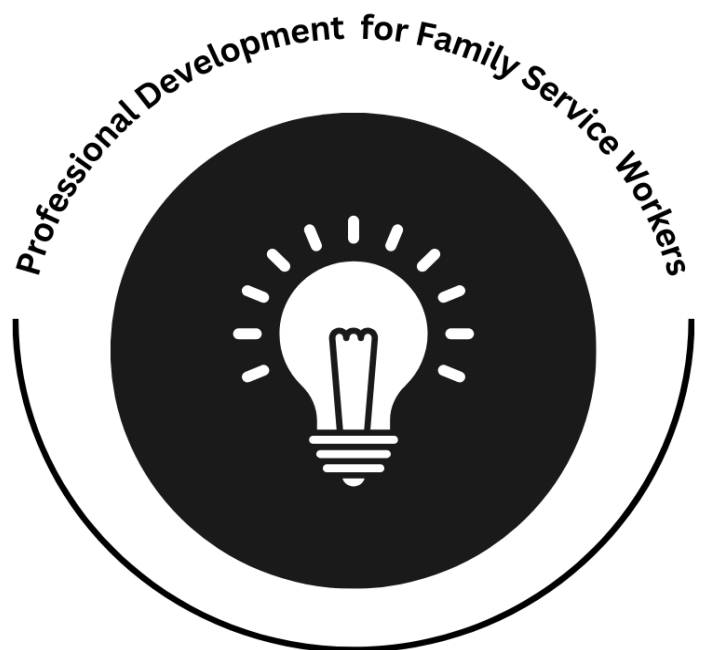


In-Home Unit 9

Trainer Resources



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

Stages of Change Statements

Make several copies of the following statements and cut the paper into strips so that there is one statement per strip.

"I have smoked cigarettes since the age of thirteen. Smoking is just a part of who I am as a person and I'm NOT changing"
"The doctor has encouraged me to stop drinking wine because it is affecting my liver functioning. My grandmother loved wine, my mother loves wine and I love wine. They both lived a good love life and I expect to live a good long life as well"
"My doctor says I have to watch what I eat, but I'm not going to count calories or read books about nutrition because it's just too much"
"I know that I need to bring my cholesterol down, but it's hard to even think about giving up my favorite foods – especially not forever"
"I'd like to stop smoking, I really would, but I've tried before and I just can't do it"
"I've been struggling with keeping up with my heavy school schedule. I have been taking Ritalin to keep myself up at night to study. I don't think that it is a problem because the Ritalin is helping me to succeed in school"
Monica is a mother of two small children. She feels that the amount of Vicodin she has been taking is interfering with her relationship with her children and her responsibilities as a mother. Monica has told her husband that she would speak with her doctor about it, but consistently "forgets" to do so.
"I need more physical activity, so I signed up last week for an exercise class. The classes begin this week"
"I have talked to my doctor about giving me something to curb my nicotine cravings. He gave me a prescription for something to help with the cravings"
"I enjoy my wine and cigarettes, but I want to be around long enough to see my grandchildren grow up"
"I haven't smoked for two weeks, but last night was tough. I went out to a restaurant with some friends and I could hardly resist. I don't know if I can stick with it"

<p>Jim has been taking oxycodone for 2 years because of an injury and he is now addicted to the medication.</p> <p>He was taking them from anyone who would sell them to him. He has recently realized the impact it is having on his life and he has made an appointment with his doctor to discuss quitting.</p>
<p>Roderick is an Opioid addict and has been clean for 3 months. He regularly sees a therapist and attends NA meetings once a week.</p>
<p>Sandra was addicted to depressants for 5 years. After completing a one-month stay in a residential treatment center, she has remained clean and sober for the last 11 months. She attends outpatient support groups and is celebrating one year of sobriety with a renewed vow to never use again.</p>
<p>After 2 years of sobriety, and after receiving her children from the custody of DCFS, Sandra started using drugs again to cope with the stressors of raising her two young children.</p>
<p>Julie is a high school student who has begun using Opioid prescription drugs with some other teens after school. Her best friend tells her the behavior is dangerous, but Julie insists she is just having fun and the drugs are safe because they came from a pharmacy.</p>
<p>“I did what I was supposed to do. I watched what I was eating, I brought down my cholesterol, and I lowered my blood pressure. Now that I am healthy, I can go back to eating what I like, right?”</p>
<p>“I need to walk up two flights of steps to get to my apartment. Lately, I am out of breath by the time I have reached my door. I guess it’s time to stop smoking”</p>
<p>“I’ve started walking every morning. I really feel better, and it’s much easier to climb the stairs to my apartment”</p>
<p>“I was doing so well on my diet – I lost 6 pounds, but then I went on vacation. There was so much good food. Now I’m having a hard time starting over”</p>
<p>“My DCFS worker told me that I have to stop using drugs in order to get my kids back. I know that I really need to stop and I really want to. I know that I will need help to stop”</p>

Review Game Cards – FSW CONTACTS KEEP KIDS SAFE

Make back-to-back copies of one of the numbered sheets with the lettered sheets. There is a letter at the bottom of the pages – each set has its own letter, you will make copies of the two sheets that have the same letter at the bottom of the page (i.e., letters ‘A’ go together, letters ‘B’ go together, etc.). After making the copies, laminate and cut out each square.

1**2****3****4****5****6****A**

S**F****C****W****N****O****A**

7	8
9	10
11	12

B

A	T
T	C
K	S

B

13**14****15****16****17****18****C**

E	E
K	P
D	I

C

19**20****21****22****23****D**

S**S****F****A****E****D**



Review Game Questions (Answer Key)



FSW CONTACTS KEEP KIDS SAFE

F—Team gets 2 points

S—Team loses a turn

W—What is the policy # regarding Family Service Worker Contacts? [Policy V-B; Procedure V B1](#)

C—How often must an FSW visit with a child and family during the first month that a case is opened? [No less than weekly contact with the child is required.](#)

O—Visits by other DCFS staff (e.g., Program Assistant, Supervisor) will count as a weekly visit only after the case has been opened 30 days and there is a monthly waiver approved. [False. Visits by Program Assistants do not count as a weekly visits regardless if there has been a monthly waiver. The only visits that count as a full visit and assessment are supervisory, FSW visits or higher because a home assessment has to be completed.](#)

N—If a Protective Service case is opened longer than one month, the worker can decide if visits to the family home can be held less frequently. True or False? [False. Less frequent contact shall be dictated by the needs of the child and family and must have prior approval by the Supervisor.](#)

T—Deduct 1 point from your team's total score

A—Visits with children in other locations outside of the home count towards the monthly face-to-face contact requirement. True or False? [False. Visits outside of the home do not count as an In-Home visit because an assessment must be done. However, an FSW can go to the school if the child is having issues such as excessive absences to verify the child is attending school and they should document the contact, but it will not count as a monthly visit.](#)

C—If a worker is not able to visit a child in the home according to the specified policy, what should the worker do? [Document the reason in the case record. The worker should also notify their Supervisor.](#)

T—What does policy mean by “face-to-face” contact? [A face-to-face contact is defined as an in-person contact with the perpetrator, victim or caregiver \(parent, guardian or other person responsible\) for the purpose of observation, conversation or interviews about substantive case issues.](#)

S—After 30 days, how often does an FSW have to have contact with the child in the home for a high-risk case? [High-risk cases must continue to have at least weekly face-to-face contact.](#)

K—After 30 days, how often does an FSW have to have contact with the child in the home for a moderate/low risk case? [Moderate or low risk cases must have at least monthly face-to-face contact.](#)

E—Team loses a turn

E—You must document your contacts with families in the CHRIS client information screen. True or False? [True](#)

P—Team loses a turn.

K—Deduct 2 points from the team's total score

I—Protective Services cases are not as important as Foster Care cases. True or False? [False.](#) [Protective Services cases are very important and should be taken seriously. Children that remain in their homes following a True disposition for maltreatment may be at a greater risk of being maltreated and it is the responsibility of the division to help keep the children safe.](#)

D—Team loses a turn

S—If a child is experiencing a period of crisis in the home, school or community, what should the worker do? [The worker should maintain weekly contact with the child to be able to assist the child to cope with the crisis.](#)

S—Team gets 3 points

A—A waiver can be granted for less than weekly contacts when there is a staff shortage. True or False? [False.](#) [According to policy, “under no circumstances can a waiver be granted for less than weekly contacts based on staff shortages without other appropriate justification”.](#)

F—Should weekly contacts be maintained for families where the child's or family's situation raises protective concerns? Yes or No? Why is this important? [Yes. This is important because the worker needs to be able to monitor the family situation and assure child safety.](#)

E—Team gets 1 point

Andrews Investigation Summary Review Questions

1. Referral Date- Workload/Investigation/Summary/ Referral Tab
 - A. 09/14/2017
2. Who are the clients? Workload/Investigation/Summary/ Referral Tab-Client Relationship Tab
 - A. Melissa Andrews
 - B. Greg Andrews
 - C. Mike Andrews
 - D. Sarah Andrews
3. Who is/ are the alleged victim children? Workload/Investigation/Summary/Referral Tab-Client Relationship Tab
 - A. Greg Andrews
 - B. Sarah Andrews
4. Who is/ are the alleged offender? Workload/Investigation/ Summary/Referral Tab-Client Relationship Tab
 - A. Melissa Andrews
5. Who is/are a PRFC? Workload/Investigation/Summary/ Referral Tab-Client Relationship Tab
 - A. Melissa Andrews
 - B. Mike Andrews
6. How many collaterals are named? Workload/Investigation/Summary/Investigation Tab-Collateral Tab
 - A. 4
7. What is the grandmother's name? Workload/Investigation/Summary/Investigation Tab-Collateral Tab. She is the only relative listed in the collaterals and she is mentioned in several of the interviews as being the grandmother.
 - A. Marsha Andrews

8. How many allegations were reported? Workload/Investigation/ Summary/ Investigation Tab- Abuse/Neglect Findings Tab
A. 3
9. What are the allegations with a true finding? Workload/Investigation/Summary/Investigation Tab-Abuse/ Neglect Findings Tab
A. Neglect: Inadequate Supervision for Greg and Sarah
10. What date was Mike Andrews interviewed? Workload/Investigation/ Summary/ Investigation Tab- Timeline Tab
A. 09/15/2017
11. What date was the case open? Workload/ Investigation/ Summary/ Investigation Tab
A. 09/19/2017

Andrews Case Scenario

Mike and Melissa Andrews are divorced. Melissa is the primary caregiver for her children. Mike does not currently fulfill any of the caregiver responsibilities for his children due to being in the hospital. He does not reliably pay child support. He was slightly in arrears on child support prior to the accident that resulted in his hospitalization.

Melissa is an RN, and she works full-time at Jefferson Regional Medical Center on the 3:00 pm - 11:00 pm shift, M- F. She also works a part-time job three days a week at Hospice Home Care from 12:00 am to 8:00 am. Her days of employment at Hospice Home Care vary. Melissa has had to pick up extra shifts to cover her home expenses. Melissa has a history of using prescription pain pills due to a work-related back injury that she sustained a couple of years ago. Between lack of sleep due to her work schedule and the use of her pain pills, Melissa sleeps heavily. She depends on her 12-year-old son Greg to supervise his 6-year-old sister Sarah when she is at work or sleeping. Melissa has a good relationship with her children. She has no prior child welfare history.

Mike is a truck driver for CalArk. He was involved in a serious accident that resulted in his hospitalization for the past 2 weeks. It is suspected that Mike was intoxicated at the time of the accident. Mike has no prior child welfare history. Before the accident, the children would spend the weekends with him and their paternal grandmother, Marsha Andrews. They would like to be able to see the children more often, but Melissa is not in favor of this request. Melissa and Marsha have had a rocky relationship ever since she accused Melissa of having an opioid addiction due to her need for pain pills. Marsha told Mike that Melissa sleeps all day, does not clean the house, has mood swings, and isolates herself when she comes to see the kids.

The Andrews family was brought to the attention of DCFS following a call to the hotline on 9/14/17 at 3:00 am regarding concerns for Sarah Andrews, who had been left unsupervised. While home alone on 9/13/17, Sarah accidentally cut her finger. She went to the neighbor's house to get help because she was bleeding. The neighbor (Ms. Jenkins) was afraid to take the child to the hospital because she did not want to be liable for Sarah's medical care; therefore, she contacted 911. Officer Tommy Norman was dispatched to the house, and he immediately transported Sarah to the hospital. Since the hospital personnel knew Sarah's mother, they initiated treatment and began trying to locate Melissa. Sarah needed six stitches in her left index finger and into the palm of her hand. It took hospital personnel some time to locate Melissa because she had already left for her second job. Once Melissa was contacted, she immediately returned to the hospital, and Sarah was released to her care.

Greg arrived home after Sarah was taken to the hospital. Greg was afraid that his mother would find out he wasn't at home and was not watching his sister, so he got up early (on 09/14/2017) and went to school before his mother got up. The investigator interviewed Greg Andrews at Quest Middle School. When questioned, Greg did not deny leaving his sister at home alone last night. He stated that he was at the hospital spending time with his father because his mother was not willing to take him to the hospital to visit. Greg stated that he caught a ride to the hospital with his friend's older sibling last night. Greg hitch-hiked home.

The DCFS Investigation was closed with a true finding based on the preponderance of evidence, which resulted in an Immediate Safety Plan and an open In-Home Protective Service Case. The department worked diligently with Melissa and her network to create the Immediate Safety plan to ensure that the children were supervised.

Melissa entered into an immediate safety plan. The investigation was found to be true, and a protective service case was opened.

Melissa Andrews Interview Script

Ms. Melissa Andrews is the mother of two children, Greg and Sarah Andrews. Melissa is 30 years old. She has recently divorced her husband, Mike, because she got tired of him being away from home all the time for his job. She thought that he was intentionally volunteering to work to avoid being home with her and their children. She also felt that Mike was cheating on her, which caused many fights (physical and verbal) in the home. Melissa has had to pick up extra shifts to be able to pay her mortgage, utilities, groceries, and clothing for her children. She feels very overwhelmed with everything she is expected to pay, and she has not adjusted well to the break-up of her marriage. She wanted her family to stay together because her parents divorced when she was very young, and she wanted her children to be able to grow up with and live in the same household with both parents.

Melissa has never been the subject of a child maltreatment investigation, and she is fearful that her children will be placed in foster care or placed with her ex-husband and his mother. Melissa does not think that her ex-mother-in-law likes her because when she and Mike were married and still living together, Mike's mom (Marsha Andrews) would come to their house to cook and clean because she did not think that Melissa kept a clean home. Melissa is an RN, and she is very good at her job. She was hurt on the job a couple of years ago, and she started taking pills to relieve her pain. She initially had a prescription following her accident, but her doctor would not prescribe any more medication. She has been getting a variety of medications from a friend, but she doesn't want to implicate her friend. Melissa is in denial about how much she uses and cannot articulate when and how frequently she takes them. She has recently been taking so many pills that she sleeps long hours when she is not working, leaving her 12-year-old son in charge of supervision of his little sister.

Melissa loves her children, but her interactions with them have been minimal because when she is not working, she is asleep or extremely moody, as her current substance use has impacted her ability to provide supervision for her children. Melissa would be willing to receive treatment for her addiction for the sake of her children.

Melissa knows that Greg is mad at her for not telling him that his father was in the hospital, but she does not want him to worry.

Melissa has a cordial relationship with Mike.

Mike Andrews Interview Script

Mike Andrews is the father of two children, Greg and Sarah. Mike is 32 years old. He works full-time as a truck driver for CalArk. He is currently residing with his mother since divorcing his ex-wife, Melissa Andrews. Mike is very involved in his children's lives and loves being a father. Mike is currently on medical leave pending a criminal investigation due to his recent accident on the job. Mike was intoxicated at the time of the accident. He has a history of drinking and since the divorce, his use of alcohol has increased. Mike does not like being separated from his children. He believes that his ex-wife is a good mother and that his children are safe with her. He knows that Melissa has a history of using prescription pills, but he is not aware that her usage has increased significantly.

Mike is fearful that he may lose his job due to this recent accident because he has had multiple driving infractions in the past.

If Mike loses his job, he will not have any source of income and he is afraid that he will not be able to help take care of his financial obligations (i.e., child support, bills, etc.), as well as the court costs associated with the accident. Mike was already behind on his child support prior to the accident.

Mike is upset at Melissa for leaving Sarah home alone. He told her that his mother is always available to babysit the children when she has to go to work. Mike is aware that his mother does not like Melissa, but that doesn't matter to him – he is concerned about his children's safety. He is willing to do whatever he has to do to ensure the well-being of his children. He doesn't think that the children should have to be removed from Melissa; he knows that that would do more harm to them in the long run.

Greg Andrews Interview Script

Greg is the son of Melissa and Mike Andrews. He is 12 years old. Greg is very close to his father. He has not taken the divorce of his parents well. Greg thinks that it is his mother's fault that his father left the home. Greg is also mad at his mother because she did not tell him that his father was in the hospital. He is afraid to tell his mom that he was sneaking to the hospital because he thinks that she would get upset. Greg did not deny that he was supposed to be watching his sister, but he wanted to go check on his dad.

Greg denied any maltreatment by his mother; however, he did mention that his mother does "sleep a lot at times" to the point that she cannot be awakened by him or his sister. Greg stated that his sister is not aware that their father is in the hospital.

Greg's father is his "hero", and he hopes that he is going to be fine. Greg disclosed that he and his sister witnessed his parents fighting when they lived together in the home. Greg also disclosed that his father would drink a lot of alcohol.

Sarah Andrews Interview Script

Sarah is the daughter of Melissa and Mike Andrews. She is 6 years old. Sarah disclosed that she was left at home by herself and she got hungry, so she tried to make her something to eat. Sarah learned how to “fix her food” by watching her mommy in the kitchen, so she thought that she could do the same thing. Sarah loves her mommy and daddy and misses seeing her daddy all the time. She doesn’t know where he is. Sarah is afraid to talk about what happened because she fears being taken away from her mommy.

Sarah has not been a victim of physical or sexual abuse, but her mother has left her unsupervised at home on several occasions. Sarah gets along well with her brother.

Andrews Scored FAST

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)			
Case Name: ANDREWS-TRAINING		Case Number: 22408726	
Assessor: Student Twentythree		Assessment Creation: 10/04/2017	
Form Status:	Initial	Subsequent	Discharge
CAREGIVER A:	Melissa Andrews-Training		YOUTH A: Sarah Andrews-Training
CAREGIVER B:	Mike Andrews-Training		YOUTH B: Greg Andrews-Training

THE FAMILY TOGETHER				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Parental/Caregiver Collaboration	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships among Siblings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Family Relationships	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Conflict	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Family Communication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Role Appropriateness	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Family Safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Maintenance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER ADVOCACY STATUS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Knowledge of Service Options	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Rights/Responsibilities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Living Arrangement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Education Arrangement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)

Case Name: ANDREWS-TRAINING			Case Number: 22408726		
Assessor: Student Twentythree			Assessment Creation: 10/04/2017		
Form Status:	Initial	Subsequent	Discharge		
CAREGIVER A:	Melissa Andrews-Training		YOUTH A:	Sarah Andrews-Training	
CAREGIVER B:	Mike Andrews-Training		YOUTH B:	Greg Andrews-Training	

CAREGIVER A'S STATUS				
Melissa Andrews-Training				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Empathy with Child	●	○	○	○
Boundaries	●	○	○	○
Involvement	○	●	○	○
Supervision	○	○	●	○
Discipline	●	○	○	○
Partner Relationships	●	○	○	○
Vocational Functioning	●	○	○	○
Mental Health	●	○	○	○
Alcohol and/or Drug Use	○	○	●	○
Posttraumatic Reactions	●	○	○	○
Knowledge of Child	○	●	○	○
Organization	●	○	○	○
Physical Health	○	●	○	○
Developmental	●	○	○	○
Accessibility to Child Care Services	●	○	○	○
Family Stress	●	○	○	○
Educational Attainment	●	○	○	○
Legal	○	○	○	○
Transportation	●	○	○	○
Safety	●	○	○	○

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)

Case Name: ANDREWS-TRAINING			Case Number: 22408726		
Assessor: Student Twentythree			Assessment Creation: 10/04/2017		
Form Status:	Initial	Subsequent	Discharge		
CAREGIVER A:	Melissa Andrews-Training			YOUTH A:	Sarah Andrews-Training
CAREGIVER B:	Mike Andrews-Training			YOUTH B:	Greg Andrews-Training

CAREGIVER B'S STATUS

Mike Andrews-Training				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Empathy with Child	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner Relationships	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and/or Drug Use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Posttraumatic Reactions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY ADVOCACY AND SUPPORT TOOL (FAST)

Case Name: ANDREWS-TRAINING			Case Number: 22408726		
Assessor: Student Twentythree			Assessment Creation: 10/04/2017		
Form Status:	Initial	Subsequent	Discharge		
CAREGIVER A:	Melissa Andrews-Training			YOUTH A:	Sarah Andrews-Training
CAREGIVER B:	Mike Andrews-Training			YOUTH B:	Greg Andrews-Training

YOUTH A's STATUS				
Sarah Andrews-Training				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship with Biological Mother	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Biological Father	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Primary Caregiver	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Other Adult Family Members	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Siblings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Regulation Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH B's STATUS				
Greg Andrews-Training				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship with Biological Mother	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Biological Father	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Primary Caregiver	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Other Adult Family Members	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with Siblings	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Regulation Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Status	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Case Name: ANDREWS-TRAINING			Case Number: 22408726	
Assessor: Student Twentythree			Assessment Creation: 10/04/2017	
Form Status:	Initial	Subsequent	Discharge	
CAREGIVER A:	Melissa Andrews-Training		YOUTH A:	Sarah Andrews-Training
CAREGIVER B:	Mike Andrews-Training		YOUTH B:	Greg Andrews-Training

ACTION LEVELS FOR ITEMS**0 - No Evidence of Need -**

This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - Watchful Waiting/Prevention -

This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

2 - Action Needed -

This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way.

3 - Immediate/Intensive Action Needed -

This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a "3" on the relevant need.

FAMILY TOGETHER

1	Parental Caregiver Collaboration
0	Relationships among Siblings
1	Extended Family Relationships
<i>Comment:</i> The relationship between the paternal grandmother and mother is strained. The paternal grandmother does not like Mleissa. Mike stated that his mother does not like Melissa.	
2	Family Conflict
<i>Comment:</i> There is conflict between the ex-spouses. The father would like to have more contact with his children, but Melissa will not allow it. Greg would like to have more contact with his father and he views him as his "hero". The mother, Melissa and the paternal grandmother do not have a good relationship.	
0	Family Communication
2	Family Role Appropriateness
<i>Comment:</i> Melissa had Greg acting as the primary caregiver while she was away.	

FAMILY TOGETHER

0	Family Safety
1	Financial Resources
0	Residential Stability
0	Home Maintenance

Overall Family Comments

The case came to the attention of the department due to Sarah and Greg being left home unattended. As a result in the children being left unattended, Greg went to the hospital to visit his father, Mike, and Sarah attempted to make herself something to eat and injured herself.

Caregiver A's Status: Melissa Andrews-Training

0	Empathy with Child
0	Boundaries
1	Involvement
<i>Comment:</i> Melissa works two jobs and is asleep the majority of the time when she is home. This prevents her from being fully involved in her children's daily activities. Her current substance use is also preventing her from being fully present.	
2	Supervision
<i>Comment:</i> Sarah was left home alone with her brother Greg, who then left Sarah unsupervised. Sarah was injured as a result of being left home alone.	
0	Discipline
0	Partner Relationships
0	Vocational Functioning
0	Mental Health
2	Alcohol and/or Abuse Drug
<i>Comment:</i> There is suspicion that Melissa is using drugs. Greg reports that his mother sometimes sleeps a lot and cannot be awoken. Greg stated that he is aware of his mother's drug use, but he is keeping it a secret because he is afraid to talk about what is going on in the home.	
0	Post-Traumatic Reactions
1	Knowledge of Child
<i>Comment:</i> Melissa left Greg in charge of supervising Sarah overnight. Based on his age, Melissa has unrealistic expectations for Greg's maturity level.	
0	Organization

Caregiver A's Status: Melissa Andrews-Training

1	Physical Health
<i>Comment:</i> It is noted that Melissa suffered from a work related back injury.	
0	Developmental
0	Accessibility to Child Care Services
0	Family Stress
0	Educational Attainment
0	Legal
0	Transportation
0	Safety

Overall Caregiver Status Comments

Melissa does not have any past involvement in child welfare. She is currently working two jobs to maintain her household, and she loves her children.

Caregiver B's Status: Mike Andrews-Training

0	Empathy with Child
0	Boundaries
1	Involvement
<i>Comment:</i> Mike's involvement has been limited due to his hospitalization and Melissa's refusal to allow further contact with his children.	
0	Supervision
0	Discipline
0	Partner Relationships
0	Vocational Functioning
0	Mental Health
2	Alcohol and/or Abuse Drug
<i>Comment:</i> Mike was involved in a serious automobile accident due to being inebriated. He has a history of drinking, and it has recently increased following his divorce from Melissa.	
0	Post-Traumatic Reactions
0	Knowledge of Child
0	Organization

Caregiver B's Status: Mike Andrews-Training

1	Physical Health
Comment: Mike is currently in the hospital.	
0	Developmental
0	Accessibility to Child Care Services
0	Family Stress
0	Educational Attainment
2	Legal
Comment: Mike has a pending infraction due to his drunk driving.	
0	Transportation
0	Safety

CAREGIVER ADVOCACY

0	Knowledge of Service Options
0	Knowledge of Rights and Responsibilities
0	Ability to Listen
0	Ability to Communicate
0	Natural Supports
0	Satisfaction with Youth's Living Arrangement
0	Satisfaction with Youth's Educational Arrangement
0	Satisfaction with Services Arrangement

Youth A's Status - Sarah Andrews-Training

1	Relationship with Biological Mother
0	Relationship with Biological Father
1	Relationship with Primary Caregiver
0	Relationship with Other Adult Family Members

Youth A's Status - Sarah Andrews-Training

0	Relationship with Siblings
0	Health Status
0	Mental Heath Status
0	Adjustment to Trauma
0	Cognitive Skills
0	Self-Regulation Skills
0	Interpersonal Skills
0	Educational Skills

Youth B's Status - Greg Andrews-Training

1	Relationship with Biological Mother
0	Relationship with Biological Father
1	Relationship with Primary Caregiver
0	Relationship with Other Adult Family Members
0	Relationship with Siblings
0	Health Status
0	Mental Heath Status
0	Adjustment to Trauma
0	Cognitive Skills
0	Self-Regulation Skills
0	Interpersonal Skills
0	Educational Skills

SDM RISK ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Family Name: Andrews CHRIS Referral #: 22408726Worker Name: John Austin Assessment Date: 09/14/2017Household Assessed: Melissa Andrews Primary Caregiver: Melissa Andrews

Secondary Caregiver (if present): _____

SECTION 1: RISK ITEMS

CURRENT INVESTIGATION

1. Current report

- ☒ a. Neglect
☐ b. Abuse
☐ c. Both

2. Number of children involved in the incident

- ☒ a. One, two, or three
☐ b. Four or more

3. Age of youngest child in the home

- ☒ a. Two years or older
☐ b. Under 2 years

PRIOR INVESTIGATIONS

4. Prior investigations/DR cases

- ☒ a. No
☐ b. Yes

If "No," skip to question 5.

Neglect Index	Abuse Index
1	0
0	1
1	1
1	0
0	0
1	0
0	0
0	0
0	0
1	0
0	0

4a. Prior neglect

- ☐ a. None
☐ b. One
☐ c. Two
☐ d. Three or more

4b. Prior abuse

- ☐ a. None
☐ b. One
☐ c. Two or more

5. Prior injury to a child resulting from child abuse/neglect

- ☒ a. No
☐ b. Yes

6. Household previously received ongoing child protective services.

- ☒ a. No
☐ b. Yes

FAMILY CHARACTERISTICS**7. Current or historical characteristics of children in household (select all that apply)**

- ☐ a. Medically fragile, malnourished, or failure to thrive
☐ b. Positive toxicology screen at birth
☐ c. Developmental, learning, or physical disability (select all that apply)
 ☐ Developmental or learning disability
 ☐ Physical disability
☐ d. Delinquency history
☐ e. Mental health or behavioral problem
☒ f. None of the above

8. Primary caregiver has a history of abuse or neglect as a child.

- ☒ a. No
☐ b. Yes

9. Primary caregiver's assessment of current incident (select all that apply)

- ☒ a. Blames child for maltreatment
☐ b. Justifies maltreatment
☐ c. Neither of the above

Neglect Index	Abuse Index
0	0
1	0
1	0
2	0
0	0
0	1
0	2
0	0
0	1
0	0
1	0
1	0
1	–
–	1
–	0
0	1
0	1
0	0
0	0
0	0
0	0
0	1
0	2
0	0
0	1

10. Primary caregiver's provision of physical care

- ☒ a. Meets child needs
- ☐ b. Does not meet child needs

11. Primary caregiver characteristics (select all that apply)

- ☐ a. Provides emotional/psychological support that is insufficient or damaging
- ☐ b. Employs excessive/inappropriate discipline
- ☐ c. Domineering
- ☒ d. None of the above

12. Primary caregiver has a historical or current mental health issue that interferes with personal or family functioning.

- ☒ a. No
- ☐ b. Yes (select all that apply)
 - ☐ Current (within the last 12 months)
 - ☐ Historic (prior to the last 12 months)

13. Primary caregiver has a historical or current alcohol or drug issue that interferes with personal or family functioning.

- ☐ a. No
- ☒ b. Yes (select all that apply)
 - ☐ Alcohol (select all that apply)
 - ☐ Current (within the last 12 months)
 - ☐ Historical (prior to the last 12 months)
 - ☒ Drugs (select all that apply)
 - ☒ Current (within the last 12 months)
 - ☐ Historical (prior to the last 12 months)

14. Secondary caregiver has an alcohol or drug issue that interferes or has interfered with personal or family functioning.

- ☒ a. No secondary caregiver
- ☐ b. No
- ☐ c. Yes (select all that apply)
 - ☐ Alcohol: Current (within the last 12 months)
 - ☐ Alcohol: Historical (prior to the last 12 months)
 - ☐ Drugs: Current (within the last 12 months)
 - ☐ Drugs: Historical (prior to the last 12 months)

15. Domestic violence in the current household in the past year

- ☒ a. No
- ☐ b. Yes

Neglect Index	Abuse Index
0	0
1	0
0	0
0	1
0	1
0	1
0	0
0	0
0	0
1	0
0	0
1	0
0	0
0	0
0	1
0	0
0	0
0	0
0	0
0	0
0	0
0	2
0	0

16.Housing

- ☐ a. Current housing is physically unsafe
- ☐ b. Homeless
- ☒ c. Neither of the above

	Neglect Index	Abuse Index
	1	0
	2	0
	0	0
	0	0
TOTAL RISK SCORE	2	1

SECTION 2: SCORING**SCORED RISK LEVEL**

Assign the family's scored risk level based on the highest level reached by either the neglect or abuse index.

Neglect Score Level	Abuse Score Level	Scored Risk Level
<input type="radio"/> 0–1 Low	<input checked="" type="radio"/> 0–1 Low	<input type="radio"/> Low
<input checked="" type="radio"/> 2–4 Moderate	<input type="radio"/> 2–4 Moderate	<input checked="" type="radio"/> Moderate
<input type="radio"/> 5–8 High	<input type="radio"/> 5–7 High	<input type="radio"/> High
<input type="radio"/> 9+ Very high	<input type="radio"/> 8+ Very high	<input type="radio"/> Very high

OVERRIDES

If there are no overrides, select “No overrides apply”; risk level will remain the same. If there is a policy override, select the appropriate override; the risk level will become very high. If there is a discretionary override, the risk level will increase one level, and a reason must be entered in the box provided.

☒ **No overrides apply**☐ **Policy Overrides**

- ☐ Injury to a child younger than 3
- ☐ Sexual abuse case AND the perpetrator is likely to have access to the child
- ☐ Serious non-accidental injury to a child that requires medical treatment
- ☐ Abuse or neglect by the caregiver resulted in death of a child (previous or current).

☐ **Discretionary Override**Select override level: ☐ Moderate ☐ High ☐ Very high

Override(s) reason: _____

Supervisor signature: _____ Date: _____

FINAL RISK LEVEL☐ Low ☒ Moderate ☐ High ☐ Very high**RECOMMENDED DECISION**

Select based on risk level and safety decision.

FINAL RISK LEVEL	FINAL SAFETY ASSESSMENT DECISION		
	SAFE	SAFE WITH IMMEDIATE SAFETY PLAN	UNSAFE
Low	Do not open a case	Refer to protective service	Refer to foster care services
Moderate			
High	Refer to supportive service		
Very high			

ACTION

Enter the action taken. If the recommended action differs from the action taken, provide an explanation.

☒ **Refer to services.** Note whether:

- ☒ New case
- ☐ Continuing services on open case

☐ **Do not open a case.**

If recommended action and action taken do not match, explain why.

SDM RISK REASSESSMENT

Family Name: Andrews Case #: 22408726Assessment Date: 12/19/2017 Worker Name: John AustinPrimary Caregiver Name: Melissa AndrewsIs there a secondary caregiver? ☐ Yes ☒ No Secondary Caregiver Name: _____

Score the first four items based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, score these the same as on the initial risk assessment.

R1. Prior investigations **Score**

☒ a. None 0

☐ b. One or two 1

☐ c. Three or more 2 0

R2. Household previously received ongoing child protection services

☒ a. No 0

☐ b. Yes 1 0

R3. Primary caregiver has a history of abuse or neglect as a child

☒ a. No 0

☐ b. Yes 1 0

R4. Current or historical characteristics of children in the household

☒ a. Not applicable 0

☐ b. One or more present (*select all applicable for any child*) 1 0

☐ Developmental disability

☐ Learning disability

☐ Physical disability

☐ Medically fragile or failure to thrive

THE FOLLOWING CASE OBSERVATIONS PERTAIN TO THE PERIOD SINCE THE LAST ASSESSMENT OR REASSESSMENT.

Score

R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment

- ☒ a. No 0
☐ b. Yes 2 0

R6. Primary or secondary caregiver alcohol and/or drug misuse since the last assessment or reassessment*Score based on the caregiver demonstrating the least progress.*

P S

- ☐ a. No history of alcohol or drug misuse 0
☒ b. No current alcohol or drug misuse; no intervention needed 0
☐ c. Yes, alcohol or drug misuse; problem is being addressed 0
☐ d. Yes, alcohol or drug misuse; problem is *not* being addressed 1 0

R7. Adult relationships in the home

- ☒ a. None applicable 0
☐ b. Yes (*select all that apply*) 1 0
 ☐ Harmful or tumultuous relationships
 ☐ Intimate partner violence

R8. Primary caregiver mental health since the last assessment or reassessment

- ☒ a. No history of mental health problem 0
☐ b. No current mental health problem; no intervention needed 0
☐ c. Yes, mental health problem; problem is being addressed 0
☐ d. Yes, mental health problem; problem is *not* being addressed 1 0

Score

R9. Primary caregiver provides physical care of the child that:

- ☒ a. Meets the child's needs 0
☐ b. Does not meet the child's needs 1 0

R10. Caregiver's progress with family case plan goals (as indicated by behavioral change)*Score based on the caregiver demonstrating the least progress.*

P S

- ☒ ☐ a. Demonstrates protective behaviors consistent with all family case plan goals and is actively engaged to maintain goals 0
☐ ☐ b. Demonstrates some protective behaviors consistent with family case plan goals and is actively engaged in activities to achieve goals 0
☐ ☐ c. Minimally demonstrates protective behaviors consistent with family case plan goals and/or is inconsistently engaged in achieving the goals specified in the family case plan 0
☐ ☐ d. Does not demonstrate protective behaviors consistent with family case plan goals and/or refuses engagement 1 0
☐ No secondary caregiver

TOTAL SCORE 0**SCORED RISK LEVEL**

Assign the family's risk level based on the following chart.

Score	Risk Level
0–1	<input checked="" type="radio"/> Low
2–4	<input type="radio"/> Moderate
5–7	<input type="radio"/> High
8+	<input type="radio"/> Very High

OVERRIDES

POLICY OVERRIDES

Select yes if a condition applies in the current review period. If *any* condition applies, override final risk level to "very high."

- ☐ Yes ☒ No 1. Sexual abuse case AND the offender is likely to have access to the child.
☐ Yes ☒ No 2. Non-accidental injury to a child under age 3.
☐ Yes ☒ No 3. Severe non-accidental injury.
☐ Yes ☒ No 4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

DISCRETIONARY OVERRIDE

If a discretionary override is made, select "Yes," select override risk level, and indicate the reason. Risk level may be overridden one level higher or lower.

- ☐ Yes ☒ No 5. If **yes**, override risk level (select one): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

☐ Supervisor's discretionary override approval Date: _____

FINAL RISK LEVEL

- ☒ Low ☐ Moderate ☐ High ☐ Very High

RECOMMENDED DECISION

FINAL RISK LEVEL	RECOMMENDATION
Low	Close unless unresolved safety threats remain
Moderate	Close unless unresolved safety threats remain
High	Continue services
Very High	Continue services

PLANNED ACTION

☐ Continue services

☒ Close **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why:

☐ Supervisor's approval of change in planned action Date: _____

APPROPRIATE COMPLETION

SCORING INDIVIDUAL ITEMS

Familiarize yourself with the items that are included on the risk reassessment and the accompanying definitions for those items. Each item's score is derived from your observation of the characteristics it describes during interviews with household members (child, caregivers, and others) and collaterals; referrals and case records; or other reliable sources concerning progress in demonstrating behavioral change and meeting family case plan goals. Some characteristics are objective, such as prior child abuse/neglect history or the child's age. Others require you to use judgment based on your assessment of the family.

Using the definitions for the risk reassessment, complete all items on the risk reassessment and consider whether any override reasons are present.

Items R1 – R4: Score the first four items based on conditions that were present at the time of the referral that resulted in the case opening unless new information has become available about conditions that existed at the time of the initial risk assessment. Review the initial risk assessment to determine the scores and consider all information currently available.

- **R1** will be scored the same as **Item 4** (Prior investigations . . .) on the initial risk assessment unless new information has become available about conditions that existed at time of the initial risk assessment.
- **R2** will be scored the same as **Item 6** (Household previously received . . .) on the initial risk assessment unless new information has become available about conditions that existed at time of the initial risk assessment.
- **R3** will be scored the same as **Item 8** (Primary caregiver's history. . .) on the initial risk assessment unless new information has become available about conditions that existed at time of the initial risk assessment.
- **R4** will be scored the same as **Item 7** (Current or historical characteristics . . .) on the initial risk assessment unless new information has become available about conditions that existed at time of the initial risk assessment.

Items R5 – R10: These items are scored based *only* on observations since the most recent assessment or reassessment.

When all items are scored, total the scores to determine the scored risk level, following the instructions on the tool.

OVERRIDE

Consider both policy and discretionary overrides. If any apply, determine the final risk level. If none apply, the scored and final risk level are the same.

Policy Overrides

As with the initial risk assessment, the agency has determined that there are certain conditions that are so serious that a risk level of "very high" should be assigned regardless of the risk reassessment score. The policy overrides refer to incidents or conditions that have occurred since the initial risk assessment or the last reassessment. If one or more policy override conditions exist, select "yes" for each reason for the override and select "very high" for the final risk level. Policy overrides require supervisory review.

Discretionary Override

A discretionary override is used whenever facts indicate that the risk score does not accurately portray the family's actual risk level. Unlike the initial risk assessment, in which a worker could only *increase* the risk level, the risk reassessment permits you to increase or *decrease* the risk level by one. The reason you may now decrease the risk level is that after a minimum of six months, you have acquired significant knowledge of the family. If a discretionary override applies, select "yes," indicate the reason, and select the override risk level. Discretionary overrides require supervisory approval. You then indicate the final risk level.

Information needed for CHRIS work

Address for grandmother and Javon- 5042 Stone Road, Forrest City, AR, 72335

Javon Parker

- DOB 06/03/2004, SSN
- County of Service- ST. Francis
- Race/Ethnicity- White, Hispanic
- Living Arrangement- Relative home with grandmother
- Primary Language- English
- Education Information
 - Forrest City Jr. High School, 1133 N. Division St, Forrest City, AR 72335
 - School District: Forrest City School District
 - Current Grade Level: 8th Grade
 - Education Status: Attending
 - Grade Level Completed: 7th Grade
 - Client Identified in need of Special Education: NO

Carmine Parker

- DOB 03/04/1998; SSN
- County of Service- St. Francis
- Race/ Ethnicity- White/ Hispanic
- Living Arrangement- own home/self/self
- Primary Language- English

Andra Parker

- DOB 03/23/1987, SSN
- County of Service- St. Francis
- Race/ Ethnicity- White/ Hispanic
- Living Arrangement- own home/self/self
 - Last known address- 1123 SW 13th street, Forrest City, AR 72335

Jackson Hurley- Mother's significant other

- DOB unknown; age approximately 40; SSN unknown

Nick Romerez- absent father-whereabouts unknown

- DOB: 02/02/1987

Differential Response- What We Do & When We Do It (Answer Key)

Differential Response Is:

DR is a family engagement approach that allows the Division to respond to reports of specific, low-risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response.

Goal:

Prevent removal from the home, and strengthen the families involved.

6 criteria that must be met for a DR referral:

1. Identifying information for the family members/address or a means to locate;
2. Alleged perpetrators are parents, birth or adoptive, legal guardians, custodians, or any person standing in loco parentis;
3. Family has no pending investigations or open cases;
4. Alleged victims, siblings, or other household members are not currently in DCFS custody or wards of the court;
5. Protective custody of the children has not been taken/required in the current investigation; and,
6. Allegations is one of the 13 identified maltreatment types identified in policy



DCFS Policy and Procedure Manual
Policy II-B

13 Types and conditions for acceptance

1. Inadequate supervision
2. Inadequate food
3. Inadequate clothing
4. Inadequate shelter
5. Educational neglect
6. Environmental neglect
7. Lockout
8. Medical neglect
9. Human bites
10. Sprains/Dislocations
11. Striking a child age seven or older on the face
12. Striking a child with a closed fist
13. Throwing a child

DR Time Frames (Answer Key)



We have covered the things that must be done in the first 24 hours after a DR case is assigned to you. But, DR cases are supposed to move quickly. Let's look at the other time frames.

1. How long should Dr cases be opened? 30 days or less
2. Can there be any extensions? Yes
 - a. If yes, how many? Two 15-day extensions
3. The report must be initiated within 24 hours.
4. After the initial contact:
 - a. Document all activities within 24 hours. (Excluding weekends/holidays – next business day)
 - b. Conference with the DRT Supervisor within 24 hours.
 - c. Visit the other members of the household (who may not have been there on the initial contact) within 5 days of the time the referral was received.
 - d. Engage the family in, and complete, a family assessment within 14 days from receipt of the Hotline report.
 - e. Establish a family plan within 14 days from the receipt of the Hotline report.
 - f. Visit the family a minimum of 2 times per week.



Resource: DCFS Policy and Procedure Manual: Policy II-B through II-B6