-oriented as a human being, not just a caregiver.</p> <ul style="list-style-type: none"> • People who perform when necessary. • People who proceed with a course of action. • People who take necessary steps.
The caregiver has/demonstrates adequate skill to fulfill care giving responsibilities	<p>This refers to the possession and use of skills that are related to being protective.</p> <ul style="list-style-type: none"> • People who can feed, care for, supervise children according to their basic needs. • People who can handle, manage, oversee as related to protectiveness. • People who can cook, clean, maintain, guide and provide shelter related to protectiveness.
The caregiver set aside his/her needs in favor of a child	<p>This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own.</p> <ul style="list-style-type: none"> • People who do for themselves after they've done for their children. • People who are willing to sacrifice for their children. • People who seek ways to satisfy their children's needs as the priority.

Cognitive Protective Capacities

The caregiver has accurate perceptions of the child	<p>This refers to seeing and understanding a child's capabilities, needs and limitations correctly.</p> <ul style="list-style-type: none"> • People who know what children of certain age or with particular characteristics are capable of. • People who see a child exactly as the child is and as others see the child. • People who recognize the child's needs, strengths and limitations. People who can
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	<p>explain what a child requires, generally, for protection and why.</p> <ul style="list-style-type: none"> • People who see and value the capabilities of child and are sensitive to difficulties a child experiences.
The caregiver understands his/her protective role	<p>This refers to awareness....knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child.</p> <ul style="list-style-type: none"> • People who possess an internal sense and appreciation for their protective role. • People who can explain what the “protective role” means and involves and why it is so important. • People who recognize the accountability and stakes associated with the role. • People who value and believe it is his/her primary responsibility to protect the child.
The caregiver is self-aware in parenting	<p>This refers to sensitivity to one’s thinking and actions and their efforts on others – on a child.</p> <ul style="list-style-type: none"> • People who understand the cause – effect relationship between their own actions and results for their children. • People who think about themselves and judge the quality of their thoughts, emotions and behavior.

Emotional Protective Capacities

The caregiver is able to meet their own emotional needs	<p>This refers to satisfying how one feels in reasonable appropriate ways that are not dependent on or take advantage of others, in particular, children.</p> <ul style="list-style-type: none"> • People who employ mature, adult-like ways of satisfying their feelings and emotional needs. • People who understand and accept that their feelings and gratification of those feelings are separate from their child.
The caregiver and child have a strong bond, and the parent is clear that the number one priority is the well-being of the child	<p>This refers to a strong attachment that places a child’s interest above all else.</p> <ul style="list-style-type: none"> • People who act on behalf of a child because of the closeness and identity the person feels for the child. • People who are properly attached to a child.

- | | |
|--|--|
| | <ul style="list-style-type: none">• People who order their lives according to what is best for their children because of the special connection and attachment that exists between them. |
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Reference: Oregon DHS, http://www.dhs.or.us/caf/safety_model/docs/protective_capacity.pdf (retrieved April 2017).

INDICATORS OF ABUSE

Behavioral Indicators of Physical Abuse

Indicator	Example
Fear of going home	<ul style="list-style-type: none"> Child says he/she is afraid to go home because of fear of corporal punishment by caregiver
Reports injury by caregivers	<ul style="list-style-type: none"> Reports frequent injury from corporal punishment by caregiver Often blames self (e.g., "I was bad, so I was punished")
Wearing clothing inappropriate to season	<ul style="list-style-type: none"> Child may wear long sleeves in summer or other clothing inappropriate for the season to hide physical bruises from abuse
Exhibits an extreme variety of behaviors	<ul style="list-style-type: none"> Extreme mood changes Unusually aggressive or withdrawn from peers Apprehensive when other children cry Hostile to caregivers, adults or other adults Wary of contacts with caregivers or other adults
Habit disorders	<ul style="list-style-type: none"> Self-injurious behaviors
Runaway attempts	<ul style="list-style-type: none"> Child runs away from home
Suicide attempts	<ul style="list-style-type: none"> Child threatens or attempts suicide

INDICATORS OF ABUSE

Physical Indicators of Physical Abuse

Indicator
Bruises, welts, and bite marks
Injuries that do not reflect the history provided by the Caregiver.
Clustered bruises, forming patterns that reflect the shape of an item (patterned injuries).
Injuries in the form of a hand on several different surface areas of skin
Injuries on both eyes or cheeks
Injuries on the torso, back, buttocks, and thighs
Bruises/Injuries that are in various stages of healing

INDICATORS OF ABUSE

Indicators of Emotional Abuse

Indicator	Example
Emotionally Deprived	<ul style="list-style-type: none">• Caregivers do not provide the normal experiences producing feelings of being “loved, wanted, secure, and worthy.”• Child makes negative statements about themselves
Physical Signs	<ul style="list-style-type: none">• Suffers from sleep, speech, or eating disorders• Exhibits little to no verbal or physical communication with others• Engages in self-destructive behaviors• Highly aggressive
Socially Limited	<ul style="list-style-type: none">• Lag in physical, mental, and emotional development• Overly rigid in conforming to instructions of teachers, doctors, and other adults• Constantly “seeks out” other adults- such as teachers or neighbors- for attention and affection• Clingy and forms indiscriminate attachments.• Cruelty towards others

INDICATORS OF ABUSE

Physical Indicators of Sexual Abuse

Indicator	Example
Pain, Soreness, & Itching	<ul style="list-style-type: none">▪ Pain or soreness in genital area, including rectum▪ Redness or soreness of vagina, penis, and rectum▪ Lower abdominal pain▪ Difficulty walking or sitting due to discomfort in the genital area
Lesions & Discharge	<ul style="list-style-type: none">▪ Sores or bumps on skin of and around genitals▪ Unusual sores or bumps on lips or around mouth▪ Discharge from the vagina, penis or rectum
Bruises, Burning in Urination	<ul style="list-style-type: none">▪ Bleeding from the vagina or rectum▪ Blood in the urine or stool▪ Stained or bloody underclothing▪ Complaining of burning around the vagina or rectum▪ Going to the bathroom more frequently▪ Diagnosis of repeated urinary tract infections
Diagnosis of a sexually transmitted infection	<ul style="list-style-type: none">▪ Symptoms related to gonorrhea, syphilis, chlamydia, trichomoniasis, genital herpes, venereal warts, or HIV in young children▪ Could be common in pre-teens and teens
Pregnancy	<ul style="list-style-type: none">▪ Could be common in pre-teens and teens

INDICATORS OF ABUSE

Behavioral Indicators of Sexual Abuse

Indicator	Example
Excessive Modesty	<ul style="list-style-type: none">▪ Child very comfortable with nudity▪ Unwilling to change for gym class or participate in physical education class▪ Extreme fear of being touched▪ Unwilling to submit to physical examination
Behavioral Extremes	<ul style="list-style-type: none">▪ Aggressive towards other children▪ Poor peer relationships▪ Overly passive and submissive (e.g., submits readily to genital examination during which most children would show reluctance or embarrassment)▪ General fearfulness▪ Manifestations of low self-esteem
Sexual Behavior More Advanced than Normal	<ul style="list-style-type: none">▪ Has sophisticated or unusual knowledge of sexual behaviors▪ Tries to force other children to engage in sexual practices with them▪ Demonstrates seductive or promiscuous sexual behavior▪ Engages in prostitution

INDICATORS OF ABUSE

Behavioral & Physical Indicators of Neglect

Indicator	Example
Child is not getting enough food	<ul style="list-style-type: none"> ▪ Child appears malnourished ▪ Child begging, stealing food ▪ Consistently acts hungry or complains of hunger ▪ Constant fatigue, listlessness, falling asleep in class
Child appears poorly cared for	<ul style="list-style-type: none"> ▪ Has poor hygiene (skin, teeth, ears, hair) ▪ Clothes are frequently dirty or torn
Lack of medical/dental care	<ul style="list-style-type: none"> • Unattended physical problems or medical/dental needs
Lack of adult supervision	<ul style="list-style-type: none"> ▪ Child being left home alone without supervision, especially in dangerous activities or for long periods of time ▪ The child states there is no caretaker ▪ Extended stays at schools; child arrives early and stays late
Behavioral extremes	<ul style="list-style-type: none"> ▪ Compliant/passive, overly adaptive behavior ▪ Overly adult or infantile for age ▪ Delinquency
Child is showing a delay in normal development	<ul style="list-style-type: none"> ▪ Failure to thrive – physically or emotionally ▪ Measurable lag in physical growth ▪ Measurable lag mental/emotional development

SPOT SIGNS OF CHILD ABUSE

TEN 4 RULE

Spot Signs of Child Abuse

Trunk**E**ars**N**eck**4** years or
younger**F**renulum**A**uricular area**C**heek**E**yes**S**clera**P**atterned bruising**4** Any bruising on a
child less than 4
months

*"Kids that don't
cruise rarely
bruise."*

Frenulum = small ridge or fold of skin under the tongue, between the top lip and the gums

Auricular area = the ear and the area around the ear

Sclera = the white of the eye

Patterned bruising = bruise pattern commonly resembles the injuring object

Pierce MC, Kaczor K, Aldridge S, O'Flynn J, Lorenz DJ. Bruising Characteristics Discriminating Physical Child Abuse From Accidental Trauma. *Pediatrics*. 2010;125(1): 67–74

WHAT IS YOUR STRESS LEVEL SCENARIO

Instructions: Cut the scenarios into strips and give each participant one each. If the class size exceeds the amount of scenarios, make additional copies of the scenarios provided and pass out accordingly.

- You have just become employed by the Division of Children and Family Services as a Family Service Worker. This is your first job out of college and you are eager to work with children and their families to help make a positive difference. As a child you were sexually molested by a close relative. You told your mother about the abuse, but as far as you know, nothing was done to the person that violated you. You have struggled over the years with talking about the abuse and dealing with feelings of anger towards your offender. Your first day out of training, you are assigned to work on a case with an allegation of sex abuse. How do you rate your stress?
- You are the single parent of two school-aged children under the age of 15. Despite your recent amicable divorce from your former spouse, you have struggled with the fact that you are now the primary parent that is responsible for the day-to-day parenting of your children. You have recently returned to school part-time and you work a full-time job. Your children are involved in extracurricular activities on a weekly basis. During a recent sporting event, your oldest child sustained a serious injury and has been rushed to the hospital. How do you rate your stress?
- You have a new boss who is a stickler for arriving to work on time. Most days, you arrive a few minutes early depending on the flow of traffic, but lately you have been arriving 5-10 minutes late because you have had to depend on coworkers for a ride to work because your car is in need of some repairs. Your boss has been pulling staff into her office, including you, and has addressed staff tardiness. She stated that any future late arrivals to work would result in a dock in pay for unexcused time off. This change in management has you on edge and now you are running late this morning. How do you rate your stress?
- You were driving to work this morning and found yourself daydreaming about everything that you needed to complete once you got to work. As you are driving on the freeway, someone abruptly cuts you off and then honks their horn at you as if you had done something wrong. In the midst of

you trying to avoid this car from hitting you, you swerve and a car on the other side slams into the rear end of your car. How do you rate your stress?

- You are in graduate school 3000 miles away from home. Your mother is in the hospital back home and she has failed to adhere to the doctor's orders about what she needs to do in order to improve her chances of survival. Your mother has instructed everyone to refrain from telling you how serious her condition is because she wants you to finish graduate school. As you are working on a final paper that you will need to turn in by the end of the week for your final grade, you receive a call from your mother's doctor informing you that your mother's condition is grave and she is not expected to make it through the night. How do you rate your stress?
- Over the last year, the company that you work for has experienced a major decline in profits. The company has downsized and talks about layoffs have been circulating through the office. You and your spouse are employed, as two incomes are needed to maintain the household and to support the family. While at work today, your manager calls you into the office. You are told that you are a valuable asset to the organization, but you are being laid off effective immediately. How do you rate your stress level?
- You bought a new home over a year ago. The home was more than you and your spouse had anticipated spending, but you both fell in love with the home and you both had stable jobs and a "rainy day" fund established. A couple of months ago, you were injured on the job and had to take some time off to recuperate. The medical bills have started to come in and with the increased bills of the new home, you and your spouse are getting farther and farther behind in your bills. How do you rate your stress?
- You are planning to head out for a week-long vacation at the end of the month. You are being forced to take some time off or you run the risk of losing your vacation time. You never take time off because of the demands of your job; however, you are looking forward to some fun with your friends. How do you rate your stress?
- You and your partner have been together for 1 year now and the excitement has worn off and the day- to-day routine has set in. You are normally the quiet one in the relationship, but this morning you and your partner get into an argument and you said some things that you are now regretting. As soon as you get to work, you are bombarded with calls from clients. How do you rate your stress?
- You are a seasoned worker and you have to help train some of the new workers in your department. You have been recognized for your outstanding work with clients, but you are extremely busy and really don't have time to help train any new workers. Your boss insists that you take on this new trainer role. How do you rate your stress?
- You have just been promoted on your job due to your excellent work ethic, job

performance and camaraderie with your fellow colleagues. You are also in the midst of preparing to have your first baby after being married for five years. You and your spouse recently moved to a new state because of the opportunities for advancement. Your closest family members are located about 5 hours from you. How do you rate your stress?

- You are a very active parent and you take pride in being present at all of your child's sporting events. This particular weekend you are scheduled to be on call for your job, but your child is scheduled to play the most important game of the season. You take a chance and go to the game with the hopes of being able to see it in its entirety. As your child prepares to make a shot, you get a call on your work phone. How do you rate your stress?
- You are making a scheduled home visit to a client who has a history of domestic violence. To your knowledge, the victim's spouse is not at home, so you feel safe. As you prepare to leave, you see the offender approaching the apartment. You panic, step back into the apartment, and lock the door. This event has triggered your memory of your own history of being a victim of domestic violence. How do you rate your stress?

FEELINGS THERMOMETER



VERY HOT

VERY UNCOMFORTABLE
EXTREMELY STRESSED/ANXIOUS
NEED TO GET OUT OF HERE



HOT

MODERATELY UNCOMFORTABLE
STRESSED/ANXIOUS
DISTRACTED/EDGY



WARM

MILDLY UNCOMFORTABLE
SLIGHTLY STRESSED/ANXIOUS
LOSING MY FOCUS



JUST RIGHT

COMFORTABLE
NOT STRESSED/ANXIOUS
FOCUSED/ENERGIZED



COOL

A LITTLE BORED
LOSING MY FOCUS



ICE COLD

TOTALLY BORED
NOT FOCUSED/ENGAGED
PLANNING MY ESCAPE

SCAVENGER HUNT ANSWER KEY

Who is your OCC attorney? _____

How do you get in touch with this person?

Email:

Phone:

Find the laws and read a summary of each. Then answer the questions below:

ASFA – Adoption and Safe Families Act

Unless the Division has a compelling reason not to terminate, when must the State move to terminate parental rights?

The Division will file a petition to terminate parental rights when a child (of any age) has been in an out-of-home placement for 15 of the most recent 22 months. The petition must be filed by the end of the child's 15th month in foster care.

What is one question you have after reading a summary of ASFA?

CAPTA – Child Abuse Prevention and Treatment Act

Besides child maltreatment investigations, what does CAPTA fund?

Prevention, Assessment, Prosecution, & Treatment

What is one question you have after reading a summary of CAPTA?

CHAFEE - John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program)

List one (1) service covered by/made possible by CHAFEE.

Education, Employment, Housing, and Connections

What is one question you have after reading a summary of CHAFEE?

Concepts

- **Parens Patriae:** The government, or any other authority, regarded as the legal protector of citizens unable to protect themselves.
- **In Loco Parentis:** The term *in loco parentis*, Latin for "in the place of a parent", refers to the legal responsibility of a person or organization to take on some of the functions and responsibilities of a parent.
- **Define Affidavit:** A written statement confirmed by oath or affirmation, for use as evidence in court.
- **5 Tips for Affidavits:**
Here are a few examples:
 - Set out facts/events exactly as happened.
 - Use simple, easy to understand language.
 - Include time and date of events being described.
 - Avoid opinions.
 - Ensure that you read for correctness

LEGAL OVERLAY

Print out as many as your class may need to complete the Legal Overlay Activity.

Order of Investigation	Order of Investigation	Order of Investigation	Order of Investigation	Order of Investigation
Order of Less Than Custody	Order of Less Than Custody	Order of Less Than Custody	Order of Less Than Custody	Order of Less Than Custody
72 Hour Hold	72 Hour Hold	72 Hour Hold	72 Hour Hold	72 Hour Hold
Ex-Parte to Probable Cause	Ex-Parte to Probable Cause	Ex-Parte to Probable Cause	Ex-Parte to Probable Cause	Ex-Parte to Probable Cause
Adjudication	Adjudication	Adjudication	Adjudication	Adjudication
30 Day Petition	30 Day Petition	30 Day Petition	30 Day Petition	30 Day Petition
File Immediate Safety Plan	File Immediate Safety Plan	File Immediate Safety Plan	File Immediate Safety Plan	File Immediate Safety Plan
Adjudication / Disposition	Adjudication / Disposition	Adjudication / Disposition	Adjudication / Disposition	Adjudication / Disposition
Review	Review	Review	Review	Review
Permanency Planning	Permanency Planning	Permanency Planning	Permanency Planning	Permanency Planning

TEACHING NOTES

REASONABLE EFFORTS PRACTICE**Situation 1**

DCFS received a Garrett's Law report. The newborn tested positive for meth. When talking to the mother she told you, "You might as well know. When you go to the house you'll find the lab." Due to concerns about sending the infant to a home with an active meth lab, DCFS implemented a 72-hour hold.

During the interview, the mother also told you that she has a 4-year-old daughter. This child has lived with her mother (child's grandmother) for the last four and a half years. Mother sees her occasionally, but the grandmother is truly the child's primary care giver. However, grandmother has never gotten custody or guardianship of her granddaughter.

You visit grandmother. Interaction between the 4-year-old and grandmother is very positive and it is obvious there is a strong bond. You did not see any safety threats in her home.

Legal Intervention to assure safety for the four-year-old:

Order of Less Than Custody**Situation 2**

There is a family with three children on your caseload. The children are in foster care. They came into care due to sexual abuse by their uncle who lives in the family home. The mother was initially unable/unwilling to believe their disclosure. She loves her children, but is very dependent, both emotionally and financially, on her brother. There was no viable option for an immediate safety plan.

During the assessment, it came to light that mother was sexually abused as a child. The offender was her father, and he made the brother watch.

DCFS has arranged for trauma informed counseling for the mother, the uncle and the children. The counseling for the uncle also focuses on offender treatment. The family members receive individual counseling and are working towards family counseling. As the caseworker, you are in close contact with the therapists to help determine if the mother and uncle are benefiting from the services.

Identifying the need for services, making referrals to qualified therapists, and monitoring the family member's progress in therapy are examples of:

Reasonable Efforts to Reunify

REASONABLE EFFORTS PRACTICE

Situation 3

You have inherited a case that started off as a Differential Response intervention for inadequate supervision of a 10-year-old girl and an 11-year-old boy. During the first contact, DCFS determined that there were two more children in the family home, a three-year-old and a three-month old. The case was referred to a traditional investigation track and was found to be True and an in-home case was opened.

The family consists of the children noted above and their biological father. The mother left home the month after the baby was born and her whereabouts are unknown. The father admits he has been reluctant to ask for help and has just been letting the 10-year-old daughter assume most of the responsibility for childcare. He is overwhelmed and does not know what he will do when school starts.

You help the father find affordable childcare for the two youngest children and a summer camp program for the older children that ensures they are also supervised during the day. You make a referral to the Triple P Parenting of Arkansas program as father has indicated he needs help with parenting and feels inadequate. You keep in close contact with the Triple P folks who work with the family. You and the father identify and contact family friends who can watch the children and occasionally take them over night so that he can have some respite time.

Identifying the needs, making the referral, monitoring the progress of parenting classes (Triple P) and assisting in a plan for safe respite care are examples of:

Reasonable Efforts to Prevent Removal

TEACHING NOTES

REASONABLE EFFORTS PRACTICE

Situation 4

DCFS gets a call from the local sheriff at 10:30 pm. The sheriff's office responded to an anonymous call, went to the scene, and found a 2-year-old child wandering along the side of a rural highway. There were no nearby houses. The child has limited language skills. The deputy did check with the nearest houses, which were approximately 2 miles from where they located the child, but no one knew anything about him.

- Legal Intervention to protect the child: **72- Hour Hold**
- How would you address reasonable efforts in the affidavit?

Reasonable Efforts to prevent removal could not be provided because the caretaker(s) whereabouts were unknown.

REASONABLE EFFORTS PRACTICE

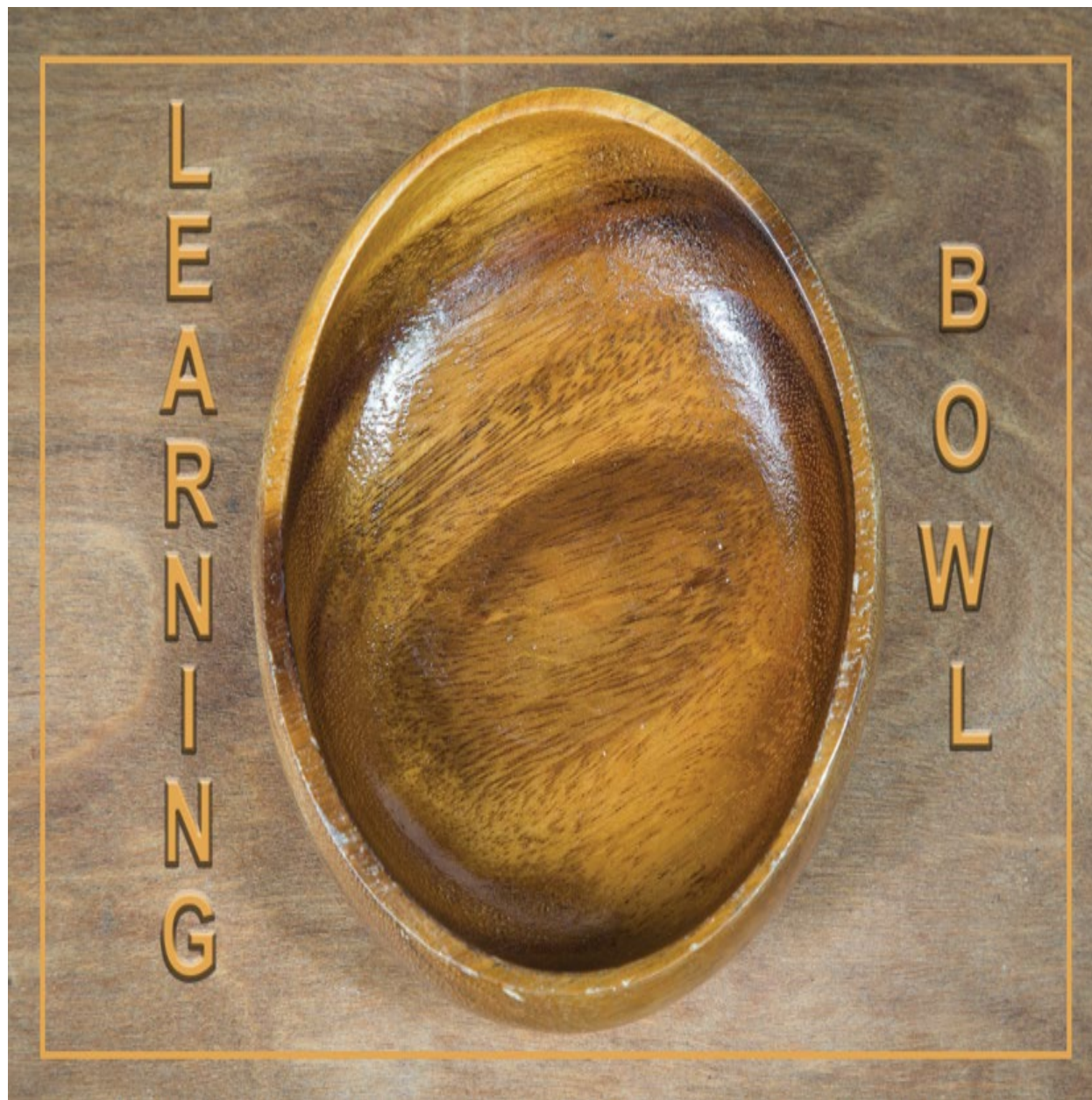
Situation 5

DCFS needs to initiate an investigation by interviewing the alleged child victim outside the presence of the alleged offenders. The allegation is abuse, which resulted in bruises and welts. The child told a friend that his Mommy and Daddy get drunk and fight a lot. When they are drunk, they also hit him and scream at him. The friend told his mother. The mother called the Hotline. She said the child is very fearful and afraid that his parents will hurt him again if they know he told someone what had happened or the next time "they get drunk and mean." It is summer and you cannot interview the child at school.

The alleged offenders are his parents. They refuse to allow the investigator to interview the child unless they, and their attorney, are present. They live in an upscale neighborhood and made it clear to the investigator that "people like us don't hurt kids."

Legal intervention to assure the child's safety: **Order of Investigation**





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 visitation 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: 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, visitation 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, the disposition of the investigation (true or unfounded), list cases opened in association with true findings and list all services provided to the family during the course of the investigation and associated case, see example below

3/16/17 Threat of Harm, True, 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 concerns 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 factors and not just risk factors. 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 factor # 11).]

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

- A. [Protection 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 a protection plan. The Department implemented a protection 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 assessment factors were identified and considered in making the decision to remove the juvenile(s): [list each factor 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, protection 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].

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 _____, 2020.

NOTARY PUBLIC ARKANSAS

MY COMMISSION EXPIRES:

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 #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.
- 7) Under the signature line, remove the (your name) and replace it with the correct spelling of your typed name.
- 8) Delete the directions page from the affidavit.