Investigations
Day 4 – Participant Manual

Case Reconnection

Skill Based Simulation

Can Safety Be Managed In the Home

Responding to ISP Breakdown

Protective Custody

Supporting Decisions Through Documentation

Day 4:

Investigations Training Agenda

Monday	
9:00 – 9:30	Welcome Case Reconnection
9:30 – 10:45	Brad's Interview: Skill Based Simulation
10:45 -11:00	**Break**
11:00 – 12:00	Can Safety Be Managed in the Home
12:00 – 1:00	**Lunch Break**
1:00 – 2:15	Responding to ISP Breakdown
2:15 - 2:30	**Break**
2:30 – 3:15	Protective Custody
3:15 – 4:00	Supporting Decisions Through Documentation Wrap Up and Review

Investigations
Specialty Training

MidSOUTH
College of Business, Health, and Human Services
University of Arkansas at Little Rock

Day 4

1

2

Case Reconnection to Immediate Safety Planning

3

Target Outcomes

- Understand how identified safety threats connect to the Immediate Safety Plan.
- Apply their prior decision-making to evaluate the strength and effectiveness of a safety plan.
- Assess whether an Immediate Safety Plan is sufficient, reliable, and able to manage safety threats.

4

Re-establishing The Case & Current Immediate Safety Plan

5

Evaluating The Strength Of The Immediate Safety Plan

6

Expanding The Information Base

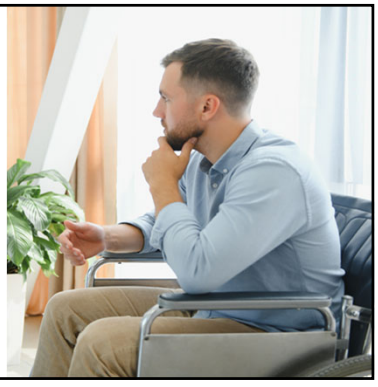
7

BRAD'S INTERVIEW: SKILL BASED SIMULATION

8

BRAD'S INTERVIEW:

GATHERING ADDITIONAL INFORMATION



9

Target Outcomes

- Understand how additional interviews contribute to and refine the understanding of a case.
- Apply interviewing skills to gather information from a key household member.
- Assess the consistency and relevance of new information in relation to identified safety threats.

10

New Staff Training

Simulation Role Play Instructions

SCENE 4 - BRAD HILL SIMULATION

Location: Brad's Home

11

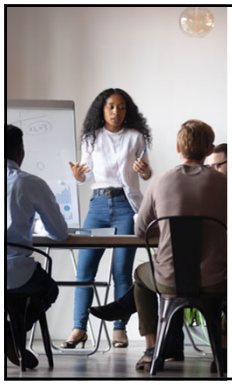
Observation Form

QUALTRICS QR CODE HERE
(In Development)

Scene 4

Interview: Brad Hill

12



After Simulation Debrief:

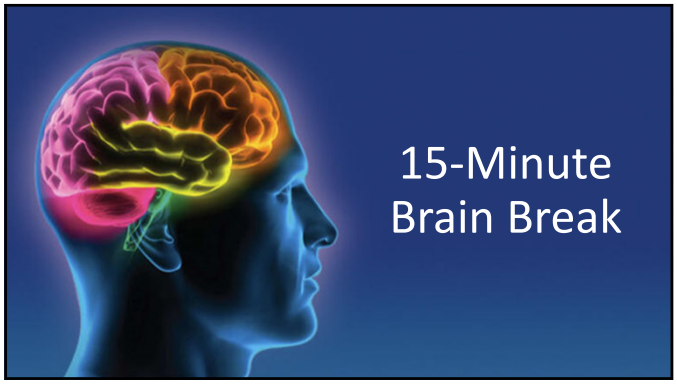
- ❑GOAL REVIEW
- ❑KUDOS
- ❑KEY TAKEAWAYS
- ❑AUDIENCE DISCUSSION

13

Using New Information To Inform Decisions

When we return, you'll use the information you gathered from Brad, along with everything you already know, to begin making decisions about how safety can be managed moving forward.

14



15

CAN SAFETY BE MANAGED IN THE HOME?

16

Can safety be managed in the home?

A TDM is a facilitated meeting that brings together the family, their supports, and DCFS to make decisions about child safety.

17

Target Outcomes

- Understand how a TDM supports collaborative decision-making regarding child safety.
- Apply information gathered throughout an investigation to participate in a structured TDM discussion.
- Assess whether the Immediate Safety Plan is sufficient to manage identified safety threats.

18

How the TDM Will Run

Guided by a facilitator, DCFS staff present information while caregivers and their support networks share their perspectives to collaboratively develop a plan focused on child safety.

19

Preparing for the TDM

20

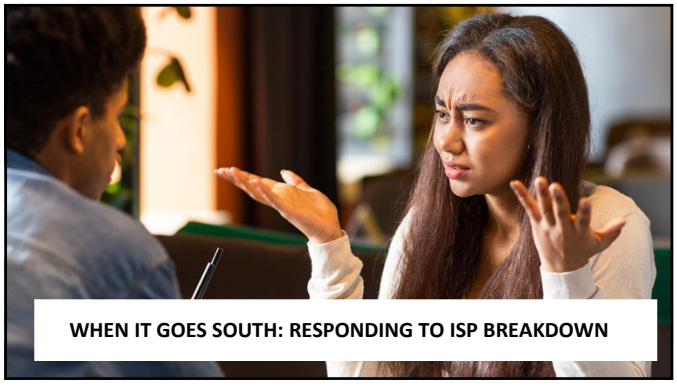
Begin the Team Decision Making Meeting

21

TDM Reflection and the Immediate Safety Plan

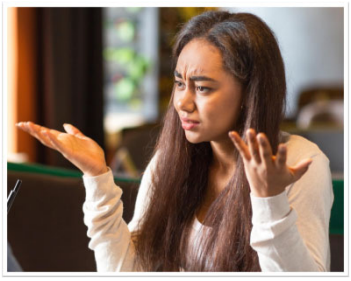
22

23



24

Responding to ISP Breakdown



25

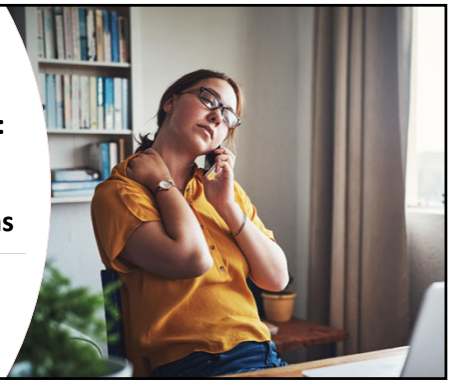
Target Outcomes

- Understand how safety threats can become uncontrolled despite an existing Immediate Safety Plan.
- Apply immediate response and reassessment skills when safety conditions escalate.
- Assess whether an Immediate Safety Plan is still sufficient to manage safety threats.

26

CASE UPDATE:

The Call From Georgia Weems

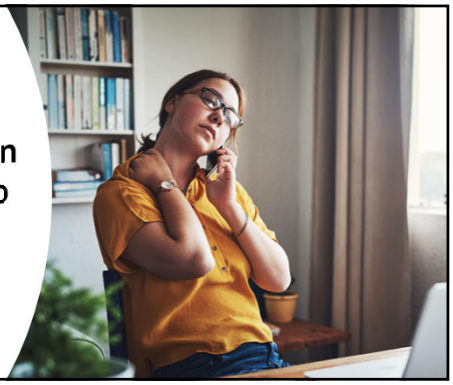


27

Immediate Response Planning & De-escalation Preparation

28

The Situation Continues to Escalate



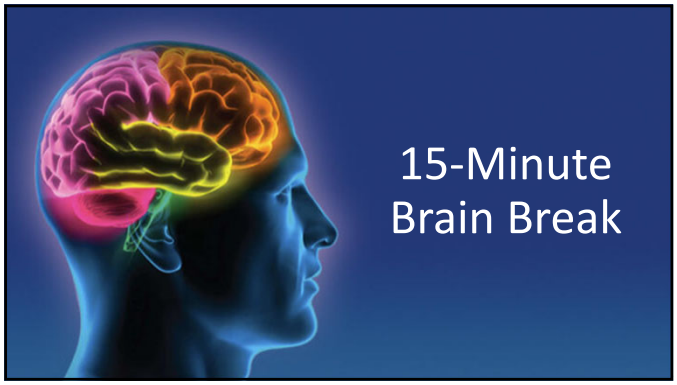
29

Direct Engagement with Charlotte

30

When safety can no longer be managed

31



32

33

Protective Custody:
Ensuring Safety

34

Target Outcomes

- Understand how safety threats may require immediate protective action when they can no longer be managed in the home.
- Apply immediate response steps related to protective custody decisions.
- Assess whether conditions meet the threshold for protective custody.

35

Does This Meet The Threshold for Protective Custody?

36

Immediate Actions After Taking Protective Custody

37

The Impact of Removal & Reducing Trauma

38

From Protective Action to Documentation and Decision Support

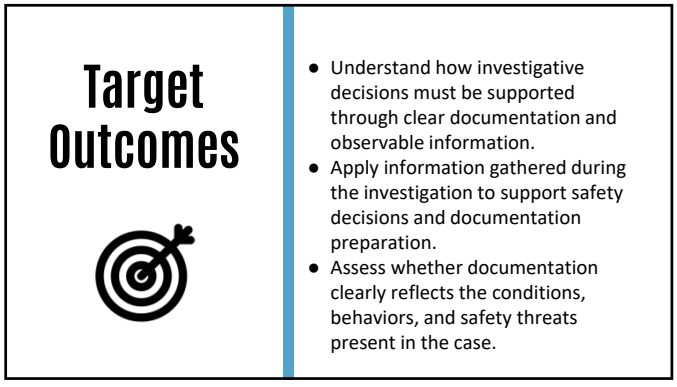
39


SUPPORTING DECISIONS THROUGH DOCUMENTATION

40


Supporting Decisions
Through Documentation

41


Target
Outcomes
Understand how investigative decisions must be supported through clear documentation and observable information.
Apply information gathered during the investigation to support safety decisions and documentation preparation.
Assess whether documentation clearly reflects the conditions, behaviors, and safety threats present in the case.

42

Identifying The Information That Supports The Decision

43

Connecting Observations to Documentation

44

Reviewing How Documentation Supports Safety Decisions

45

From Investigation to Documentation

46

Target Outcomes Evaluation

47

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: _____ **Case ID:** _____ **Date:** _____

Worker Name: _____

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

DESCRIBE THE SAFETY THREAT (caregiver + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?	WHO WILL DO IT, BY WHEN?	HOW WILL WE KNOW IT IS WORKING?

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

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within 14 days)*	
Date/time:	**Who will be involved (caregivers, network, and agency)?**

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Caregivers/legal guardians	
Network members	
Child	
DCFS	

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned worker name:		
Supervisor name:		
On-call contact: (After business hours, weekends, and holidays)		

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

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

Legal custodians or guardians

_____

_____

Worker/supervisor

_____

_____

Children

_____

_____

_____

_____

Network members

_____

_____

_____

_____

SUPPORT NETWORK GRID

Name:_____ **Date:**_____

GROUPS OF PEOPLE	GOOD SOURCES OF SUPPORT IN MY LIFE (PAST AND PRESENT) TYPES OF SUPPORT					
	EMOTIONAL SUPPORT	SOCIAL SUPPORT	ADVICE AND INFORMATION	LENDING A HAND / HELPING OUT (LOGISTICAL SUPPORT)	FINANCIAL SUPPORT	OTHER
Significant other or close friends						
People I live with now						
Family						
Friends, coworkers, acquaintances						
Community programs, services, people						
Others						

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

Family Name: Flowers **Case ID:** Training Case **Date:** 08/16/2026

Worker Name: Participant Name

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

Harm: Jasmine had infected sores on her legs and scalp and an abrasion on her left index finger that were about 5-7 days old as well as new swollen and feverish bites. She had a fever and elevated white count.

Worry: Charlotte did not understand the infection was serious, did not give medicine, and has difficulty supervising the children without help. The Division is concerned the child could become seriously ill, be left without safe adult care, or be taken back to Brad's home without safety supports.

DESCRIBE THE SAFETY THREAT (caregiver + behavior + impact on child)	WHAT WILL BE DONE TO ADDRESS THE SAFETY THREAT UNTIL THE REVIEW DATE?	WHO WILL DO IT, BY WHEN?	HOW WILL WE KNOW IT IS WORKING?
Charlotte did not get Jasmine medical care for infected sores.	Georgia keeps meds, watches each dose, and gets medical follow-up.	Georgia and Charlotte, now through review.	Doses given; follow-up kept; fever/swelling not worse.
Charlotte left Frankie alone and relies on Frankie to help with Jasmine.	Georgia provides direct supervision; Charlotte is not alone with children.	Georgia, immediately.	Georgia present; children clean, fed, supervised; Frankie not caregiving.
Brad and Charlotte have physical fights; Charlotte may return to Brad.	Children stay at Georgia's home; Brad has no unsupervised contact.	Charlotte and Georgia, now.	Children remain with Georgia; no unsupervised Brad contact.
Charlotte becomes overwhelmed and struggles to follow instructions.	Georgia uses reminders for meds, meals, appointments, and supervision.	Georgia and Charlotte, now.	Charlotte asks for help and follows reminders until review.

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

FAMILY MEMBER OR NETWORK MEMBER	CONTACT DETAILS	
	PHONE	EMAIL
Charlotte Flowers - mother/legal custodian	870-410-0034 (discontinued)	N/A
Georgia Weems - maternal grandmother/network	870-536-2010	N/A
Assigned DCFS Specialist - training example	Training Phone	Training Email
Supervisor - training example	Training Phone	Training Email

WHEN WILL THE IMMEDIATE SAFETY PLAN BE REVIEWED? *(Must be within 14 days)*	
Date/time:	**Who will be involved (caregivers, network, and agency)?**
08/17/2026 at 9:00 AM	Charlotte Flowers; Georgia Weems; assigned DCFS specialist; supervisor

WHAT WILL PEOPLE DO IF THEY ARE WORRIED OR IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING?	
Caregivers/legal guardians	Charlotte tells Georgia and the Specialist if she cannot follow the plan, wants to leave with the children misses medicine, or Jasmine seems worse.
Network members	Georgia keeps children at her home and calls Specialist and supervisor. Georgia calls 911 if Brad comes or anyone tries to take children unsafely.
Child	Frankie tells Georgia if she is scared, Jasmine is hurt, or an adult tells her to watch Jasmine. Jasmine is too young for plan steps.
DCFS	DCFS reassesses safety immediately, consults supervisor/OCC, and makes a new plan or takes legal action if needed.

WHOM TO CALL IF THE IMMEDIATE SAFETY PLAN IS NOT WORKING		
NAME	PHONE NUMBER	EMAIL ADDRESS
Assigned worker name: Assigned Specialist's name: Participant Name	Training Phone	Training Email
Supervisor name: Supervisor name: Training Supervisor	Training Phone	Training Email
On-call contact: (After business hours, weekends, and holidays) On-call contact: County DCFS on-call / 911 for emergency	Training Phone	N/A

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

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

Legal custodians or guardians

Charlotte Flowers - legal custodian

Worker/supervisor

Participant Name - DCFS Specialist

Training Supervisor

Children

Frankie Flowers - age 7, verbal review only

Jasmine Hill - age 7 months, too young to sign

Network members

Georgia Weems - grandmother/network

INVESTIGATION OBSERVATION FORM

Brad Hill Interview/Home Visit

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

Open-Ended Questions • Used throughout the interview • Determine/Changes in Safety • Determine/Changes in Permanency • Determine/Changes in Well-Being	
Rapport Building • Introduced Themselves • Explained their role and purpose • Actively Listened • Showed respect and empathy	
Empathy, Genuineness & Respect • Tries to Understand • Sensitive • Direct • Sincere • No—Defensive • Interested • Committed • Suspended Judgment	
Practice Guidelines • Notified Parents of Children Interview/in 24 hrs. • Reviewed ALL allegations	

Assessment • Toured the entire home • Discussed threats to safety • Discussed Safe Sleep • Physically saw the child awake • Assessed the well-being of children • Explored Safety Planning • Explored Social Connections—PF • Explored Concrete Supports—PF • Explored Parental Resilience—PF • Explored Knowledge of Parenting—PF	
Family Voice • Hears them • Seeks to know wants/needs • Teach how to advocate • Encourages participation	
Follow-Up • Did you gather information that would prompt you to complete the SDM Safety Assessment?	

SUPPORT NETWORK GRID

Name: Flowers Family - Charlotte Flowers, Frankie Flowers, Jasmine Hill **Date:** 08/16/2026

GROUPS OF PEOPLE	GOOD SOURCES OF SUPPORT IN MY LIFE (PAST AND PRESENT) TYPES OF SUPPORT					
	EMOTIONAL SUPPORT	SOCIAL SUPPORT	ADVICE AND INFORMATION	LENDING A HAND / HELPING OUT (LOGISTICAL SUPPORT)	FINANCIAL SUPPORT	OTHER
Significant other or close friends	No safe support identified. Brad Hill is not used as support due to violence/supervision concerns.	Needs exploration.	Needs exploration.	No safe childcare help identified from friends.	None identified.	Do not use Brad as unsupervised support.
People I live with now	Georgia Weems provides calm reassurance and helps Charlotte when overwhelmed.	Georgia and children provide connection; home is stable short term.	Georgia reminds Charlotte about meds, appointments, feeding, supervision.	Georgia supervises children, gives meds, transports, helps with meals/baths.	Georgia can help with diapers, food, transportation as able.	Georgia home is current safe location; children have clothes and safe sleep space.
Family	Georgia Weems - maternal grandmother; primary protective support.	Georgia provides family connection and stability for Frankie and Jasmine.	Georgia knows Charlotte history and can explain concerns in simple language.	Georgia can monitor, supervise, transport to doctor, and call DCFS.	Georgia may assist with basic child needs as able.	Georgia can help prevent return to Brad without safety review.
Friends, coworkers, acquaintances	No reliable friend/coworker supports identified in current information.	Explore safe friends later.	Explore who Charlotte trusts.	No childcare help identified.	None identified.	Needs network building.
Community programs, services, people	Comprehensive Counseling / Dr. Jackson Farley supports Charlotte mental health.	School may be social support for Frankie when attending.	Psychiatrist can provide medication guidance; school can share concerns.	SNAP/TEA/SSI help meet basic needs; appointments support stability.	SSI/SNAP/TEA are financial supports.	DCFS, medical follow-up, and school contacts support monitoring.
Others	DCFS Specilists/Supervisor for safety plan concerns.	Use when plan is not working.	Call for guidance before children leave Georgia home.	Can arrange reassessment and additional supports.	N/A	Emergency/on-call contact if safety concerns arise.

AFTER THE CALL

Responding to Escalation & ISP Breakdown

CASE SCENARIO

You have just received a phone call from Georgia Weems regarding escalating concerns involving Charlotte and the children.

Georgia reports that:

- Charlotte is threatening to leave with the children.
- Charlotte is refusing support from Georgia.
- Jasmine has not received his medication.
- Charlotte is packing the car.
- Charlotte is threatening to leave where no one can find them.
- Police have been contacted.
- Frankie appears frightened by the current situation.

The Immediate Safety Plan **is no longer functioning as intended**, and the situation appears to be escalating quickly.

PART 1 – IMMEDIATE RESPONSE PLANNING

What are your immediate concerns?

What immediate actions do you need to take?

Who needs to be contacted or involved?

☐ Supervisor
☐ Law Enforcement
☐ Additional DCFS Staff
☐ OCC
☐ Other: _____

What safety considerations do you need to think about before arriving at the home?

PART 2 – DE-ESCALATION & ENGAGEMENT

What are your goals when arriving at the home?

Write 1–2 statements you could use to help de-escalate the situation and re-engage Charlotte in the Immediate Safety Plan.

Statement #1:

Statement #2:

PART 3 – ONGOING SAFETY ASSESSMENT

What threats to safety are currently escalating?

What concerns do you have regarding the Immediate Safety Plan?

What factors may impact whether safety can continue to be managed in the home?

PART 4 – REFLECTION

What would be the most difficult part of responding to this situation?

KEY REMINDER:

Your first responsibility is to assess whether safety can still be managed.

De-escalation and engagement should be attempted whenever possible, while continuing to reassess threats to safety in real time.

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 juveniles involved are:
   Name:
   DOB:
   SSN:

4. The parents of the juveniles 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 juveniles. PARENT had the following involvement in the dependency-neglect of the juveniles: [list any involvement or contributions to the situation which caused the filing of the current petition].

   [SPEAK WITH OCC ATTORNEY about capturing information pertaining to the appropriateness of unsupervised family time and/or placement with each parent, non-custodial parent, identified 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 juveniles is:
   Name:
   Address:
   Phone:
   The juveniles have lived with NAME since DATE.

6. The juveniles 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 kin for the juveniles. I have [If no relatives located, list at least 3 items from the UTL checklist which you have completed to locate relatives. If relatives have been located, list the relative names, phone number, address, if they passed background checks, and any other information about their home and appropriateness of contact, family time with, transportation and placement of the juvenile(s).]

9. The Department has the following history with the family: [list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the investigation and associated case, see example below

   3/16/17 Threat of Harm, True finding, safe with a plan, moderate risk, PS case opened 4/16-6/16/17, anger management, parenting, IFS services]

10. The basic factual grounds upon which the Department bases its petition are: [List what happened in a clear narrative format. List in chronological order the facts that caused you to have worries about the safety of the juvenile. Write the story so that those who have no background with the family can make sense of what happened. Describe safety threats identified. I.E. mom's drug use (a risk factor) caused her to pass out and she was unable to wake up to answer the phone when the school began calling her to pick up the 5-year-old juvenile. The juvenile had been left at school for over an hour before the school sent someone to the home and mom couldn't be awaked by the knocking on the door (safety threat).]

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

A. [Immediate Safety Plan under ACT 963] On DATE I assessed the health and safety of the juvenile(s) and determined that the juvenile could not safely remain in the care, custody, or control of NAME without an immediate safety plan. The Department implemented an immediate safety plan on DATE to address the juvenile's safety by PLAN REQUIREMENTS. The Department offered services to address the juvenile's safety including LIST SERVICES. On DATE, I re-assessed the health and safety of the juvenile(s) and determined that the juvenile(s) remained at substantial risk of harm.

B. [30-day petition] The Juvenile should remain in the custody of NAME pending further hearings in this matter.

C. [Less than Custody] The juveniles should remain in the custody of NAME, with safeguards to ensure the protection of the juveniles 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 juveniles 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 juveniles. The following safety threats were identified and considered in making the decision to remove the juveniles: [list each safety threat considered on an individual line].

[Select ONE of the following two paragraphs]
The reasonable efforts made on the part of the Department to prevent removal of the juveniles from their home are [list all services provided and interventions attempted, such as TDM, immediate safety planning, DR cases]. These services did not prevent removal because REASONS.

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

12. The juvenile's health and safety are in danger due to the allegations. Given the facts of the situation and the history of this family, the juvenile should [remain in the custody of NAME *or* be placed in the custody of NAME *or* remain in the custody of Arkansas Department of Human Services] pending further hearings on this matter.

13. The Department reserves the right to present additional evidence of dependency/neglect to the Court, which may become known to it through further investigation.

    Further Affiant sayeth not.

_____

Affiant,
(Your Name), Social Services Specialist

VERIFICATION

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

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

_____

NOTARY PUBLIC ARKANSAS

MY COMMISSION EXPIRES:

Directions for Completing the Affidavit Template

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