Investigations
Day 2 - Facilitator Guide

Structured Decision Making & Risk Assessment

Applying SDM & Applying Protective Capacity

Building Effective Interviewing Skills

Case Initiation – Engaging the Child Using SOP Tools

Building Understanding After Child Contact

Preparing for Caregiver Contact

Day 2:

Investigations Training Agenda

Monday	
9:00 –10:30	Welcome Structured Decision Making & Risk Assessment
10:30 -10:45	**Break**
10:45 – 12:00	Applying SDM & Assessing Protective Capacity
12:00 – 1:00	**Lunch Break**
1:00 –1:45	Building Effective Interview Skills
1:45 – 2:30	Case Initiation – Engaging the Child Using SOP Tools
2:30 – 2:45	**Break**
2:45 – 3:00	Building Understanding After Child Contact
3:00 – 4:00	Preparing for Caregiver Contact Wrap Up and Review

Before You Train

Facilitator Resources – Day 2

Materials and Handouts

- Name Tents
- Markers, Pens, Highlighters
- Sticky Notes
- Giant Sticky Note Pad
- Printed Participant Manuals
- Blank paper

DCFS Entry Level Competencies

- 101-3
- 101-4
- 101-6
- 101-8
- 102-1
- 102-2
- 102-4
- 102-6
- 102-7
- 105-2

DCFS Forms and Publications

- n/a

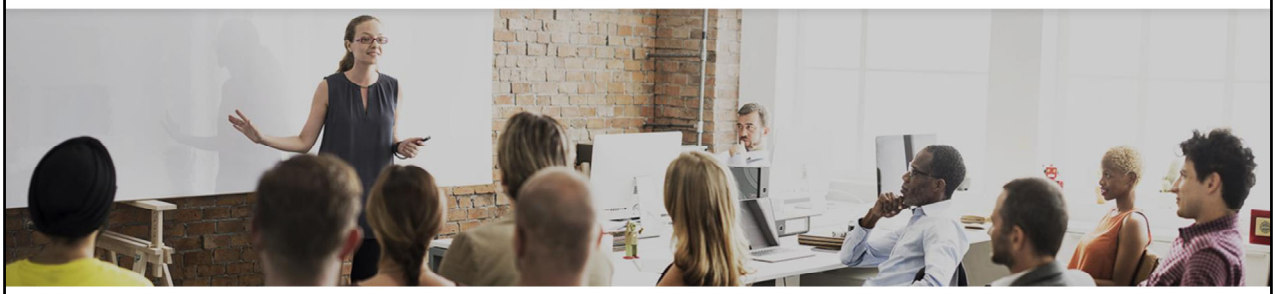
DCFS Policy And Internal Procedures

- n/a

Day 2 Sources

- SDM® Combined Assessment Procedure Manual

Investigations
Specialty Training

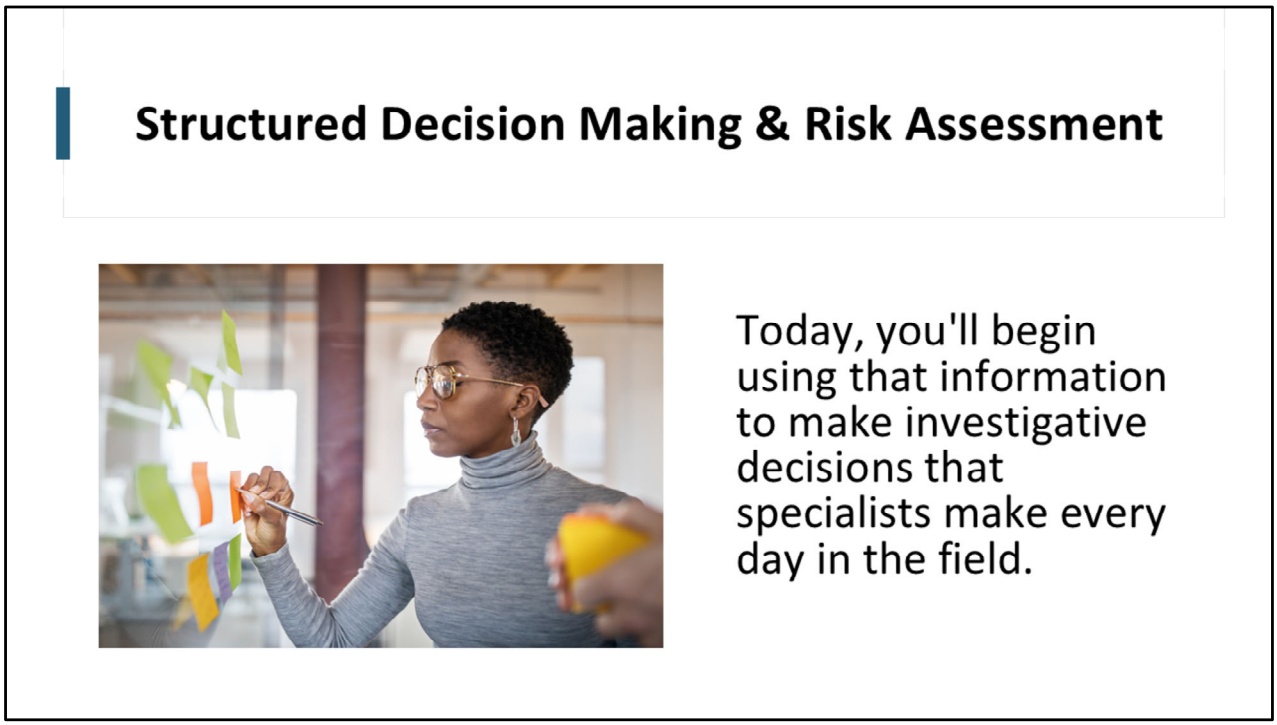


UA LITTLE ROCK
MidSOUTH
College of Business, Health, and Human Services
University of Arkansas at Little Rock

Day 2

WEEK 7, DAY 2 - INVESTIGATIONS SPECIALTY TRAINING

STRUCTURED DECISION MAKING & RISK ASSESSMENT



Time: 5 minutes
Purpose: To welcome participants and introduce Day 2 learning and connect what they've learned to next steps in the investigation

Say:
Day 1 provided the foundation for how an investigation begins, from receiving a referral to gathering information that helps you understand child safety.

Today, you'll begin using that information to make investigative decisions that specialists make every day in the field. Throughout the day, you'll participate in guided simulations that mirror common investigative interactions and give you opportunities to apply the skills you're developing in a structured environment.

You will use supportive tools that are designed to help you stay focused on the purpose of each interaction and practice gathering information effectively. They are not intended to be memorized. Instead, use them to build confidence asking

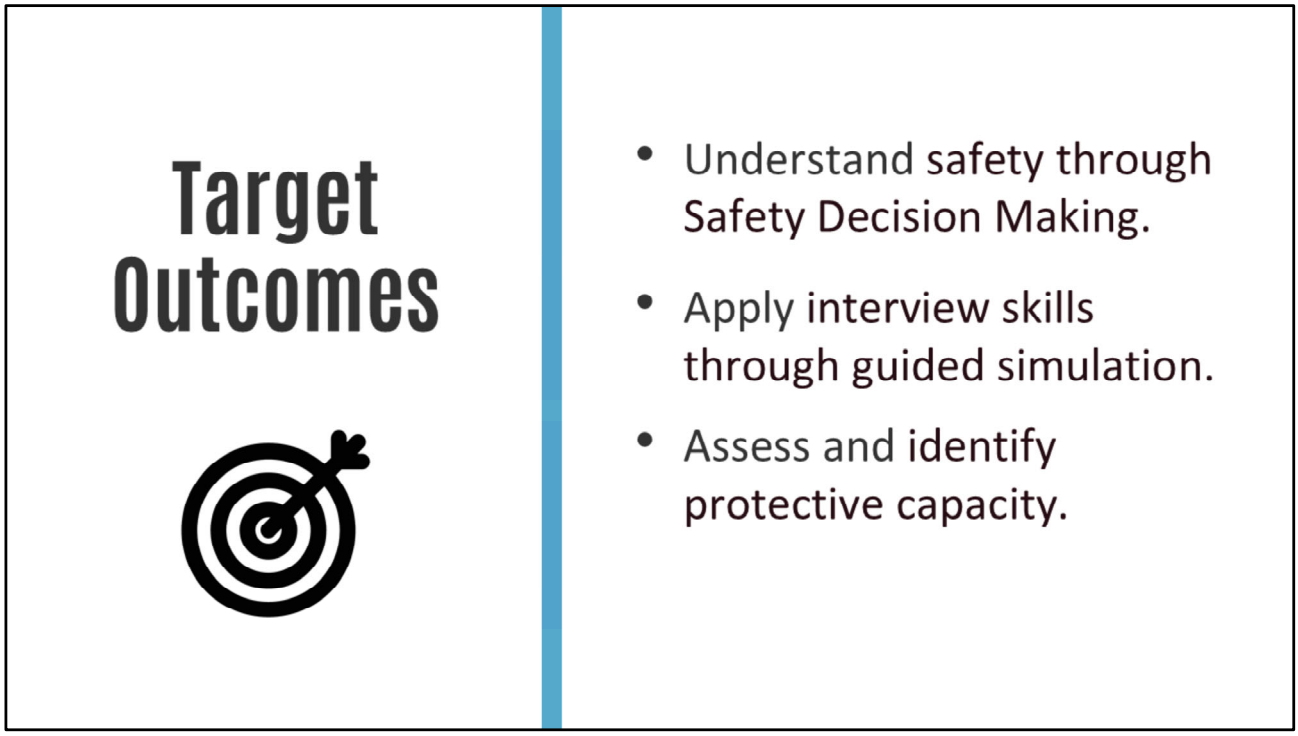
questions, analyzing information, and making decisions that support child safety. Each activity moves you one step closer to conducting investigations the way you'll be expected to perform them on the job.

Facilitation Question: (ask the following question and validate responses)

- What do you think will be the biggest shift from Day 1 to today?

Facilitation Answers:

- Common responses:
    - Moving into decision-making.
    - Thinking about safety.
    - Asking better questions.



TARGET OUTCOMES

Time: 5 minutes
Purpose: To define what participants will accomplish on Day 2, focusing on understanding safety through SDM, identifying protective capacity, and beginning to apply interview skills through guided interview practice

Say:
By the end of this section Specialists will:

- ***Understand safety through Safety Decision Making.***
- ***Apply interview skills through guided simulation.***
- ***Assess and identify protective capacity.***

RECONNECTING TO THE FLOWERS' CASE

Time: 10 minutes
Purpose: To reconnect participants to the Flowers case and begin shifting their thinking from gathering information to making sense of that information and identifying safety concerns

Participant Manual: Referral Information Snapshot

Activity Set Up:

- Participants seated in groups (3–5) at their tables.
- The participants should keep the Flowers' Referral Snapshot visible and utilize the Referral Information page in their Participant Manual.
- Participants can also utilize their notes from Day 1.

Activity Instructions:

1. In groups, review what is already known about the Flowers case from Day 1.
    - Identify:
        - Key concerns.
        - Key individuals involved.
2. Be prepared to share one concern your group identified and why it matters.

Say:
Before we move forward, let's reconnect to the Flowers case and ground ourselves in what we already know from Day 1.

As a specialist, every decision you make begins with the information you've gathered. Based on the referral and the information you reviewed yesterday, Jasmine was brought to the emergency room with multiple injuries that appeared to be several days old and possibly infected. There were also concerns raised about supervision and a delay in seeking medical treatment.

Additionally, there are indicators of domestic violence within the home and concerns about the caregiver's ability to explain how the injuries occurred. Today, your role begins to shift. Instead of simply identifying these concerns, you'll start evaluating what they mean for Jasmine's immediate safety and how they influence the investigative decisions you'll make throughout the case.

Paraphrase:
As we continue working through the Flowers case, remember that you do not have all of the information yet. At this point in an investigation, specialists are expected to gather information and think critically, not rush to conclusions or solve the case before all the facts are known.

Instead of deciding what happened, begin asking yourself, *"What does the information we have right now mean for Jasmine's safety?"* As we move through today's content, you'll continue building the information needed to answer that question. You'll also begin learning how Structured Decision Making (SDM) helps specialists evaluate safety using the information they gather throughout an investigation.

Facilitation Questions: (ask the following questions and validate responses)

- What concerns stand out to you right away?
- What do we know about Jasmine's condition?
- What additional questions do you already have?

Facilitation Answers:

- Common concerns:
    - Untreated/infected injuries.
    - Delay in medical care.
    - Lack of supervision.
    - Domestic violence.
    - Caregiver inability to explain injuries.
- Reinforce with the participants that these concerns are not just observations; they relate directly to the child's safety.

Key Points (ensure the following are covered):

- Concerns identified must be connected to the child's safety.
- Investigations require Social Service Specialists to move beyond knowing information to interpreting the information they have received and applying it directly to practice.

Why Safety Assessment Matters?

From Concerns to Safety Decisions

WHY SAFETY ASSESSMENT MATTERS

Time: 10 minutes
Purpose: To introduce the importance of safety assessment and begin connecting identified concerns to decision-making responsibilities in an investigation

Participant Resource: Using the SDM Model at Each Decision Point and SDM® Combined Assessment Procedure Manual - SDM Safety Assessment Key Concepts

Facilitator Notes:

- Keep this introductory:
    - Do NOT go into the full SDM tool yet.
- Anchor everything in the Flowers' case.

Activity Set Up:

- Participants are seated in groups at their tables.

- Flowers' case and notes should remain visible.
- Printed a laminated copy of the SDM Model At Each Decision Point should be placed on each table prior to the activity

Activity Instructions:
- Brief whole-group discussion.
- No written activity.

Say:
As you begin working through an investigation, remember that your role is not just to gather information. Your responsibility is to determine whether a child is safe. The concerns you've identified, such as untreated injuries, lack of supervision, and potential domestic violence, are more than observations. They may be indicators that point to a safety issue and require you to think critically about the child's immediate well-being. This is where Structured Decision Making, or SDM, becomes an essential part of your work.

SDM provides a framework to help you organize what you're seeing and hearing so you can determine whether there is an immediate safety threat and what actions may be needed to protect the child.

As we continue working through the Flowers case, the question is no longer just, "What happened to Jasmine?" It's now, "Is Jasmine safe right now?" Throughout today's activities, you'll begin using the language specialists rely on during every investigation, including threats to safety, complicating factors, and immediate safety planning. These concepts will help guide your thinking as you assess the information and make decisions that support child safety.

Activity Discussions:
- Focusing on the difference between reviewing information and decision-making.
- What makes something a safety concern during an investigation?
- Connecting concerns to action.

Facilitation Question: (ask the following question and validate responses)
- What is the difference between identifying a concern and determining safety?

Facilitation Answers:

- Concern vs safety:
    - Concern = observation.
    - Safety = impact on the child.

Facilitation Question: (ask the following question and validate responses)

- Why is it important to assess safety early in an investigation?

Facilitation Answers:

- Showcase the importance of immediate decisions that protect the child.

Facilitation Question: (ask the following question and validate responses)

- Based on what we know, what are we worried might be happening to Jasmine?

Facilitation Answers:

- Flowers' case concerns:
    - Infection left untreated.
    - Supervision concerns.
    - Domestic violence exposure.
- Reinforce that these are not isolated concerns; they connect to potential threats to safety.

Say:

What are we actually assessing? (Present Threats to Safety vs Impending Complicating Factors).

Key Points (ensure the following are covered):

- Investigations require moving from information to decision-making.
- The safety assessment determines if the child is safe.
- SDM provides structure for those decisions.
- In every case concerns must be evaluated for safety impact.

UNDERSTANDING THREATS TO SAFETY VS COMPLICATING FACTORS

Time: 15 minutes
Purpose: To introduce participants to the difference between present safety threats and impending complicating factors and begin applying that thinking to the Flowers' case

Participant Resource: SDM® Combined Assessment Procedure Manual - SDM Safety Assessment Key Concepts

Facilitator Notes:

- Keep definitions simple and applied.
- Avoid deep policy breakdowns.
- Keep returning to the Flowers' case.
- Reinforce that this is thinking practice, not tool completion.
- Prepare the participants for the next step, which is, applying this thinking using

interview information.

Activity Set Up:

- Participants remain seated in groups at their table.

Activity Instructions:

1. In groups, discuss:
    - What concerns might be happening right now?
    - What concerns may develop or continue over time?
2. Be prepared to share one example of each.

Say:

As part of assessing safety, it's important to understand the difference between present threats to safety and impending complicating factors.

As a specialist, recognizing that difference helps you determine not only how you assess safety, but also how you respond. Present threats to safety are immediate, active threats that require immediate action to protect a child.

Impending complicating factors are different. They are conditions that may not be immediately visible but are likely to result in serious harm if nothing changes. As we continue working through the Flowers' case, begin thinking about which concerns reflect something that is happening right now and which concerns could continue or escalate if they are not addressed.

Learning to distinguish between the two is a critical part of making informed safety decisions and determining the appropriate next steps to protect children.

Activity Discussions:

- Immediate concerns:
    - Infection
    - Medical neglect
- Ongoing concerns:
    - Supervision
    - Domestic violence

- Caregiver capacity

Facilitation Question: (ask the following question and validate responses)
- What in this case might be considered present threats to safety?

Facilitation Answers:
- **Present threats to safety:**
    - Untreated infection
    - Immediate medical needs

Facilitation Question: (ask the following question and validate responses)
- What might be considered impending complicating factors?

Facilitation Answers:
- **Impending complicating factors:**
    - Pattern of supervision concerns
    - Domestic violence
    - Caregivers' inability to explain injuries

Facilitation Question: (ask the following question and validate responses)
- Why is it important to know the difference?

Facilitation Answers:
- **Why it matters:**
    - Determines urgency and guides the actions of the Specialists.

Key Points (ensure the following are covered):
- Present safety threats:
    - Immediate
    - Active
    - Requires immediate response
- Impending complicating factors are developing or ongoing. They may not be immediately visible.
- Both safety threats and risks must be assessed to guide the next steps within the investigation.

Guided Interview Practice

Reporter Contact (Hannah Lewis)

Activity

GUIDED INTERVIEW PRACTICE – REPORTER CONTACT (HANNAH LEWIS)

Time: 20 minutes
Purpose: To provide specialists with an opportunity to practice gathering information from a reporter by asking solution- focused questions and identifying gaps in information using a structured, inquiry-based approach

Participant Manual: Referral Snapshot, Solution Focused Questions
Facilitator Resource: Reporter Information Guide (print and laminate to hand out to the participants playing Hannah).

Activity Set Up:

- Participants should be seated in table groups (3–5 per table).
- Assign:
    - 1 participant per table to be Hannah Lewis (reporter role).
    - The remaining participants will operate as the Specialists.
- Provide the selected participant with the *Reporter Information Guide: Hannah Lewis* document.

Facilitator Note:
The goal of the guided interview is for participants to practice dialogue using solution - focused questions through adult engagement. This is prep practice for the simulation scenes.

Activity Instructions:

1. Allow the participants playing Hannah for each group time to read the **Reporter Information Guide** for 2 to 3 minutes. You may allow them to step out of the room or detach from their group momentarily if needed.
2. While the "reporters" are reviewing the information guide, as a group, the specialists should briefly discuss:
    - What information do they already know from the referral?
    - What do they still need to know?
3. After the allotted 2 – 3 minutes, have the participants begin the guided interviews:
4. Allow the groups 10 minutes to complete their guided interview practice.
5. The Specialists should work together to ask questions.
6. The participants playing Hannah should respond based on the guide:
    - As guided, they should:
        - Share some information naturally.
        - Share additional information only if asked.
7. After the interview, take approximately 7 minutes to follow up with the activity discussion and facilitator questions for group reflection.

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Say:
Now it's time to apply what we've been discussing through a guided interview activity. At each table, one person will take on the role of Hannah Lewis, the reporter, while the remaining participants work together as specialists.

Before you begin, the participant portraying Hannah should review the Reporter Information Guide to become familiar with the information they have and how they should respond during the interview.

As specialists, your responsibility is to work together to ask purposeful questions

that help you gather as much relevant information as possible. Remember, you won't receive all of the information automatically. Some details will only be shared if you ask the right follow-up questions.

This activity is designed to strengthen your inquiry-based interviewing skills and demonstrate how thoughtful questioning helps you gather the complete and accurate information needed to make informed investigative decisions.

Paraphrase:
As you work through this activity, think back to the interview you either conducted or observed during Week 5 with the reporter, Ellen, in the Simmons case. That experience introduced you to one of the most important responsibilities of an investigator, which is gathering information through effective interviewing. This activity gives you another opportunity to strengthen those skills.

As you work through the scenario, apply the communication, questioning, active listening, and information-gathering techniques you practiced previously. Each interview is an opportunity to gather accurate, relevant information that helps you make informed decisions throughout an investigation.

Activity Discussions:
- What questions were effective?
- What information was missed?
- How groups approached the interview?
- What are the differences in information gathered across tables?

Facilitation Question: (ask the following question and validate responses)
- What questions were effective? / What information were you able to gather?

Facilitation Answer:
- Effective questions are clarifying questions and follow-up questions.

Facilitation Question: (ask the following question and validate responses)
- What did your group miss?

Facilitation Answer:

- Missed information is often tied to not asking deeper or more specific questions.

Facilitator Notes:

- Allow groups to struggle slightly; do not intervene too early.
- Resist the urge to prompt questions or fill in gaps for the participants.
- Focus on what their process looks like, not perfection.
- Reinforce connection to:
    - Safety threats
    - Information gaps

Key Points (ensure the following are covered):

- Information gathering requires purposeful questioning.
- Not all information will be provided automatically.
- Follow-up questions are critical.
- Inquiry-based interviewing leads to a more complete understanding of the case.

REPORTER INFORMATION GUIDE: HANNAH LEWIS

(For Participant Playing the Reporter Role)

Role Overview

You are **Hannah Lewis**, a nurse at Jefferson Regional Hospital who treated Jasmine Hill in the emergency room.

- You **do not know the family personally.**
- You are **somewhat irritated** about the situation.
- You will respond appropriately if the specialist is professional and clear about their purpose within the investigation.
- You want to make sure your concerns are taken seriously and not brushed off as something that is not relevant to the child's well-being.

IMPORTANT INSTRUCTIONS (READ FIRST)

- **REMEMBER** - you are NOT reading from a script.
- You are responding naturally based on what you know.
- Do NOT give all the information at once; allow the Specialist to use their interviewing skills and solution-focused questions to gather key information from you.
- Only share:
    - What you would naturally say **without being asked** (you can find this information on page 2 of this document.
    - Any additional details that the Specialist may need, **only give this information if the specialist asks appropriate questions**. (You will find this information on page 4 of this document).

The goal is to help the specialist practice:

- Asking questions
- Following up
- Gathering complete information

WHAT YOU WILL SHARE NATURALLY

(*Share this information with the specialist naturally within conversation*).

INFORMATION ABOUT JASMINE HILL

(*This is information you are likely to share early in the conversation while speaking with the Specialist*).

- Jasmine Hill was brought to the emergency room by her grandmother, **Georgia Weems.**
- She had **multiple lesions** that appeared infected:
    - One on her scalp (~2.5 cm).
    - One on her finger with swelling and red streaks.
    - Jasmine's legs and arms had what appeared to be ant bites, and some were red, swollen, and feverish while others were healing and scabbed.
- The red and swollen areas were along Jasmine's legs and arms and appeared to range from **a couple of days old to approximately 9–10 days old**.
- There were numerous ant bites clustered across Jasmine's legs, ankles, and feet. Many were raised and swollen, with white or yellow pus-filled centers. Several had ruptured and were draining thick yellow fluid, leaving open, crusted sores. The skin surrounding the bites was intensely red, warm, and swollen, with the redness spreading beyond the individual bite sites. Jasmine cried and pulled away when the areas were touched, indicating significant pain and tenderness. Although the bites had reportedly worsened over several days, no medical evaluation or treatment had been sought. The spreading inflammation, drainage, and continued lack of medical care raised serious concerns about an untreated infection and medical neglect.
- Jasmine had a **fever (101°F)** and signs of infection.
- She also had a newer purple colored bruise and an older yellowed **bruise on her forehead.**
- Jasmine is not mobile at this time.
- The medical team was concerned about the following:
    - **Delay in seeking treatment.**
    - **Possible lack of supervision.**
- The treating physician was **Dr. Rhonda Dickson.**
- Jasmine was discharged with **antibiotics.**

INFORMATION ABOUT THE CAREGIVER

- Mother (**Charlotte Flowers**) came to the hospital.
- Though she was present, she seemed:
    - Irritated that Jasmine was brought in.
    - Dismissive of the injuries, referring to them as “just bug bites”.
- She could not explain how the bruises on her forehead happened.
- She did not seem concerned about her needing antibiotics and verbally refused to give antibiotics.

WHAT YOU WILL ONLY SHARE IF ASKED DIRECTLY

(*Do NOT share this information unless the specialist asks clear or follow-up questions*).

Medical Details

- Jasmine's white blood cell count was **11,000** (elevated status).
- Red streaking on the hand increased concern for infection.
- Medical staff believed the infection could become serious after being untreated.

Family / Household Information

- Jasmine's Grandmother reported a **fight between Charlotte and her boyfriend (Brad Hill)**.
- Charlotte has a pattern of returning to her mother's home during conflict, then going back to Brad shortly after.

Concerns About the Caregiver

- Jasmine's Grandmother stated that:
    - This is **not the first time Jasmine has had injuries** like the ones she was seen for at the hospital.
    - Charlotte often cannot explain how Jasmine's injuries happen.
    - Georgia has observed similar bites in the past few weeks when the children return from staying at Brad's house with Charlotte. She is concerned that the home may have an infestation.
    - Charlotte may become overwhelmed easily and have difficulty following through with care for Jasmine.

Additional Context

- Charlotte receives **SSI benefits.**
- Charlotte takes **psychotropic medication.**
- Jasmine's Grandmother believes Charlotte wants to be a good parent, but struggles with consistency

Information You Do NOT Know

(*Do NOT share this information unless the specialist asks clear or follow-up questions*).

- You do NOT know:
  - How the injuries actually occurred.
  - If Frankie (Jasmine's sister) was left alone.
  - Any firsthand details about the father's residence.

HOW YOU SHOULD RESPOND DURING THE ACTIVITY

If the specialist:

- Is **professional and clear** = You become more cooperative throughout the conversation.
- Asks **good follow-up questions** = You provide more detail based on Page 3's information.
- Is **vague or rushed** = You give minimal responses, and do not disclose the information listed on Page 3.

TONE & BEHAVIOR

- Start slightly busy and mildly irritated.
- Based on the Specialist's questions and demeanor shift to being cooperative and responding accordingly to their questions.

GOAL OF THIS ACTIVITY

You are helping the specialist learn how to:

- Ask effective questions.
- Gather accurate information.
- Identify concerns related to safety.

During this Guided Interview Practice, do NOT try to "help them succeed". This is a learning tool to build a skill. Allow their questions to determine what they learn about the case.

The goal is to be actively responsive to solution-focused questions and share information as needed based on what you are asked.

APPLYING WHAT WE LEARNED FROM THE REPORTER

Time: 10 minutes
Purpose: To guide specialists in applying information gathered from the reporter to begin identifying safety threats and complicating factors within the Flowers case

Participant Manual: Referral Snapshot

Participant Resource: SDM Safety Assessment Key Concepts (SDM® Combined Assessment Procedure Manual)

Activity Set Up:

- Participants remain in table groups.
- No new materials are required.
- Participants should refer to their notes from the guided interview practice and to the Flowers' referral information.

Activity Instructions:

1. In groups, review the information gathered from Hannah
2. Identify:
    - What information relates to safety threats.

    - What information relates to complicating factors.
3. Be prepared to share one example of each.

Say:
Now that you've gathered additional information from the reporter, the next step is to begin making sense of what that information means. As specialists, your responsibility is not only to collect information, but also to evaluate it so you can make informed safety decisions.

As you review what you've learned, begin determining whether the information points to a threat to safety or a complicating factor. Remember, safety threats are conditions or behaviors that are currently impacting the child's safety, while complicating factors indicate the likelihood of future harm.

In the Flowers' case, information such as untreated medical needs, supervision concerns, and the caregiver's response should all be considered through this lens. This step moves you beyond simply gathering information and begins the process of assessing safety so you can determine the most appropriate next steps in the investigation.

Facilitator Question: (ask the following question and validate responses)
- What information gathered from the reporter points to a safety threat?

Facilitator Answers:
- **Safety Threat:**
    - Infection left untreated.
    - Immediate medical concerns.

Facilitator Question: (ask the following question and validate responses)
- What information points to a complicating factor?

Facilitator Answers:
- **Complicating factors:**
    - Ongoing supervision concerns
    - Domestic violence patterns.
    - Caregiver limitations.

Facilitator Notes:
- Keep the participants focused on the interpretation of the information gathered, not decision-making yet.
- Reinforce that the information gathered during the interview process directly informs safety assessment.
- Reinforce to the participants that this is early-stage assessment thinking.
- Connect back to the Guided Interview Practice activity.

Key Points: (ensure the following are covered)

- Information must be interpreted, not just collected.
- Safety threats impact the child right now.
- Complicating factors indicate the future likelihood of harm.
- Interviews help clarify and expand concerns within the case.

WRAP-UP & KEY TAKEAWAYS

Time: 10 minutes
Purpose: To reinforce specialists' understanding of how to move from gathering information to identifying safety threats and complicating factors, and how inquiry-based interviewing supports that process

Facilitator Notes:
- Keep tone reflective, not instructional.
- Do NOT introduce new content at this point.
- Reinforce confidence in developing skills.
- Reinforce that strong investigations depend on strong inquiry and critical thinking.

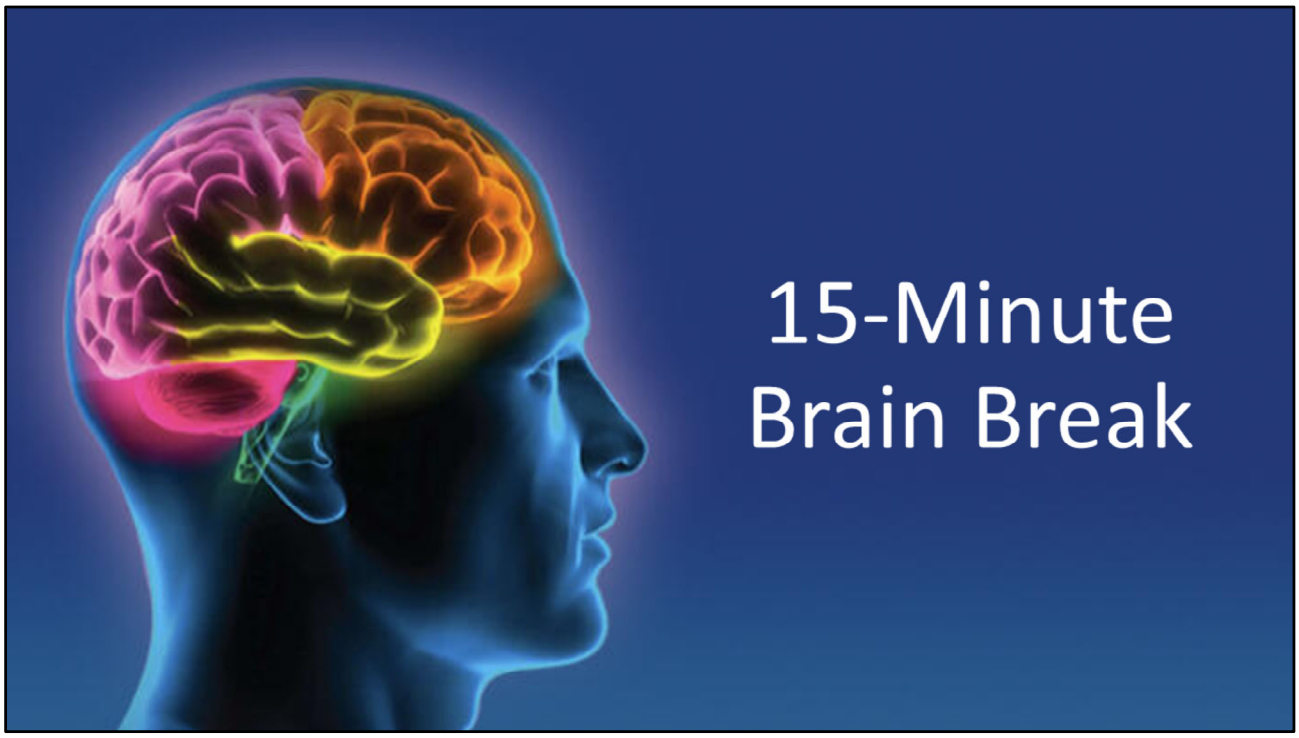
Activity Instructions:
1. Ask participants to reflect individually (allow 1–2 minutes of individual reflection):
    - What is one thing you learned about identifying safety threats?
    - What is one thing you learned about asking questions?
2. Share within table groups.
3. Invite 2–3 participants to share with the class.

Say:
In this section, you began shifting from gathering information to understanding what that information means for a child's safety. You explored how to identify safety threats and risk factors, and how those concepts guide your thinking as a Specialist.

You also practiced interviewing the reporter and experienced how the quality of your questions directly impacts the information you receive. This process highlights that information is not simply given, you must actively work to gather it through purposeful and thoughtful inquiry. As you continue through training, you will build on these skills and begin applying them in more complex situations.

Key Points: (ensure the following are covered)

- Safety threats and complicating factors guide decision-making throughout the investigation.
- Interviews directly impact information gathered.



BRAIN BREAK

APPLYING SDM & ASSESSING PROTECTIVE CAPACITY

APPLYING SDM & ASSESSING PROTECTIVE CAPACITY

Time: 5 minutes
Purpose: To transition into the next section and connect caregiver, behavior, and impact to child safety

Say:
In the previous section, you began identifying safety threats and understanding how the information you gather connects to child safety. In this section, you'll build on that foundation by applying Structured Decision Making, or SDM, more directly to the Flowers case.

As a specialist, SDM helps guide your decision-making at different points throughout an investigation by providing a structured process for evaluating the information you collect. You'll also be introduced to the concept of protective capacity, which focuses on what caregivers are able and willing to do to ensure a

child's safety.

As we continue working through the Flowers case, you'll begin connecting caregiver behavior, child impact, and safety concerns in a more structured way so you can make informed decisions that support child safety.

Before we move into the next section, take a moment to think about what you've learned so far. In the previous section, you built the foundation for understanding child safety by learning how to recognize safety threats and distinguish them from risk factors.

Now, we're going to build on that foundation by exploring how Structured Decision Making (SDM) helps guide those observations and supports consistent, informed safety decisions throughout an investigation.

As we work through the Flowers case, you'll begin applying these concepts to real investigative decisions rather than simply learning about them.

Facilitation Question: (ask the following question and validate responses)

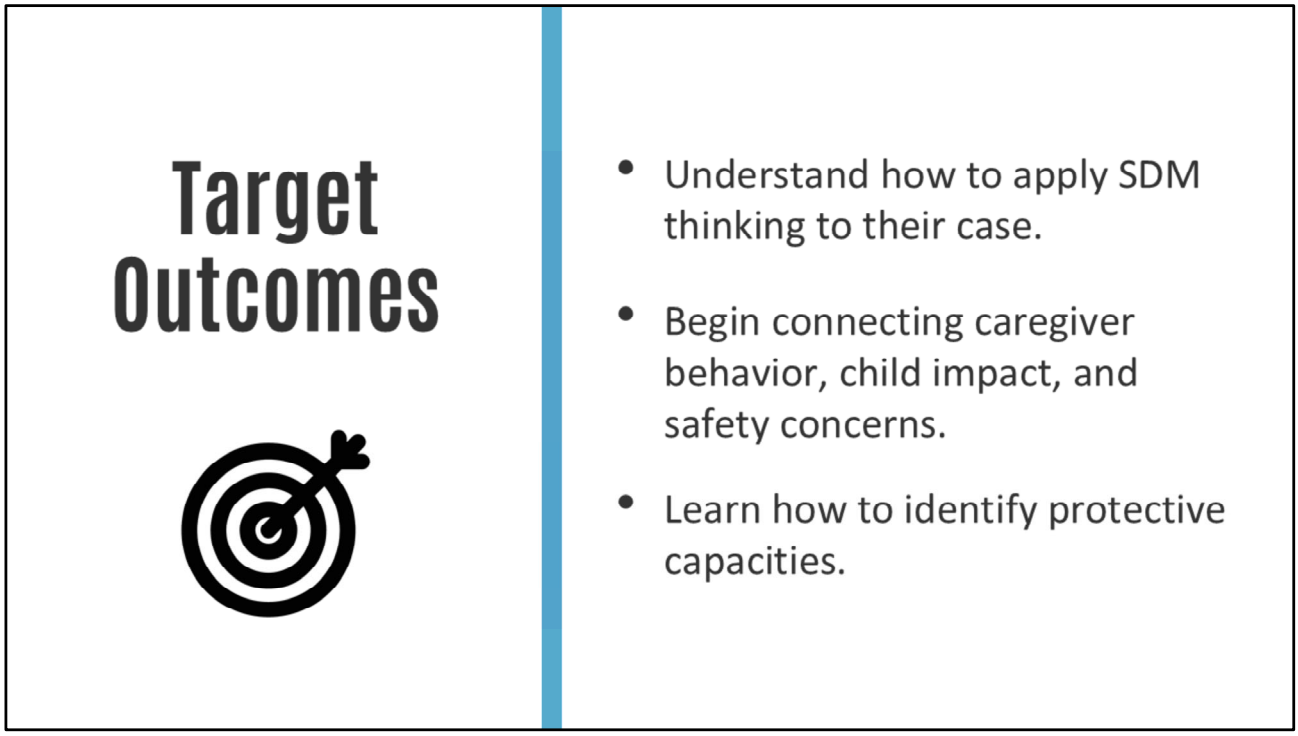
- What do you think protective capacity means?

Facilitation Answers:

Common responses:

- Ability to protect
- Willingness to care for the child.

Reinforce that both answers matter, the ability to protect the child AND the willingness to do so.



TARGET OUTCOMES

Time: 2 minutes
Purpose: To define what specialists will accomplish, focusing on applying SDM thinking, identifying protective capacity, and continuing to connect information to safety decisions within the Flowers' case.

Say:
By the end of this section Specialists will:

- ***Understand how to apply SDM thinking to their case.***
- ***Begin connecting caregiver behavior, child impact, and safety concerns.***
- ***Learn how to identify protective capacities.***

USING THE SDM MODEL AT EACH DECISION POINT

Time: 10 minutes
Purpose: To help specialists understand how the SDM model applies to the current stage of the investigation and identify where they are in the decision-making process within the Flowers case

Say:
As specialists, your decisions are guided by the Structured Decision Making, or SDM, model at every stage of an investigation. The model outlines key decision points, including intake, safety assessment, risk assessment, and family case planning.

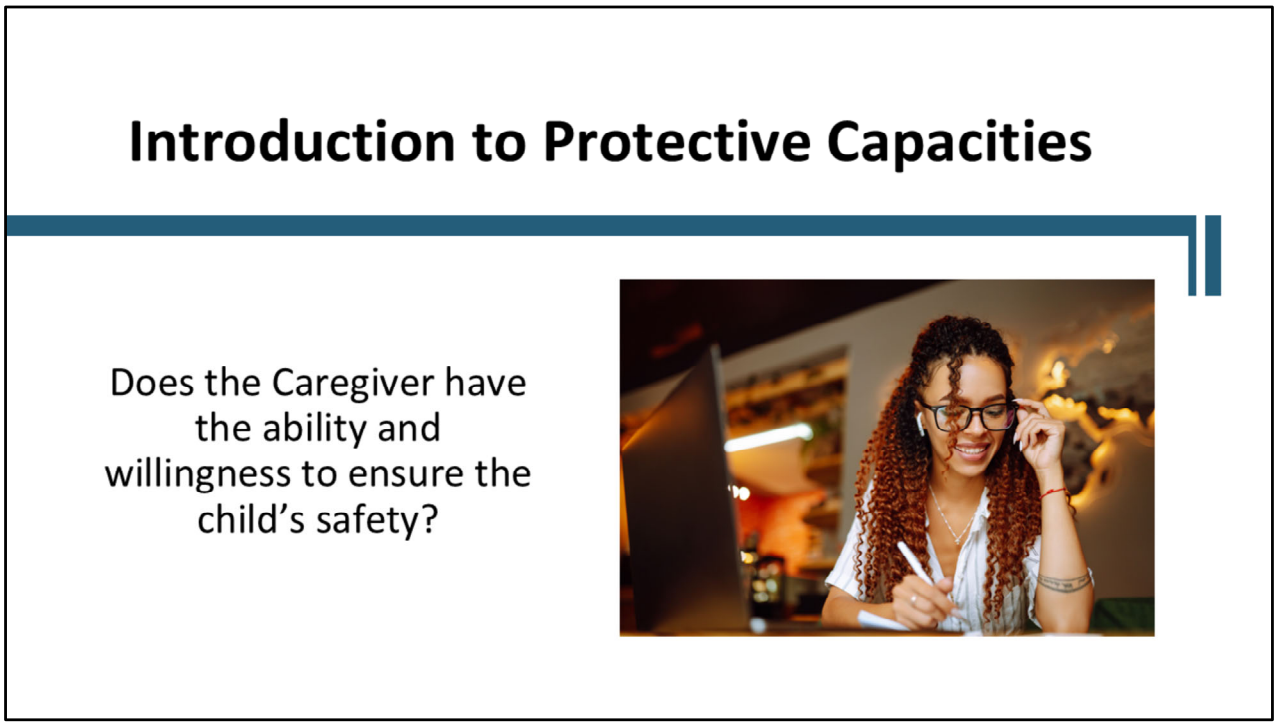
Understanding where you are in that process helps you focus on the decisions you need to make and the information you still need to gather. Think about where you are in the Flowers case right now. You've already reviewed the referral, gathered

initial information, and conducted an interview with the reporter.

The question now is, where does that place you within the SDM model? Identifying your place in the process helps guide your next steps and ensures you're making informed decisions based on the information you've collected so far.

Key Points (ensure the following are covered):

- The SDM model includes multiple decision points.
- Specialists must understand where they are in the process.
- Decisions within the case are guided by this structure.



INTRODUCTION TO PROTECTIVE CAPACITIES

Time: 10 minutes
Purpose: To introduce the concept of protective capacity and help Specialists begin assessing a caregiver's ability and willingness to ensure the child's safety

Participant Manual: SDM Safety Assessment (Blank Copy)

Activity Set Up:

- Before participants enter, post four pieces of chart paper around the room labeled:
    - Response to Jasmine's Injuries
    - Awareness of Jasmine's Condition
    - Follow-Through with Medical Care
    - Ability and Willingness to Keep Jasmine Safe
- Provide each participant with several sticky notes and a marker.

Activity Instructions:

- Participants will rotate to each station around the room.
- At each chart, participants will write one or two observations from the Flowers case that relate to that area of protective capacity. Participants should only use information gathered from the referral and the reporter interview.
- After rotating through all four stations, participants will return to their seats while the facilitator reviews the responses and leads a discussion connecting the observations to protective capacity.

Say:

Now that you've begun identifying safety threats, it's time to look at another important part of the safety assessment, protective capacity.

As specialists, identifying safety threats is only part of your responsibility. You must also determine whether the caregiver has both the ability and the willingness to keep the child safe. This is what we refer to as protective capacity. It helps you evaluate how a caregiver responds to a child's needs, whether they recognize safety concerns, and whether they take appropriate action to ensure the child's safety.

In the Flowers' case, we've already gathered information that begins to help us evaluate Charlotte's protective capacity. Her response to Jasmine's injuries, her understanding of what occurred, and her follow-through with obtaining medical care all provide valuable information.

As you move through each station, focus on the observations you have from the referral and the reporter interview. Use those observations to determine what they tell you about Charlotte's protective capacity. Remember, you're not making a final determination at this stage. You're using the information currently available to begin assessing whether Charlotte has the ability and willingness to ensure Jasmine's safety moving forward.

Paraphrase:

Protective capacity is about whether the caregiver can and will keep the child safe.

As specialists, you're evaluating caregiver actions, decisions, and responses to determine whether they have both the ability and the willingness to protect the child. The observations you gather throughout an investigation help build that assessment over time.

Activity Discussion:

- Review each chart with the group and discuss the observations participants identified.
- Guide the discussion around:
    - Charlotte's response to Jasmine's injuries.
    - Charlotte's awareness of Jasmine's condition.
    - Charlotte's follow-through with obtaining medical care.
    - Charlotte's ability versus willingness to keep Jasmine safe.
- The difference between observations and conclusions, reinforcing that specialists are still gathering information.

Facilitation Question: (ask the following question and validate responses)

- Based on the information gathered from the referral and reporter interview, what observations raise questions about Charlotte's protective capacity?

Facilitation Answer:

- Participants should identify observations such as Charlotte's response to Jasmine's injuries, concerns about delayed medical care, her understanding of what occurred, and whether her actions demonstrate the ability and willingness to protect Jasmine. Reinforce that these are observations used to begin assessing protective capacity, not final conclusions.

Facilitation Question: (ask the following question and validate responses)

- What additional information would you need before determining whether Charlotte has the protective capacity to ensure Jasmine's safety?

Facilitation Answer:

- Participants should recognize that additional information is needed from Charlotte and other collateral sources before making a determination. Since Charlotte has not yet been interviewed, specialists do not yet have a complete understanding of

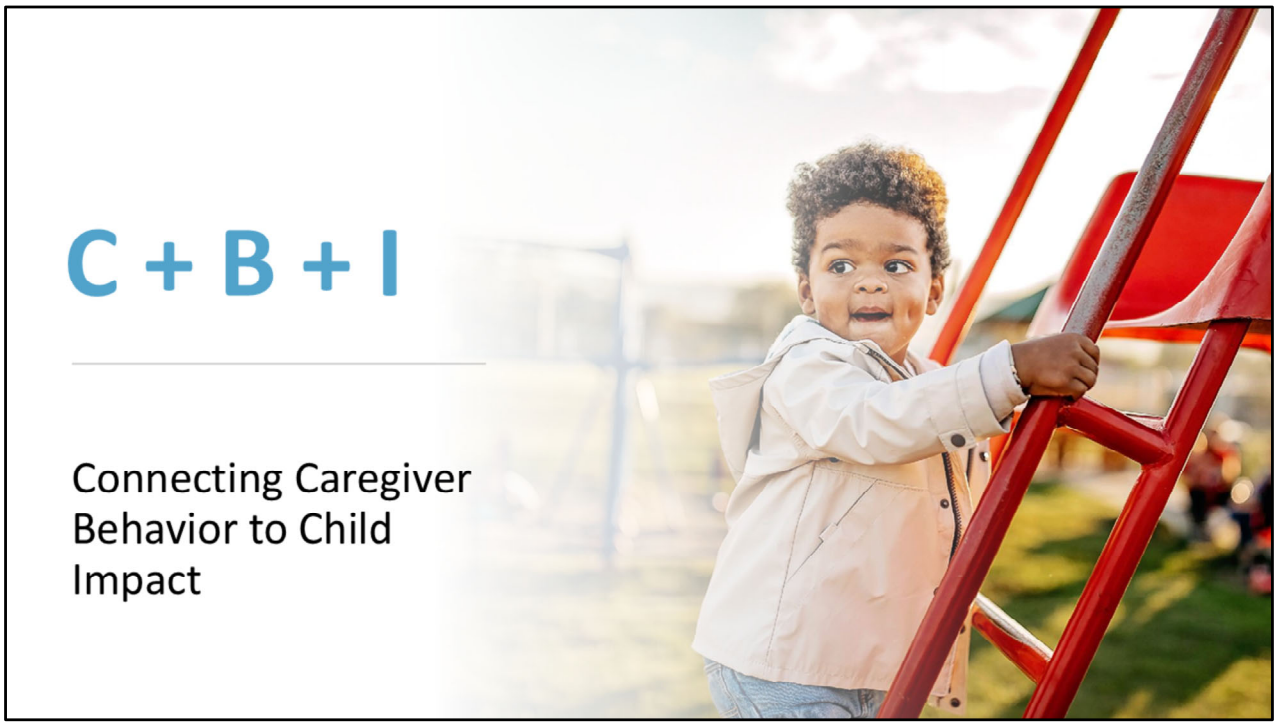
her perspective, decision-making, or ability to protect Jasmine. Reinforce that uncertainty is expected at this stage and that protective capacity is assessed as additional information is gathered throughout the investigation.

Facilitator Notes:

- Keep the discussion grounded in the Flowers' case and the information participants currently have.
- Encourage participants to distinguish between observations and conclusions.
- Reinforce that protective capacity is evaluated throughout the investigation as additional information is gathered.
- Avoid over-defining the concept. Keep the discussion practical and focused on how specialists use observations to assess caregiver ability and willingness to ensure child safety.

Key Points (ensure the following are covered)

- Protective capacity is the caregiver's ability and willingness to protect the child.
- Specialists assess caregiver behaviors, decisions, and responses throughout the investigation.
- Charlotte's response to Jasmine's injuries, her awareness of the situation, and her follow-through with medical care provide important indicators of protective capacity.
- Protective capacity is not determined from a single interaction. It is assessed as additional information is gathered.
- Protective capacity directly influences safety decisions and helps determine the next steps in an investigation.



CONNECTING CAREGIVER BEHAVIOR TO CHILD IMPACT

Time: 12 minutes
Purpose: To apply identification of Caregiver, Behavior, and Impact (C + B + I) by using only the information currently known in the Flowers' case

Participant Manual: SDM Safety Assessment (Blank Copy)

Activity Instructions:

1. In groups, identify:
    - Caregiver (Who is responsible?)
    - Behavior (What actions or inactions are being reported?)
    - Impact (How is this affecting the child?)
2. Be prepared to share.

Say:

As specialists, gathering information is only part of the investigation. You also need to organize that information in a way that helps you assess child safety and make informed decisions. One way to do this is by breaking the information into three parts: caregiver, behavior, and impact. As you review the information you've gathered from the referral and the reporter interview, begin identifying who is responsible for the child, what behaviors or actions have been described, and how those behaviors may be affecting the child.

Organizing information this way helps you move beyond general concerns and begin making clear connections between what a caregiver is doing, or not doing, and the impact those actions have on the child's safety. This structured approach strengthens your assessment and provides a solid foundation for the decisions you'll make throughout the investigation.

Facilitation Question: (ask the following question and validate responses)

- Based on the referral and reporter information, who is identified as the caregiver?

Facilitation Answers:

- Identifying caregiver:
    - Charlotte Flowers

Facilitation Question: (ask the following question and validate responses)

- What behaviors or actions have been described so far?

Facilitation Answers:

- Behavior (based on known information from the referral and reporter):
    - Delay in seeking medical care.
    - Unable to explain injuries.
    - Minimizing concerns (per reporter).

Facilitation Question: (ask the following question and validate responses)

- What impact are those behaviors having on Jasmine?

Facilitation Answers:

- How does this impact the child:

- Infection
- Pain
- Potential for worsening condition

Facilitator Notes:

- Reinforce with participants that they should NOT assume beyond what is known.
- Keep focus on structuring thinking while investigating a case.
- Advise the participants to avoid making final decisions
- Connect to safety threats.

Key Points (ensure the following are covered):

- Organizing information helps clarify concerns within the case.
- C + B + I, connects the caregiver's actions to child impact.

IDENTIFYING INFORMATION NEEDED TO ASSESS PROTECTIVE CAPACITY

Time: 15 minutes
Purpose: To help specialists identify what additional information is needed to accurately assess protective capacity, reinforcing that current information is incomplete

Participant Manual: SDM Safety Assessment (Blank Copy)
Facilitator Resource: SDM Safety Assessment (Completed)

Activity Set Up:

- Have the participants remain in table groups.
- Instruct them to use:
    - The Referral
    - The Reporter interview
    - The C + B + I notes

Activity Instructions:

1. In groups, discuss:
    - What information is still missing to assess protective capacity?
2. Identify:
    - What you would need to know about:
        - The caregiver
        - The situation
        - The child
3. Be prepared to share:
    - 2–3 key pieces of missing information

Say:

Up to this point, you've organized the information you've gathered and begun analyzing caregiver behavior. As specialists, that helps you develop a clearer understanding of the concerns, but it does not mean you have enough information to fully assess protective capacity. One of the most important responsibilities during an investigation is recognizing when additional information is still needed.

Your role is not to make decisions too early. Instead, you must identify what you know, what you don't know, and what information you still need to gather. In the Flowers' case, the referral and reporter interview have provided valuable information, but there are still important gaps that prevent you from fully understanding Charlotte's ability and willingness to keep Jasmine safe.

Identifying those gaps helps guide your next steps and ensures you continue gathering the information needed to make informed safety decisions throughout the investigation.

Activity Discussions:

- Some groups may identify missing information, such as:
    - Caregiver explanation of injuries.
    - Understanding of the child's medical needs.
- Others may focus on:
    - Supervision practices.

    - Household dynamics.
- Some may recognize:
    - The need to hear directly from the caregiver and the child.

Facilitator Notes:

- Reinforce that this is an intentional pause in the decision-making process.
- Redirect if participants try to make final conclusions.

Key Points (ensure the following are covered):

- Current information is incomplete.
- Protective capacity cannot be fully assessed yet.
- Identifying gaps guides next steps within the investigation.

SDM SAFETY ASSESSMENT

Arkansas State Police and Division of Children and Family Services

Family Name: Flowers **Referral/Case ID:** Training Case

Date of Assessment: _____ **County:** Jefferson

Worker Name: Assigned DCFS Specialist - training example

Assessment Type: ☒ Initial ○ Reassessment ○ Case closure

Household Assessed: Flowers Family

Caregiver(s) Assessed: Charlotte Flowers - legal custodian

Names of Children Assessed:

1. Jasmine Hill
2. Frankie Flowers
3. _____
4. _____
5. _____
6. _____

If more than six children are assessed, include additional names and numbers (e.g., 7. Joe Smith):

SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child's inability to protect self; select all that apply to *any* child.

- ☒ Child is age 0–5.
- ☐ Child has a diagnosed or suspected medical or mental condition (includes medically fragile).
- ☐ Child has limited or no readily accessible support network.
- ☐ Child has diminished mental capacity.
- ☐ Child has diminished physical capacity.
- ☐ None apply.

SECTION 2: CURRENT SAFETY THREATS

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

Yes **No**

○ ● 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/differential response (DR) case, as indicated by (select all that apply):

☐ Serious injury or abuse to the child other than accidental.

☐ Caregiver fears harming the child.

☐ Caregiver has threatened to cause harm or retaliate against the child.

☐ Caregiver has made substantial or unreasonable use of physical force.

☐ Substance-exposed infant is in danger.

○ ● 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.

○ ● 3. Caregiver is aware of the potential harm AND is unwilling OR unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect. *Domestic violence behaviors should be captured under safety threat 9*.

○ ● 4. Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

○ ● 5. Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing. Select all that apply.

☐ Supervision

☐ Food

☐ Clothing

● ○ 6. Caregiver does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

○ ● 7. Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.

Yes No

- ○ ● 8. Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
- ○ ● 9. Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
- ○ ● 10. Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
- ○ ● 11. Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
- ○ ● 12. Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR case.
- ○ ● 13. The child may be in immediate danger because of current circumstances AND because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
- ○ ● 14. Other (specify): _____

SAFETY DECISION

If no safety threats are present, select this safety decision.

○ **Safe.** No safety threats were identified at this time. Based on currently available information, no children are likely to be in imminent danger of serious harm. Continue to the risk assessment and complete the investigation as required.

IF A SAFETY THREAT IS IDENTIFIED BY CACD AT ANY POINT IN THE INVESTIGATION, CACD CONTACTS DCFS AND STOPS COMPLETING THE SAFETY ASSESSMENT TOOL HERE. DCFS TAKES OVER TO COMPLETE SECTION 3.

SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

Complete this section only if one or more safety threats are selected.

Wrap-Up & Key Takeaways

Understanding of how to **apply SDM thinking**, recognize **protective capacity**, and identify **information gaps** that guide next steps in an investigation.

WRAP-UP & KEY TAKEAWAYS

Time: 10 minutes
Purpose: To reinforce specialists' understanding of how to apply SDM thinking, recognize protective capacity, and identify information gaps that guide next steps in an investigation

Facilitator Notes:

- Keep tone reflective and forward-focused.
- Continue to reinforce that uncertainty is part of the process.
- Transition clearly to skill-building in the next section.

Activity Instructions:

1. Ask participants to reflect individually:
    - What is one thing you now understand about protective capacity?
    - What is one thing you still need to know in this case?

2. Share within table groups.
    - Invite 2–3 participants to share out.

Say:
In this section, you've begun applying Structured Decision Making by identifying where you are in the investigative process and examining how caregiver behavior connects to child safety.

You've also explored the concept of protective capacity and recognized that, based on the information currently available, you do not yet have enough to make a full determination. As specialists, one of the most important skills you can develop is recognizing what you still need to know before making a decision.

Allowing those unanswered questions to guide your next steps helps ensure you continue gathering the information necessary to fully assess child safety. This approach supports informed decision-making and ensures your conclusions are based on complete and accurate information rather than assumptions.

Activity Discussions:
- Participants may reflect on:
    - Understanding protective capacity as both the ability and willingness to protect the child.
    - Recognizing gaps in information.
- Some may note that they need to hear directly from the caregiver and the child.
- Others may recognize the importance of avoiding early conclusions.

Say:
We're going to take a break. When we come back, we'll shift our focus to building one of the most important skills you'll use as a specialist, asking effective questions during interviews. Up to this point, you've been identifying concerns and determining what information you still need to gather. Next, you'll focus on how to obtain that information through purposeful and well-structured questioning. These interviewing skills will prepare you for the upcoming interviews as you continue working through the Flowers' case.

Key Points (ensure the following are covered):

- Protective capacity requires sufficient information to assess during the investigation.
- Identifying gaps guides next steps in the investigation.
- Specialists must avoid making early conclusions in the case.

LUNCH BREAK

BUILDING EFFECTIVE INTERVIEWING SKILLS

BUILDING EFFECTIVE INTERVIEWING SKILLS

Time: 4 minutes
Purpose: To transition into the next section and connect to building interviewing skills

Say:
Earlier today, you focused on identifying concerns, understanding safety threats and risk, and recognizing what information is still needed to assess child safety.

In this section, you'll shift your focus to how you gather that information through questioning. As specialists, the way you ask questions directly impacts the quality and accuracy of the information you receive.

You'll begin learning how to structure questions that encourage detailed responses, avoid leading the person you're interviewing, and help you gather the

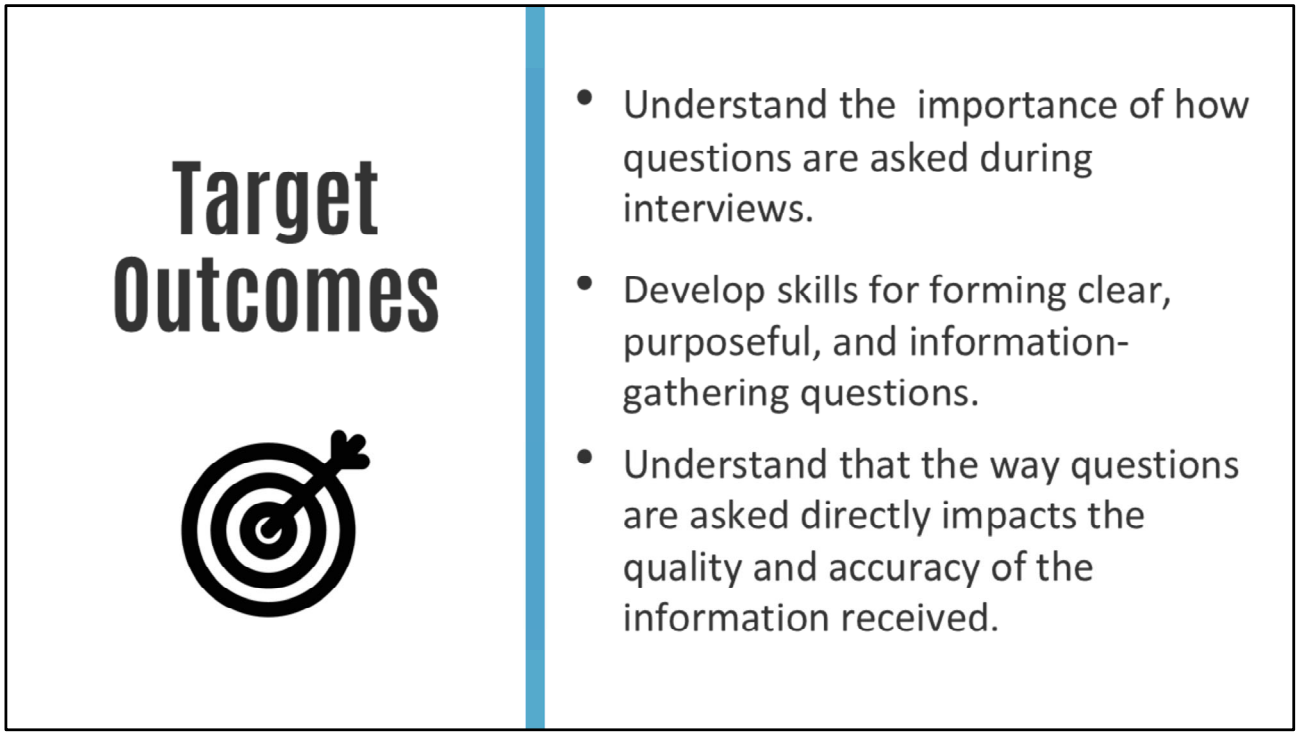
information necessary to assess safety. These questioning skills are essential as you prepare for the upcoming interviews in the Flowers' case.

Facilitator Question: (ask the following question and validate responses)

- Why do you think how you ask a question matters?

Facilitator Answers:

- How you ask a question affects how much information the Specialist will receive and how accurate it may be.
- Poor questions limit responses.
- Strong questions encourage detail.
- Reinforcing that effective questioning is a key investigative skill.

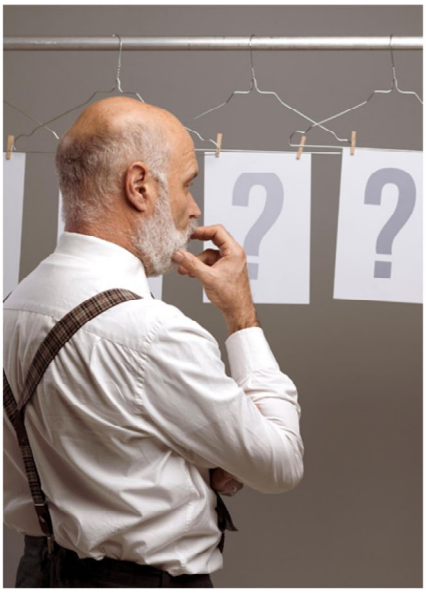


TARGET OUTCOMES

Time: 2 minutes
Purpose: To introduce specialists to the importance of how questions are asked and begin developing skills in forming clear, purposeful, and information-gathering questions

Say:
By the end of this section Specialists will:

- ***Understand the importance of how questions are asked during interviews.***
- ***Develop skills for forming clear, purposeful, and information-gathering questions***
- ***Understand that the way questions are asked directly impacts the quality and accuracy of the information received.***



What Makes A Strong Question?

Getting Better Information Through How You Ask

WHAT MAKES A STRONG QUESTION?

Time: 10 minutes
Purpose: To help specialists identify the characteristics of strong vs weak questions and understand how question structure impacts the information gathered.

Participant Manual: Solution Focused Questions

Facilitator Notes:

- Keep this slide reflective and discussion based.
- Anchor back to the reporter activity from the previous section.
- Do NOT over-teach terminology yet.
- Prepare the participants for the next step, practicing how to improve questions to gather more information.

Activity Set Up:

- Participants remain seated in groups at their tables.

Activity Instructions:

1. Ask participants to think about the reporter activity for Hannah.
2. In groups, discuss:
    - What questions worked well?
    - What questions did not work well?

Say:

Think back to your interview with the reporter, Hannah Lewis. As you reflect on that conversation, you may notice that some of the questions your group asked helped gather detailed information, while others did not provide much insight.

As specialists, the questions you ask directly influence the quality of the information you receive. Strong questions are clear, open-ended, and encourage the person to share more information. Weaker questions tend to limit responses, lead the person being interviewed, or result in short answers.

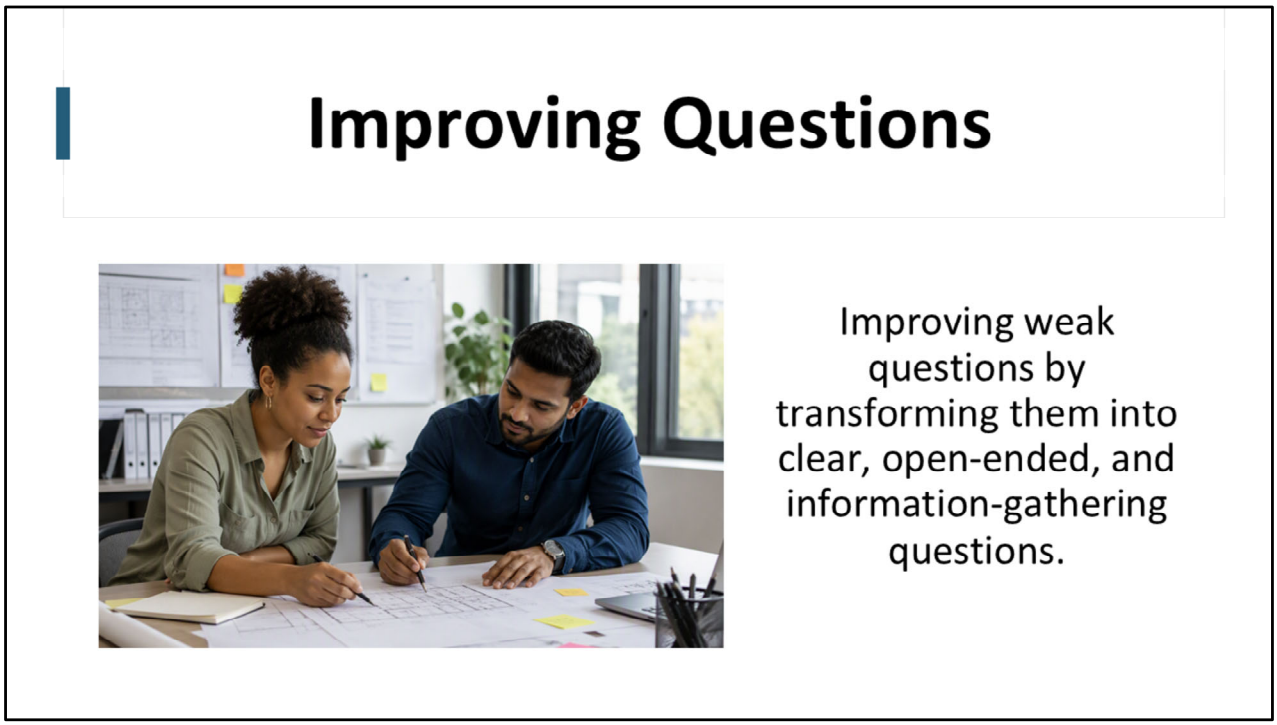
Your goal is to ask questions that help you fully understand the situation without influencing the response, allowing you to gather the information needed to make informed safety decisions.

Activity Discussions:

- Participants may identify:
    - Open-ended questions as more effective.
    - Yes/no questions as limiting.
- Some may notice that follow-up questions led to more detail.
- Others may reflect on missed opportunities to ask deeper questions to the reporter.

Key Points (ensure the following are covered):

- Strong questions are open-ended and clear.
- Weak questions limit responses or lead answers.
- Follow-up questions are critical for gathering detail.



IMPROVING QUESTIONS

Time: 15 minutes
Purpose: To provide specialists with hands-on practice in improving weak questions by transforming them into clear, open-ended, and information-gathering questions

Participant Manual: Questions Makeover

Activity Instructions:

1. Direct participants to the Question Makeover in their Participant Manual.
2. In groups, review each question listed.
3. Rewrite each question to make it:
    - Open-ended
    - Neutral
    - Focused on gathering information
4. Be prepared to share one revised question and explain your reasoning.

Say:
In your Participant Manual, you'll find the Question Makeover. This activity includes several examples of questions that may limit responses, assume information, or lead the person being interviewed.

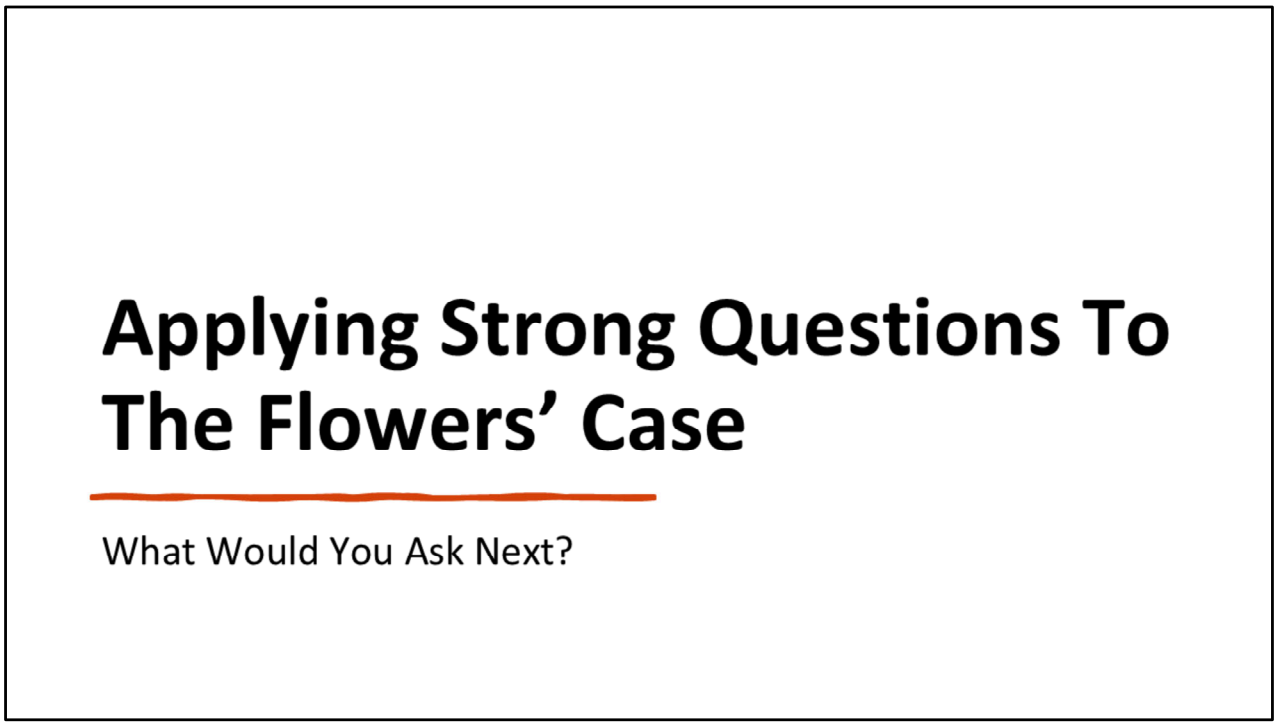
Working with your group, you'll rewrite each question, so it is open-ended, neutral, and focused on gathering information. As specialists, the way you phrase a question can have a significant impact on the type and quality of information you receive.

As you complete the handout, think about how asking more effective questions helps you gather the information needed to fully understand a situation and support informed decisions throughout your investigation.

Activity Discussions:
- Groups may shift yes/no questions into open-ended ones or remove assumptions from the questions.
- Some may focus on tone and clarity.
- Others may add follow-up elements.

Facilitator Notes:
- Encourage multiple correct answers.
- Avoid over-correcting phrasing during this practice phase.
- Focus on the intent of the question.
- Keep activity fast paced and engaging.
- Prepare the participants for the next step, applying these questions to the case.

Key Points (ensure the following are covered):
- Questions should be open-ended and neutral.
- Specialists should avoid leading or assumptive language.
- Question structure impacts the quality of responses.



APPLYING STRONG QUESTIONS TO THE FLOWERS' CASE

Time: 15 minutes
Purpose: To allow specialists to apply strong questioning techniques by developing purposeful, case-specific questions based on the information currently known in the Flowers case

Activity Set Up:
- Participants remain in table groups.
- No new materials required.
- Participants may reference the following:
    - Referral information
    - Reporter (Hannah) interview
    - Notes from previous activities

Activity Instructions:
1. In groups, discuss:
    - Based on what you know so far, what questions would you ask next?
2. Focus on questions for Charlotte (caregiver).
3. Develop 3–4 strong, open-ended questions.

4. Be prepared to share one question and explain why.

Say:
Now that you've practiced improving questions, it's time to apply that skill to the Flowers' case. As specialists, preparing for an interview is just as important as conducting one. Based on the information you currently have from the referral and the reporter interview, think about what questions you need to ask next.

You're not conducting the interviews yet. Instead, you're preparing for them by identifying the information you still need to gather. Focus on developing strong, open-ended questions that will help you obtain that missing information. As you do, consider what you would need to ask Charlotte to better understand the situation and accurately assess child safety.

Activity Discussions:
- Some groups may:
    - Focus on understanding how injuries occurred.
    - Ask about supervision and who was present.
- Others may develop questions around medical care and response.
- Reinforce to the participants that questions within the interview should be driven by what you still need to know.

Facilitator Notes:
- Reinforce to the participants that this is planning, not interviewing yet.
- Redirect if participants jump into role-play or simulation.
- Keep the focus on question development and practice.
- Encourage clear distinction between the child vs caregiver questions.
- Prepare for the next step of reinforcing key questioning strategies.

Key Points (ensure the following are covered):
- Questions should be purposeful and case-specific.
- Strong questions align with information gaps.
- Different individuals require different questioning approaches.
- Preparation improves interview effectiveness.

WRAP-UP & TRANSITION

Time: 10 minutes
Purpose: To reinforce specialists' ability to develop and apply effective questions and prepare them to continue building interview skills in the next section

Activity Instructions:

1. Ask participants to reflect individually for 1 - 2 minutes:
    - What is one question you developed today that you feel confident using?
    - What is one area you want to improve in your questioning?
2. Share within table groups.
3. Invite 2–3 participants to share out.

Say:
In this section, you've practiced developing and improving your questioning skills and applied those skills to the Flowers' case. As specialists, the questions you ask guide how you gather information and help you develop a more complete understanding of the situation.

As you move forward, you'll continue building on these skills by applying them in a more

structured and intentional way. In the next section, you'll use these questioning strategies to further explore the Flowers' case and prepare for the upcoming interviews.

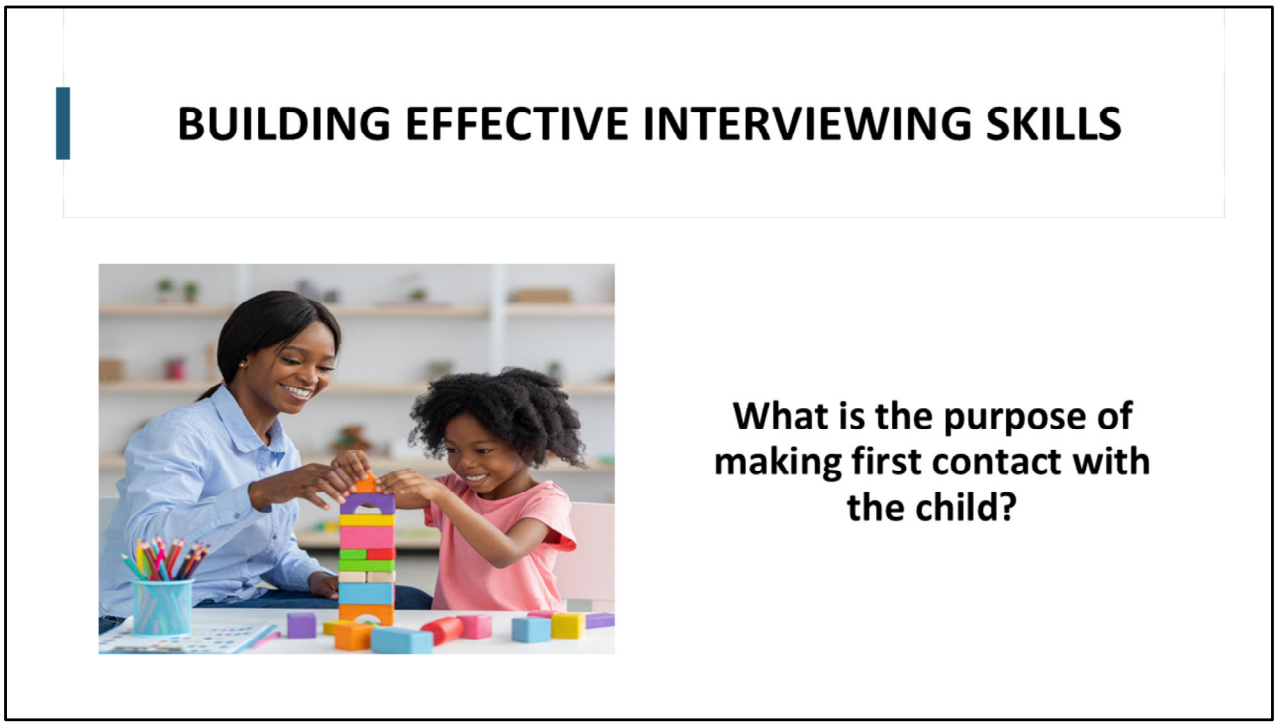
Activity Discussions:

- Participants may reflect on Increased awareness of how they ask questions and on greater confidence in improving their questions.
- Some may identify their need for more practice with follow-up questions.
- Others may recognize the connection between questions and information gaps.

Key Points (ensure the following are covered):

- Questioning is a critical investigative skill.
- Strong questions improve information gathering throughout the investigation.
- Continued practice strengthens effectiveness.
- Skills learned will be applied in upcoming sections.

CASE INITIATION - ENGAGING THE CHILD USING SOP TOOLS



BUILDING EFFECTIVE INTERVIEWING SKILLS

Time: 4 minutes
Purpose: To transition into the next section and connect to building interviewing skills

Say:
In this section, you'll begin the case initiation process by making first contact with the child. Up to this point, you've gathered information and practiced asking effective questions.

Now it's time to begin applying those skills in a child-focused context. As specialists, the way you engage with children plays a critical role in gathering information and understanding their experiences.

You'll also be introduced to tools that help engage children and encourage them to share their experiences. While you won't complete those tools today, you'll begin to see how they guide your conversations and support your understanding of child safety as the investigation continues.

Facilitator Question: (ask the following questions and validate responses)

- What is the purpose of making first contact with the child?

Facilitator Answers:

- The purpose of making first contact with the child is to:
    - Begin gathering information directly from the child.
    - Understand the child's experience.
    - **Initiate the investigation.**

Reinforce to the participants that the case IS NOT initiated until the child is seen.

TARGET OUTCOMES

Time: 5 minutes
Purpose: To introduce specialists to initiating an investigation through first contact with the child and begin applying developmentally appropriate engagement strategies supported by SOP tools

Say:
By the end of this section Specialists will:

- ***Understand how to initiate an investigation through first contact with the child.***
- ***Begin applying developmentally appropriate engagement strategies supported by SOP tools.***

INITIATING THE CASE

Time: 10 minutes
Purpose: To reinforce that investigations are initiated through contact with the alleged victim and clarify the purpose and approach of first contact with the child

Say:
Up to this point, you've reviewed the referral and gathered information from the reporter, but the investigation has not yet been initiated. As specialists, an investigation is not considered initiated until you have seen the alleged victim.

That first contact is a critical step because it gives you the opportunity to begin understanding the child's experience directly. During this contact, your role is not to interrogate the child or confirm assumptions. Instead, your responsibility is to gather information in a way that is appropriate for the child and supports your assessment of child safety.

Activity Discussions:
- Participants may reflect on:
- Difference between gathering information and initiating

- Importance of direct contact with the child

Facilitation Question: (ask the following question and validate responses)
- Why is it important to see the child before making further decisions?

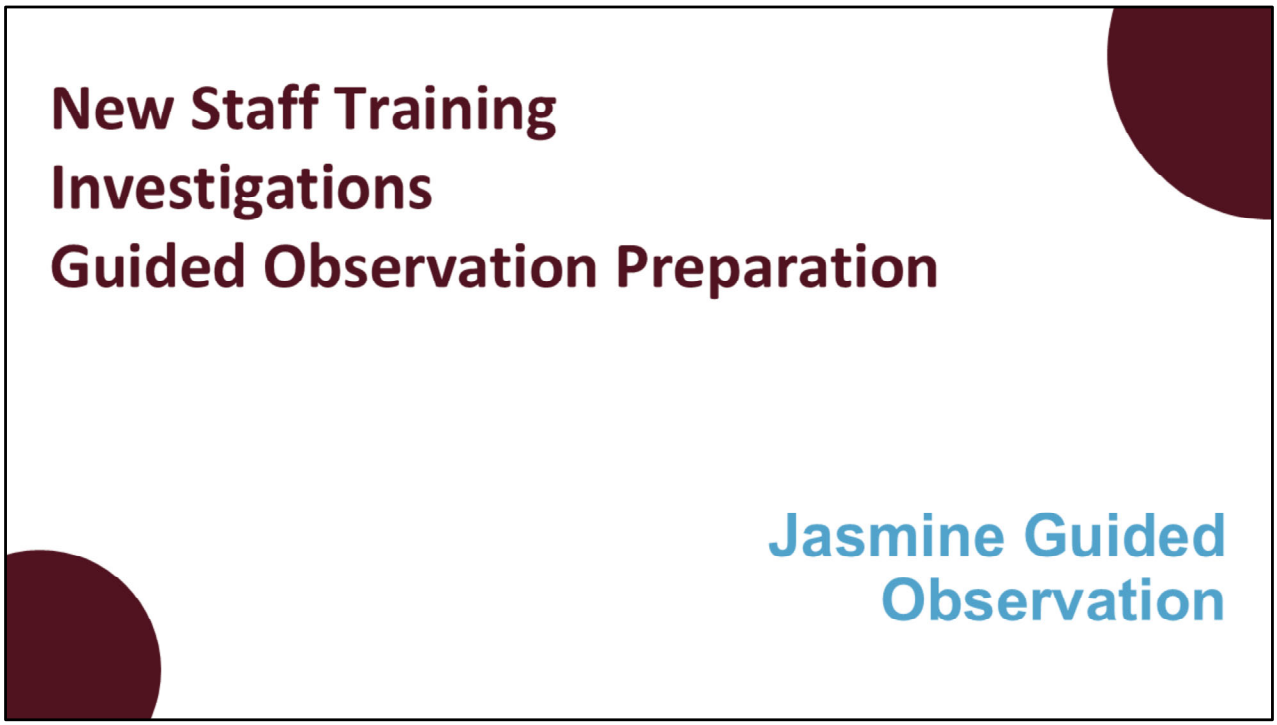
Facilitation Answers:
- Seeing the child provides direct information for the investigation.
- Seeing the child also confirms or clarifies concerns.

Facilitation Questions (ask the following questions and validate responses):
- What is your role during that first interaction with the child?

Facilitation Answers:
- The Specialist's role during first contact is to gather information, observe, and engage appropriately. First contact is about understanding the child's experience, not confirming a conclusion or assumption.

Facilitator Notes:
- Keep the tone grounded in real practice.
- Reinforce that this is a critical transition point within the investigation and in practice.
- Avoid moving into the interview technique at this point.

Key Points (ensure the following are covered):
- Investigations are initiated when the child is seen.
- First contact with the child provides critical information.
- Specialists must approach the interaction age appropriately.
- Focus is on gathering information and observing.



GUIDED OBSERVATION PREPARATION

Time: 10 minutes
Purpose: To establish expectations for the guided activities and simulations, explain participant and facilitator roles, and create a supportive learning environment focused on skill development, collaboration, and reflective practice

Say:
Before we move into today's activities, let's review how the structure will work.

The Investigation's training includes a combination of guided skill - building activities and full simulations. The guided activities are designed to help you practice individual investigative skills with coaching and support before applying those skills during the full simulations later in the week. Remember, this is a learning environment. You are encouraged to ask questions, make mistakes, and use coaching opportunities to strengthen your investigative practice.

During the full simulations, you will work in pairs using the Two-Deep Model. Facilitators may pause a scene to provide coaching, clarify policy, or highlight effective practice. Likewise, you may ask for coaching at any time if you need support.

When you are observing another group, your role is to actively watch for investigative skills using the observation form. The form is intended to help you recognize effective practice, not to evaluate your peers. After each scene or guided interview practice, we'll discuss what was observed, connect it to practice, and prepare for the next activity.

INITIAL HOME VISIT: JASMINE

Time: 25 minutes
Purpose: To provide two specialists with a guided opportunity to observe Jasmine, assess the infant's sleep environment, identify observable strengths and concerns, and gather information that will support preparation for Charlotte's caregiver interview

Participant Manual: Safe Sleep Checklist
Facilitator Resource: Facilitation Reminders for Guided Observation (Jasmine)

Activity Set Up:

- Select two participants to serve as:
    - Lead Specialist
    - Secondary Specialist
- Prepare the activity area to represent Georgia Weems' home (classroom).
- The activity area should include:
    - Baby doll representing Jasmine.
    - An appropriate infant sleep space.
    - Safe Sleep Checklist.
    - Environmental details consistent with the Flowers' family scenario.

- The remaining participants will serve as active observers.
- They should:
- Complete the Safe Sleep Checklist as they observe (Remind the participants that their role is more than completing a checklist; the checklist is a guide, but does not take the place of their observation skills).
    - Document objective observations in the notes section of the checklist or on blank paper.
    - Identify strengths and areas requiring additional assessment.
    - Prepare to discuss what they observed during the debrief.
- No participant will portray Jasmine, Georgia, Frankie, or Charlotte during this guided observation. As needed Curriculum Team Members will portray Georgia and Frankie in this guided observation.

Activity Instructions:

- The Lead Specialist and Secondary Specialist will enter the activity area and complete the guided home observation.
- They should:
    - Observe Jasmine's physical condition.
    - Observe the infant's sleep environment.
    - Observe the condition of the home.
    - Note who appears to be providing care to Jasmine.
    - Complete the Safe Sleep Checklist.
        - Identify observable strengths and concerns.
- Determine what information will need to be clarified during Charlotte's interview.
- The remaining participants should independently complete the Safe Sleep Checklist and document what they observe.
- This is a guided activity, not a full simulation.

Activity Discussion:

Participants should identify the following:

- Strengths -
    - The home is clean and organized.
    - The home appears safe and appropriate.
    - No environmental safety threats are observed.
    - Jasmine has an appropriate, separate sleep space.
    - The sleep surface is firm, flat, and covered by a fitted sheet.
    - Loose bedding, pillows, toys, and other objects are not present in the sleep area.
    - Georgia appears attentive and actively involved in Jasmine's care.
    - Frankie interacts appropriately with Jasmine.
- Areas for Further Assessment:
    - Charlotte is present but is not actively involved in Jasmine's care during the observation.
    - Jasmine has visible healing insect bites.
    - Additional information is needed regarding who provides Jasmine's daily care.

- Additional information is needed regarding supervision prior to the hospital visit.
- Additional information is needed regarding medical follow-up and treatment.
- Additional information is needed regarding the sleep environment used when Jasmine is not staying with Georgia.

Facilitator Questions: (ask the following questions and validate responses)
- What did the specialists observe about the physical condition of the home?
- What strengths were present in Jasmine's sleep environment?
- What did you observe about Georgia's involvement with Jasmine?
- What did you observe about Charlotte's involvement?
- Which observations require clarification rather than an immediate conclusion?
- What information should be documented before beginning Charlotte's interview?

Facilitator Answers:
Participants should recognize and document what they observed:
- The home itself does not present an observable safety threat.
- Jasmine's sleep environment appears consistent with safe sleep practices.
- Georgia demonstrates attentiveness and protective caregiving behavior.
- Charlotte's limited engagement is an observation that requires additional exploration.
- The insect bites must be documented and discussed with the caregiver.
- Objective observations should guide the interview rather than be treated as confirmed explanations.

Say (after the participants have observed the area for a little while):
As you enter the home, remember where this family is in the investigation. Jasmine has recently been discharged from the hospital and is now staying at Georgia Weems' residence with Charlotte and Frankie.

The home appears clean, organized, and appropriate. You do not observe environmental safety hazards.

Georgia Weems is actively caring for Jasmine and appears attentive to her immediate needs. Frankie is nearby and interacting appropriately with Jasmine while she is eating. Charlotte is present in the home; however, she is in another room watching television and is not actively participating in Jasmine's care when you arrive.

As you observe Jasmine, you should have noticed several healing insect bites on her arms and legs. These observations should be documented and explored further during Charlotte's interview.

Look for whether Jasmine has a separate sleep space, whether the sleep surface is firm, flat, and covered only by a fitted sheet, and whether blankets, pillows, toys, or other objects are present in the sleep area.

Remember, you are gathering information, not reaching conclusions.

This is a guided activity, not a full simulation. You are not expected to complete the observation perfectly. The purpose is to practice slowing down, noticing what is present, and using those observations to prepare for the caregiver interview.

Facilitator Notes:

- Ensure the activity area reflects a safe and appropriate home environment.
- Do not place hazards in the sleep space for participants to "find." The learning goal is to recognize appropriate safe sleep conditions, not locate staged violations.
- Place Jasmine on her back in a separate infant sleep space with a firm, flat surface and fitted sheet only.
- Do not place pillows, blankets, toys, stuffed animals, crib bumpers, or other objects in the sleep area.
- Make the healing insect bites visible enough for the two specialists to notice during their observation.
- Allow the specialists to move through the observation without immediately directing their attention to specific details.
- Provide coaching prompts only if they overlook major elements of the environment or Jasmine's condition.
- Remind the audience that the Safe Sleep Checklist is a learning tool, not a tool for grading the two participants.
- Redirect participants who begin making assumptions about Charlotte's intentions or parenting ability. Ask them to identify the specific observation supporting their statement.
- Reinforce that a safe home environment does not eliminate the need to assess supervision, medical care, and caregiver involvement.

Key Points (ensure the following are covered):

- This is a guided activity, not a full simulation.
- Two specialists complete the observation while the audience actively observes.
- The home environment appears safe and appropriate.
- Safe sleep practices are observable in Georgia's home.
- Georgia demonstrates protective capacities.
- Charlotte appears less involved in Jasmine's immediate care during the observation.
- Jasmine's healing insect bites require additional assessment.
- Observations should guide, not replace, the caregiver interview.

General Notes:

➔ Setting the Stage: Gathering Information

➔ Interventions

➔ Observation and Documentation

➔ Post-Scenario Debrief

➔ Participant Briefing: Pre-Stage Check-In

➔ Audience Engagement: Post Scene

FACILITATION REMINDERS FOR GUIDED OBSERVATION (Jasmine)

Learning Environment

- Establish a growth mindset.
- Encourage participants to ask questions, make mistakes, and seek clarification.
- Reinforce the importance of self-awareness, dignity and worth of the individual, and human relationships.

Guided Activities vs. Simulations

- Guided activities provide structured practice with facilitator coaching.
- Full simulations consist of five connected scenes using the Two-Deep Model.

Facilitator Notes *(Guided Interview Activity)*

- This is a **guided activity—not a full simulation.** Participants are practicing observation and investigative thinking, not demonstrating mastery. Normalize uncertainty and encourage discussion throughout the activity.
- Prior to beginning, place the **baby doll (Jasmine)** in the designated sleep area. Ensure the environment reflects the intended scenario:
    - Georgia Weems' home is clean, organized, and free of observable safety threats.
    - Jasmine is in an appropriate safe sleep environment.
    - Jasmine has several visible healing insect bites on her arms and legs. Some of the

ant bites many were raised and swollen, with white or yellow pus-filled centers.
    - Frankie is appropriately interacting with Jasmine.
    - Charlotte is present in another room watching television and is not actively engaged with Jasmine during the specialists' arrival.
    - Georgia Weems appears attentive and is meeting Jasmine's immediate needs.
- Encourage participants to slow down and make **objective observations** before asking questions or reaching conclusions. If participants begin making assumptions, redirect them to focus on **what they can actually see, hear, and document.**
- As participants complete the **Safe Sleep Checklist**, circulate throughout the room and ask coaching questions such as:
    - "What observations support your answer?"
    - "What strengths are you identifying?"
    - "What additional information would you need before determining whether this is a safety concern?"
    - "How might these observations influence your interview with Charlotte?"
- Reinforce that **not every observation represents a safety threat.** Specialists should recognize both **protective factors** and **areas requiring additional assessment.** The goal is to develop investigative judgment by distinguishing observable facts from assumptions.
- During the debrief, guide participants toward identifying:
    - Protective capacities demonstrated by Georgia Weems.
    - Environmental strengths within the home.
    - Appropriate safe sleep practices.
    - Observable concerns requiring follow-up (e.g., Jasmine's healing insect bites and Charlotte's limited engagement).
    - Questions that should be explored during Charlotte's interview.
- If participants focus solely on the insect bites, redirect them to consider the **entire context** of the home, caregiver interactions, and environmental observations. Likewise, if participants focus only on the safe environment, encourage them to identify what additional information is still needed before making investigative decisions.
- Close the activity by reinforcing that **effective investigations begin with careful observation.** The information gathered during this activity should naturally transition into Charlotte's interview, where participants will seek clarification about Jasmine's care, supervision, medical follow-up, daily routines, and Charlotte's role in meeting the infant's needs.

Observation Expectations

- Audience members actively observe using the Observation Form.
- The form identifies investigative skills, it is **not** used to grade participants.
- Participants should not move ahead in the form until instructed.

Pre-Scene Check-In

Ask each pair:

1. What do you want to accomplish? *(Maximum of two goals.)*
2. Who is taking the lead?
3. How will your partner know when to step in?

Post-Scene Debrief

Focus discussion on:

- What participants observed.
- Skills demonstrated.
- Information gathered.
- Connections to real-world practice.
- Alternative investigative approaches.

PREPARING FOR CHARLOTTE'S INTERVIEW

Time: 10 minutes
Purpose: To help specialists transition from observation to purposeful caregiver interviewing by reviewing what was observed, separating facts from assumptions, and identifying the information that must be clarified with Charlotte

Participant Manual: Safe Sleep Checklist

Activity Set Up:
- The two specialists who completed the observation remain at the front of the room.
- The remaining participants remain seated as active observers.
- The facilitator leads a whole-group discussion using observations recorded on the Safe Sleep Checklist.

Activity Instructions:
The Lead Specialist and Secondary Specialist will briefly share:
- What they observed in the home.
- What they observed about Jasmine.
- What strengths they identified.

- What information remains unclear.

The audience will compare those observations with their own Safe Sleep Checklist findings.

As a whole group, participants will:
- Separate objective observations from assumptions.
- Identify topics that require clarification.
- Develop open-ended questions for Charlotte.
- Prioritize the information that should be addressed during the caregiver interview.

Say:
Every observation made during this activity helps prepare you for the next step of the investigation. You observed that Georgia's home appears safe and appropriate. Jasmine has a separate sleep space that reflects safe sleep practices, and Georgia appears attentive to her immediate needs.

You also observed that Charlotte was present in the home but was not actively involved in Jasmine's care when you arrived. Jasmine had visible healing insect bites that require further exploration. Those observations do not provide the full explanation.

Your next responsibility is to determine what you still need to understand before making a safety decision. The caregiver interview should not be used to confirm assumptions. It should be used to gather information about what happened, who was caring for Jasmine, how her needs were being met, and what Charlotte understood about the infant's condition. As you develop your questions, focus on asking Charlotte to describe her routines, decisions, and actions in her own words.

Facilitator Questions: (during the activity, circulate and prompt participants)
- Which observations should be explored first during Charlotte's interview?
- What do you need to understand about Jasmine's insect bites and medical treatment?
- How could you ask Charlotte about her role in Jasmine's daily care without beginning with an accusation?
- What questions would help you understand Jasmine's feeding, supervision, and sleep routines?
- What do you need to know about the sleep environment used at Charlotte's residence?
- Which observations reflect strengths that should also be acknowledged during the interview?

Facilitator Answers:
- Participants may identify questions related to:
- Daily Caregiving -
    - "Walk me through a typical day caring for Jasmine."
    - "Who usually feeds, changes, comforts, and puts Jasmine to sleep?"
    - "What does Jasmine need the most help with during the day?"

- Insect Bites and Medical Care -
    - "Tell me what you first noticed about Jasmine's skin."
    - "When did you first notice the bites?"
    - "What did you do after you noticed them?"
    - "What did the hospital tell you about her treatment and follow-up care?"

- Supervision -
    - "Who was caring for Jasmine when the bites occurred?"
    - "How do you and the other adults decide who is responsible for watching her?"
    - "What happens when you feel overwhelmed or need help caring for the children?"

- Safe Sleep -
    - "Where does Jasmine usually sleep when she is at your home?"
    - "Walk me through how you prepare her sleep space."
    - "Who usually puts Jasmine down for naps and at night?"

- Caregiver Involvement -
    - "How have you and Georgia divided Jasmine's care since leaving the hospital?"
    - "What support has been most helpful since you returned from the hospital?"

Participants should recognize that the goal is to gather descriptions of behavior and routines rather than ask questions that assume maltreatment occurred.

Facilitator Notes:
- Ask the two specialists to report observations before opening the discussion to the audience.
- Begin with the question, "What did you observe?" rather than "What did Charlotte do wrong?"
- Do not allow the audience to critique the two participants. Coaching and feedback should come from the facilitator.
- Encourage participants to use neutral, open-ended wording.
- Redirect questions that are leading, accusatory, or based on assumptions.
- Reinforce that Charlotte watching television during the initial observation is relevant but does not independently establish a safety threat.
- Help participants distinguish Georgia's current protective caregiving from Charlotte's overall caregiving capacity, which still requires assessment.
- Ensure participants identify the need to ask about Jasmine's sleep environment at Charlotte and Brad's residence, not only the environment observed at Georgia's home.
- Use this discussion to transition directly into the Charlotte caregiver interview activity.

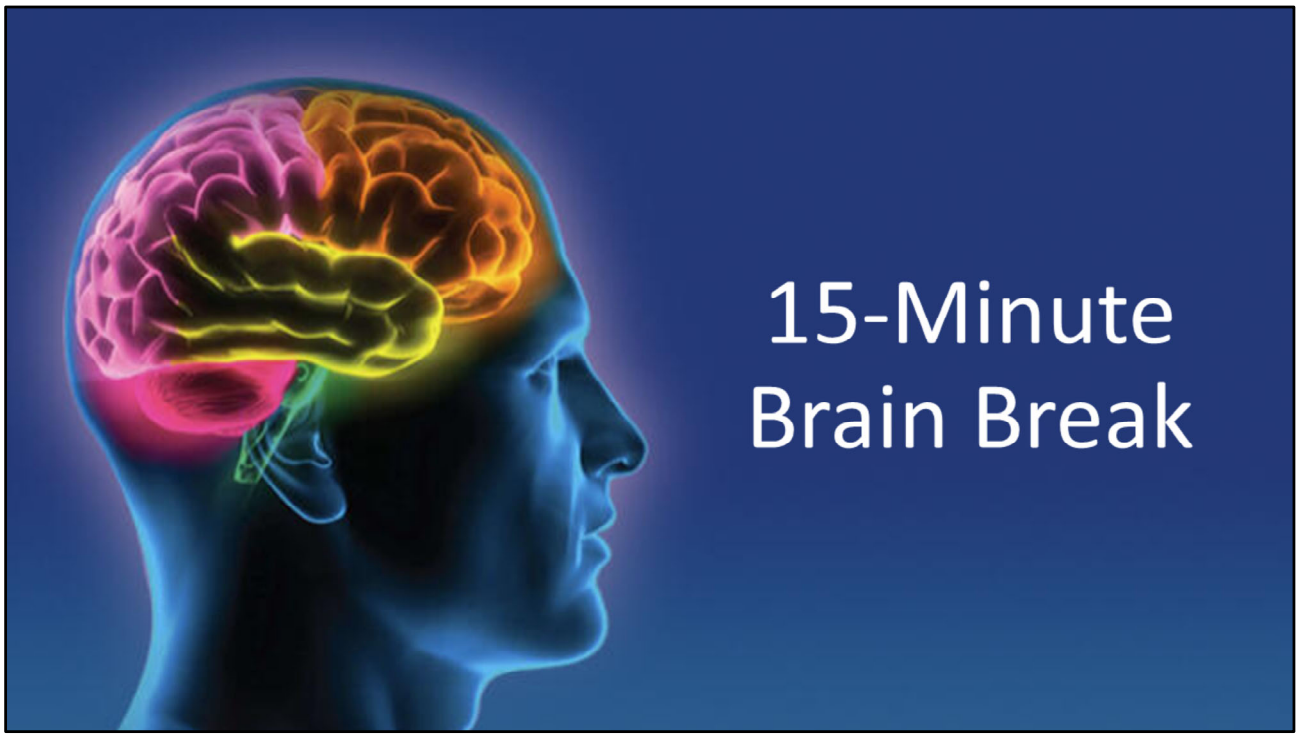
Say:
Before we break for lunch, take a moment to reflect on what you observed and how those observations prepared you for the next step in the investigation.

You identified strengths within the home, observed Jasmine's sleep environment, and noted areas that still require clarification. You also practiced separating what you directly observed from the assumptions you might make about those observations.

As you go to lunch, think about what you still need to understand from Charlotte. Consider how you can use neutral, open-ended questions to explore Jasmine's care, supervision, medical follow-up, and Charlotte's role without approaching the interview as though you already know the answers.
When we return, we'll build on this observation activity by moving into Charlotte's caregiver interview and gathering the additional information needed to better understand the family's circumstances.

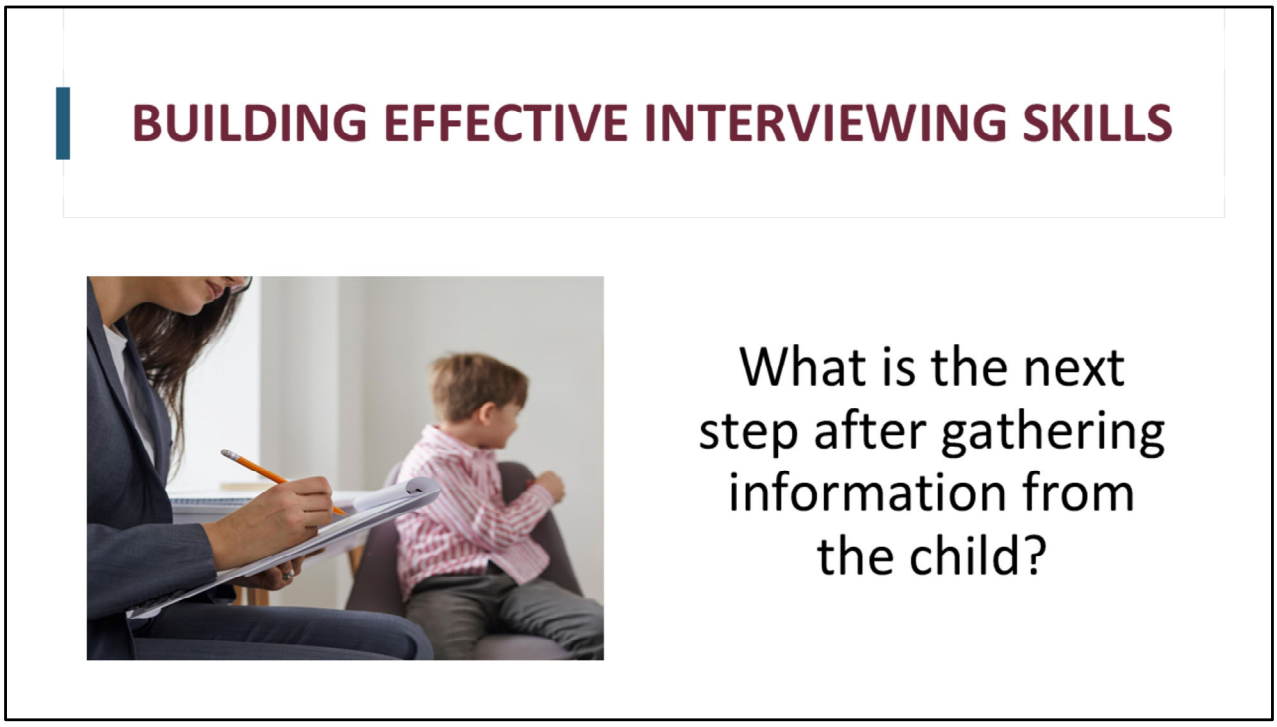
Key Points (ensure the following are covered):

- Observation occurs before interviewing.
- Objective observations help specialists determine what information is missing.
- Observations and assumptions are not the same.
- Strengths and concerns should both be explored during the caregiver interview.
- Open-ended questions help caregivers describe actions, routines, and decisions.
- The interview should build on the observation rather than repeat the Safe Sleep Checklist.
- Information about Jasmine's sleep environment at Georgia's home does not automatically describe the sleep environment at Charlotte's residence.
- This guided activity prepares specialists for Charlotte's interview.



BRAIN BREAK

BUILDING UNDERSTANDING AFTER CHILD CONTACT



BUILDING EFFECTIVE INTERVIEWING SKILLS

Time: 2 minutes
Purpose: To help specialists transition to discussing and building effective interviewing skills

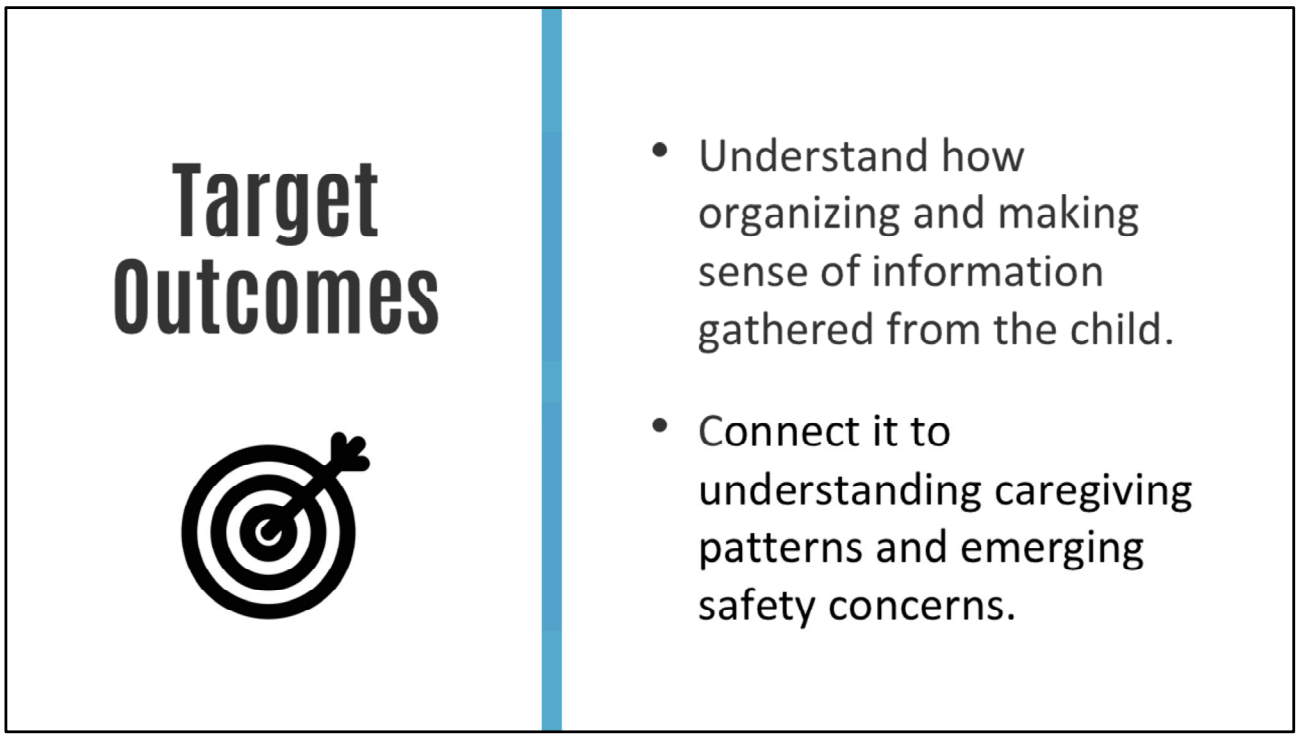
Say:
In the previous section, you initiated the case by engaging with Jasmine and gathering information directly from her. As specialists, gathering information is only one part of the investigation. The next step is making sense of what you've learned. You'll begin organizing the information Jasmine shared, identifying what stands out, and considering how that information connects to caregiving and child safety. This process helps you move beyond collecting information and begin understanding what it means as you continue assessing the safety of the child.

Facilitator Question: (ask the following question and validate responses)
- What is the next step after gathering information from the child?

Facilitator Answers:
- Organize information.

- Identify patterns.
- Begin understanding caregiving and safety.

Reinforce to the participants that information must be interpreted, not just collected.

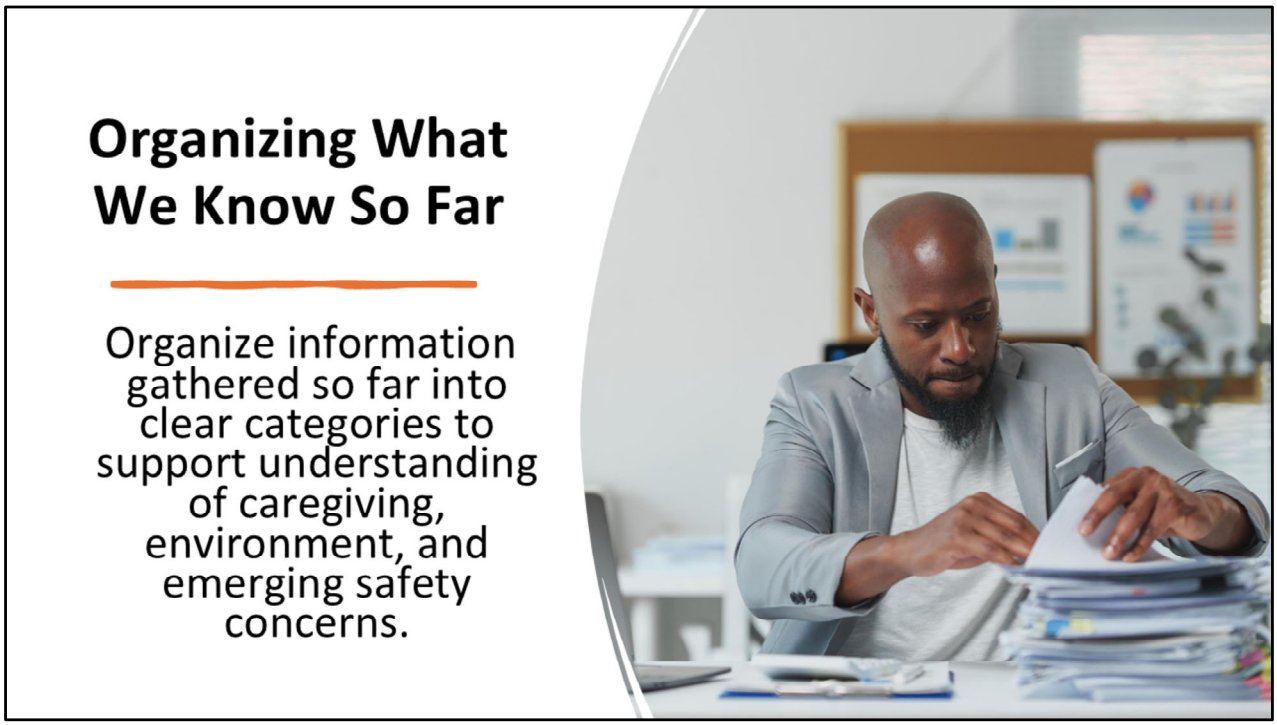


TARGET OUTCOMES

Time: 2 minutes
Purpose: To help specialists begin organizing and making sense of information gathered from the child and connect it to understanding caregiving patterns and emerging safety concerns

Say:
By the end of this section Specialists will:

- ***Understand how organizing and making sense of information gathered from the child.***
- ***Connect it to understanding caregiving patterns and emerging safety concerns.***



ORGANIZING WHAT WE KNOW SO FAR

Time: 10 minutes
Purpose: To help specialists organize information gathered so far into clear categories to support understanding of caregiving, environment, and emerging safety concerns

Participant Resource: SDM® Combined Assessment Procedure Manual; Using The SDM Model At Each Decision Point

Activity Set Up:
- Participants remain in table groups.
- Pass out blank printer paper to each participant.
- Have the participants create 3 columns on their piece of paper.

Activity Instructions:
1. In groups, organize information gathered so far into three categories:
    - **Child (Jasmine)**
    - **Caregiver(s)**
    - **Environment**

2. Use:
    - Information from the reporter.
    - Information from the observation of Jasmine.
3. Write down key details under each category.
4. Prepare to share out.

Say:
Now that you've gathered information from both the reporter and Jasmine, the next step is to organize what you know. When information is coming from multiple sources, it can feel scattered, so organizing it helps you begin to see patterns and better understand what is happening.

In your groups, you will sort the information into three categories: what you know about the child, what you know about the caregivers, and what you know about the environment. This will help you begin to clearly see how these pieces connect and where more information may still be needed.

Activity Discussions:
Participants may identify:

Child (Jasmine):
- Active, engaged
- Eats well

Caregiver(s):
- Grandmother meeting needs.
- Charlotte is present but less engaged.

Environment:
- Safe and appropriate, at Grandmother's home.
- Child-friendly setup.

Key Points (ensure the following are covered):
- Information should be organized to support understanding.
- Categories help break down complex information.
- Patterns begin to emerge when information is grouped.

RECOGNIZING WHAT MATTERS

Time: 10 minutes
Purpose: To help specialists identify the most important pieces of information and begin recognizing patterns that may impact their understanding of caregiving and safety

Activity Set Up:

- Participants will begin in their table groups and use their previously completed organizers.
- Ensure there is enough open space for participants to stand, move around the room, and briefly speak with participants from other tables.

Activity Instructions:

1. Ask participants to review the information recorded on their previously completed organizers.
2. Each participant will independently select one piece of information that stands out as especially important to understanding Jasmine's experience, caregiving, or safety.
3. Participants will stand and move around the room. When directed, they will pair with someone from another table and briefly share:
    - The information they selected.

- Why it stood out.
- What it may be telling them about the situation.

1. After each partner has shared, participants will move again and form a new pair with someone they have not spoken with. Repeat the exchange.
2. Participants will return to their original table groups and share what they heard during their conversations.
3. Each group will identify the two or three pieces of information that stand out the most and prepare to explain why those details were selected.

Say:
Now that you've organized the information, the next step is to determine what stands out. Not all information carries the same weight. Part of your role as a specialist is recognizing what is most important when you are trying to understand the child's experience and caregiving.

Begin by reviewing what you recorded on your organizer and selecting one piece of information that stands out to you. You will then move around the room and share your selection with someone from another table. Explain why that detail matters and what it may be telling you about the situation.

After you have spoken with two different participants, you will return to your table and identify the two or three pieces of information that stand out the most to your group. Be prepared to explain why your group selected those details.

Activity Discussion:
Participants may identify:
- Grandmother as the primary caregiver.
- Charlotte's lack of engagement.
- Jasmine's needs are being met, including feeding and supervision.
- The environment appears safe and appropriate.

Some participants may also note:
- Differences between a caregiver's presence and involvement.
- Patterns in caregiving.

Facilitation Question: (ask the following question and validate responses)
- What stood out to your group, and why?

Facilitation Answer:
- Responses may vary.
- Key information will often relate to who is meeting Jasmine's needs, the level of caregiver involvement, Jasmine's functioning, and the caregiving environment.
- Encourage participants to explain why the information matters rather than simply naming the detail.

Facilitation Question: (ask the following question and validate responses)
- What are you noticing about the caregiver roles?

Facilitation Answer:
- Participants may recognize that the grandmother appears to be acting as Jasmine's primary caregiver.
- They may also identify Charlotte's lack of engagement or notice a difference between being physically present and being actively involved in meeting the child's needs.

Facilitation Question: (ask the following question and validate responses)
- What information feels most important right now?

Facilitation Answer:
- Participants may identify information related to who is feeding and supervising Jasmine, whether her needs are being met, Charlotte's level of involvement, Jasmine's functioning, and whether the environment is safe and appropriate.
- Reinforce that identifying key information helps specialists focus their thinking and guide their next steps.

Facilitator Notes:
- Encourage participants to justify their selections by asking, "Why does that matter?"
- Avoid allowing the discussion to move into conclusions.
- Keep the focus on recognizing important information rather than making decisions.
- Encourage participants to listen for similarities and differences in what others identify as important.
- Keep the movement and partner exchanges brief so participants have enough time to return to their groups and prioritize the information.

Key Points (ensure the following are covered):
- Not all information carries the same weight.
- Specialists must identify what matters most.
- Patterns begin to emerge through key details.
- Identifying key information helps specialists focus their thinking and guide their next steps

WHAT DO WE STILL NEED TO KNOW? IDENTIFYING THE GAPS

Time: 10 minutes
Purpose: To help specialists identify gaps in information and begin thinking about what additional information is needed to better understand the child's situation

Activity Set Up:
- Participants remain in table groups
- Use the previously completed organizer

Activity Instructions:
1. In groups, review your organized information
2. Identify:
    - 2–3 things you still need to know
3. Be prepared to share:
    - What information is missing
    - Why it matters

Say:
Now that you've identified what stands out, the next step is to recognize what you still need to know. No investigation is complete after one interaction, and there will always

be gaps in information.

In your groups, think about what is still unclear or missing. What do you not yet understand about Jasmine's situation? What information would help you better understand her care, supervision, and overall experience? Identifying these gaps helps guide your next steps and ensures you are continuing to gather meaningful information.

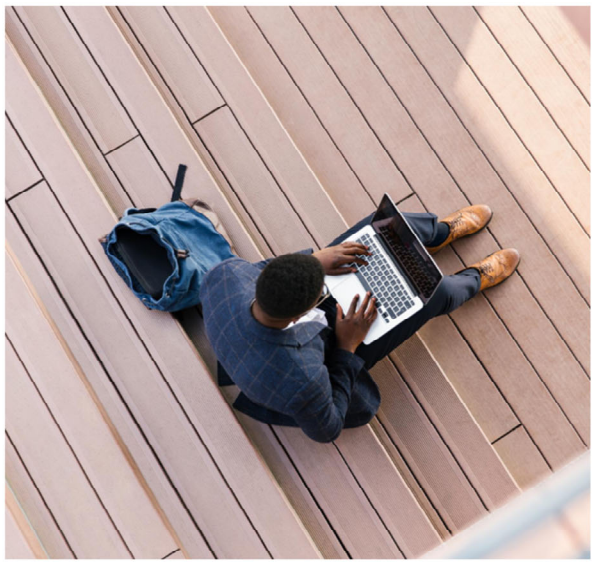
Activity Discussions:
Participants may identify gaps such as:
- More detail about supervision and daily routines.
- Charlotte's level of involvement in Jasmine's care.
- Timeline of care and responsibilities.
- Who is consistently meeting Jasmine's needs.

Facilitator Questions: (ask the following questions and validate responses)
- What information is still missing?
- Why is that information important?
- How would that information help you better understand the situation?

Facilitator Answers:
- Missing information often relates to:
- Consistency of care.
- Level of supervision.
- Caregiver roles and responsibilities.
- Understanding gaps helps guide future interviews and strengthen overall understanding.
- Reinforce to the participants that identifying gaps is a critical part of the investigation process.

Facilitator Notes:
- Encourage participants to think of specific, not general gaps.
- Continue to encourage the participants to avoid jumping to conclusions.
- Reinforce that this is about identifying missing information, not solving the case.

Key Points (ensure the following are covered):
- **Investigations are:** Ongoing and evolving
- **Specialists must:** Recognize what they do not yet know
- **Information gaps:** Guide next steps



What Does this Mean For Next Steps?

Connect identified information and gaps to purposeful next steps in the investigation.

WHAT DOES THIS MEAN FOR NEXT STEPS?

Time: 5 minutes
Purpose: To help specialists connect identified information and gaps to purposeful next steps in the investigation

Activity Set Up:
- Participants remain in table groups.
- Use previously completed work.

Activity Instructions:
1. In groups, discuss:
    - Based on what you know and what you still need to know, what should happen next?
2. Identify:
    - 2–3 next steps
3. Be prepared to share your reasoning.

Say:
Now that you've identified what stands out and what is still missing, the next step is to

think about what comes next. Investigations move forward based on the information you gather and the gaps you identify.

In your groups, consider what actions would help you better understand Jasmine's situation. Think about who you may need to speak with next, what information you still need, and how you would continue gathering that information. Your next steps should be purposeful and directly connected to what you have already learned and what you still need to understand.

Activity Discussions:
Participants may suggest:
- Speaking with:
- Charlotte
- Grandmother
- Sibling (Frankie)
- Other collaterals
- Gathering more information about:
- Supervision
- Caregiving roles
- Daily routines

Facilitator Notes:
- Encourage clear connection between gaps and next steps.
- Avoid jumping to conclusions or decisions.
- Reinforce to the participants that this is about continuing the process.

Key Points (ensure the following are covered):
- Investigations move forward through purposeful actions.
- Next steps should address information gaps.
- Decisions are built on information gathered over time.

FROM INFORMATION TO CONTINUED INVESTIGATION

Time: 5 minutes
Purpose: To reinforce how information gathered from interviews is organized, analyzed, and used to guide next steps in the investigation, and to prepare participants for continued skill-building

Facilitator Notes:
- Keep tone reflective and reinforcing.
- Avoid introducing new content.
- Reinforce confidence in skill progression.

Activity Instructions:
1. Ask participants to reflect individually:
    - "What is one thing you learned about making sense of information?"
2. Invite 2–3 participants to share.

Say:
In this section, you moved beyond gathering information and began making sense of what you learned. You organized the information, identified what stood out, recognized

what was still missing, and used that to decide what should happen next. This is how investigations begin to take shape over time.

Each piece of information builds on the last, and your ability to organize and understand that information directly impacts how you move forward. As you continue through this training, you will build on these skills by continuing to gather information from additional individuals and applying what you've learned in more complex situations.

Activity Discussions:
Participants may reflect on:

- The importance of organizing information.
- Recognizing patterns.
- Identifying gaps.
- Connecting information to next steps.

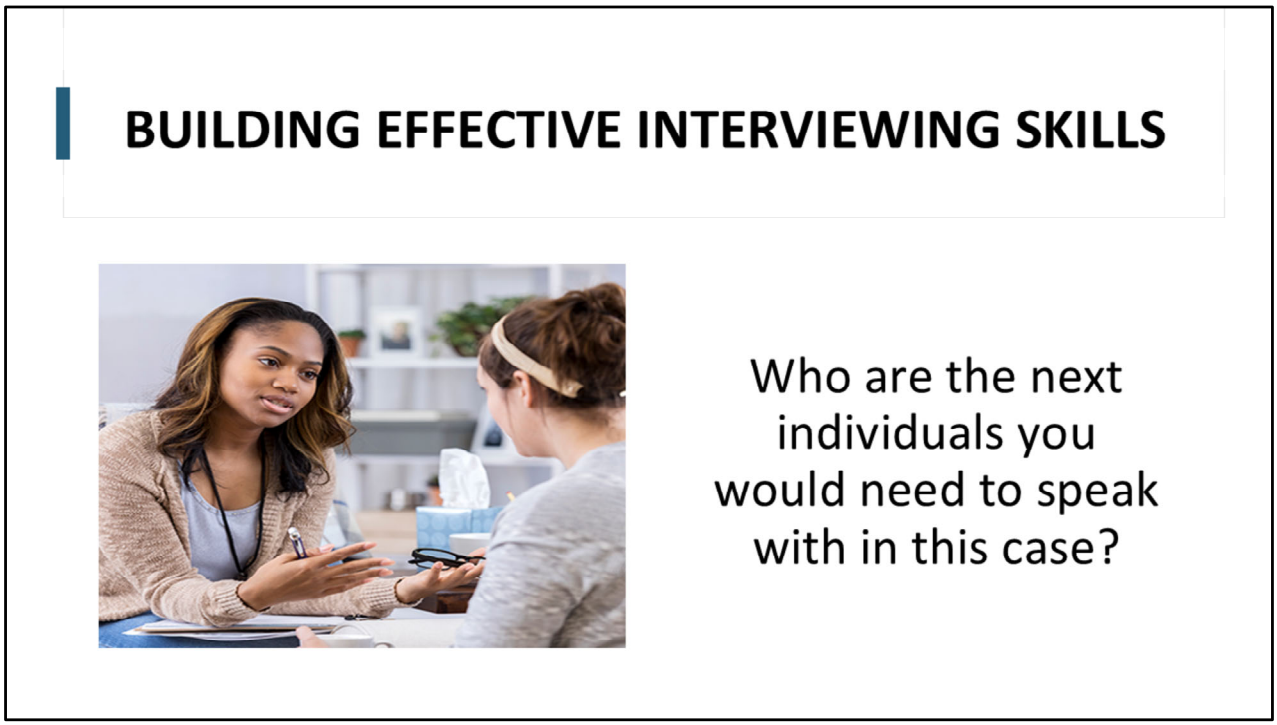
Say:
Before we move into the final section for today, we're going to take a 15-minute break. In this last section, you worked through organizing information, identifying what stood out, and recognizing what you still need to know. Those are all critical steps in helping you make sense of what you've gathered so far.

As you take your break, think about how the information from observing Jasmine and the reporter began to shape your understanding of the situation, and what questions still remain. When we come back, we'll shift into preparing for the next steps in the investigation, including how to approach additional contacts and continue building your understanding.

Key Points (ensure the following are covered):

- Information must be organized and understood.
- Patterns emerge over time.
- Gaps guide future actions.
- Investigations develop step-by-step.

PREPARING FOR CAREGIVER CONTACT



BUILDING EFFECTIVE INTERVIEWING SKILLS

Time: 2 minutes
Purpose: To help specialists transition to continued discussion and building effective interviewing skills

Say:
Throughout today, you have gathered information, engaged with the child, and begun making sense of what you've learned. The next step in the investigation is to continue gathering information by engaging with other individuals involved in the child's life.

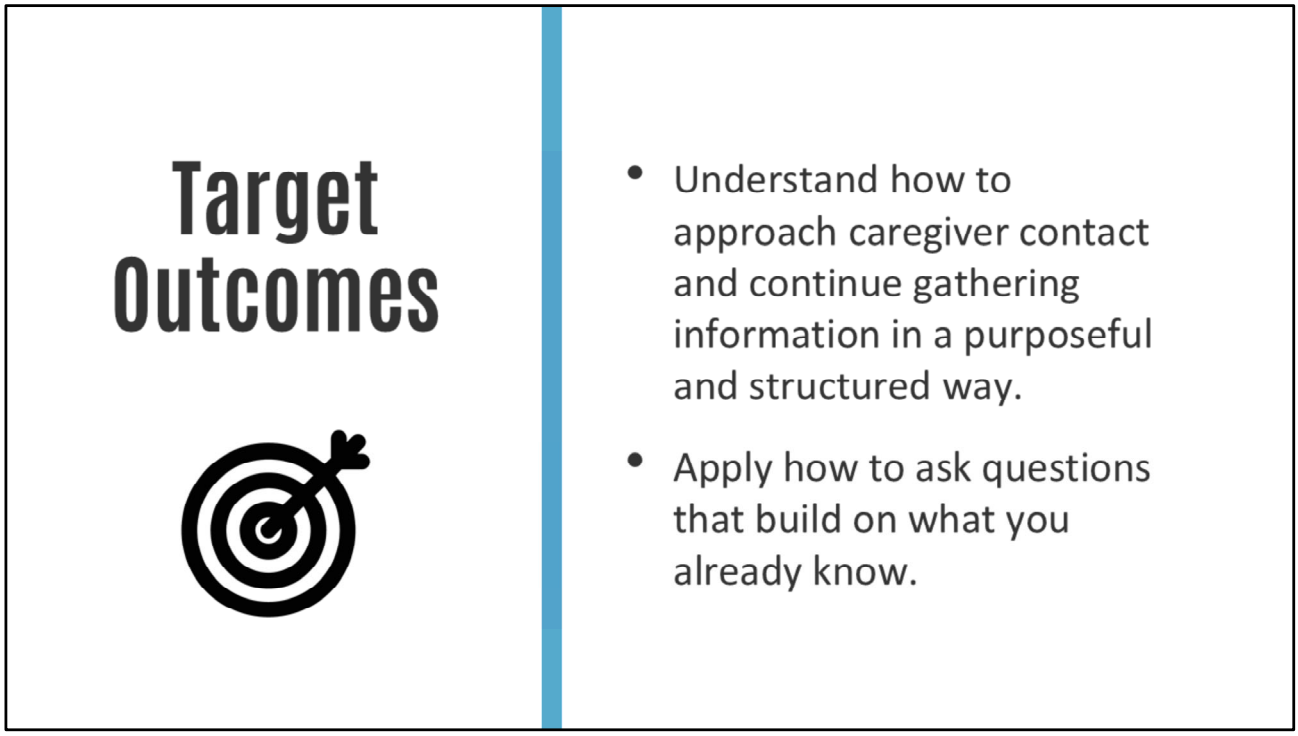
In this section, you will begin preparing for the next step by considering how to approach caregiver contact. This includes considering what you need to understand, how to ask questions that build on what you already know, and how to continue gathering information to better understand the situation.

Facilitator Question: (ask the following question and validate responses)
- Who are the next individuals you would need to speak with in this case?

Facilitator Answers:

- Charlotte (caregiver)
- Grandmother
- Other relevant collaterals

Reinforce to the participants that investigations continue through gathering information from multiple sources.



TARGET OUTCOMES

Time: 2 minutes
Purpose: To prepare specialists for the next phase of the investigation by identifying how to approach caregiver contact and continue gathering information in a purposeful and structured way.

Say:
By the end of this section Specialists will:

- ***Understand how to approach caregiver contact and continue gathering information in a purposeful and structured way.***
- ***Apply how to ask questions that build on what you already know.***

USING A TRAUMA - INFORMED APPROACH WITH CAREGIVERS

Time: 10 minutes
Purpose: To prepare specialists to engage caregivers with a trauma-informed, respectful, and purposeful approach that supports information gathering and reduces resistance

Activity Set Up:
- Participants remain in table groups.
- Whole group discussion.

Activity Instructions:
1. Ask participants to reflect: “How might a caregiver feel when you arrive?”
2. Have groups discuss:
    - What reactions might you expect?
    - How should you approach the caregiver?
3. Facilitate the whole group to share.

Say:
As you prepare to engage with caregivers, understand that families may not experience your presence the same way you do. When you arrive, caregivers may feel fear,

frustration, or even anger. These reactions are often connected to past experiences, stress, or trauma, not just the current situation.

As a specialist, you bring both support and authority into the interaction. There is an inherent power difference, and how you use that authority can either build trust or increase resistance. If caregivers feel judged, blamed, or misunderstood, they may shut down, avoid engagement, or become defensive.

A trauma-informed approach means engaging caregivers respectfully and non-judgmentally, with a focus on understanding their experience. It also means recognizing that their reactions may be rooted in past trauma, while still holding them accountable for the safety and well-being of the child.

Your goal is to gather information while maintaining engagement. This requires balancing your role by being clear about your purpose while also approaching caregivers in ways that support collaboration and reduce escalation.

Paraphrase:

- Caregivers may react with fear or frustration, so you need to approach them respectfully, without blame, while still doing your job.

Activity Discussions:
Participants may identify:

- Caregivers may feel fear, anger, and/or mistrust.
- Reactions may include silence, resistance, and/or defensiveness

Facilitator Question: (ask the following question and validate responses)

- Why might a caregiver react negatively to your presence?

Facilitator Answers:

- Reactions may be due to:
- Fear of child welfare involvement.
- Past trauma or experiences.

Key Points (ensure the following are covered):

- Caregiver reactions may often be trauma-related.
- Specialists must use their authority respectfully.
- Approach should be:
    - Non-judgmental
    - Non-blaming
    - Strength-oriented
- The goal is to gather information while maintaining engagement.

WHAT DOES THIS LOOK LIKE IN CONVERSATION?

Time: 10 minutes
Purpose: To help specialists understand how a trauma-informed approach is demonstrated through tone, language, and structure during caregiver conversations.

Activity Instructions:
1. Ask participants:
    - "What does a respectful, non-judgmental approach sound like?"
2. Capture responses (verbal or on the board).
3. Facilitate discussion connecting responses to practice.

Say:
We've talked about the importance of using a trauma-informed approach when engaging with caregivers, but now let's think about what that actually sounds like in conversation.

A trauma-informed approach is reflected in how you speak, the questions you ask, and how you respond to what the caregiver shares. This includes being clear about your role and purpose, while also using language that is respectful, non-blaming, and focused on

understanding.

For example, instead of asking questions that feel accusatory or assume intent, you are asking questions that allow the caregiver to share their perspective. You are also paying attention to how they are responding. Additionally, pay attention to whether they seem guarded, overwhelmed, or open, and adjust your approach to maintain engagement.

The goal is not just to ask questions but to create a conversation in which the caregiver feels able to talk, even when the situation may be difficult or uncomfortable.

Activity Discussions:
Participants may identify:

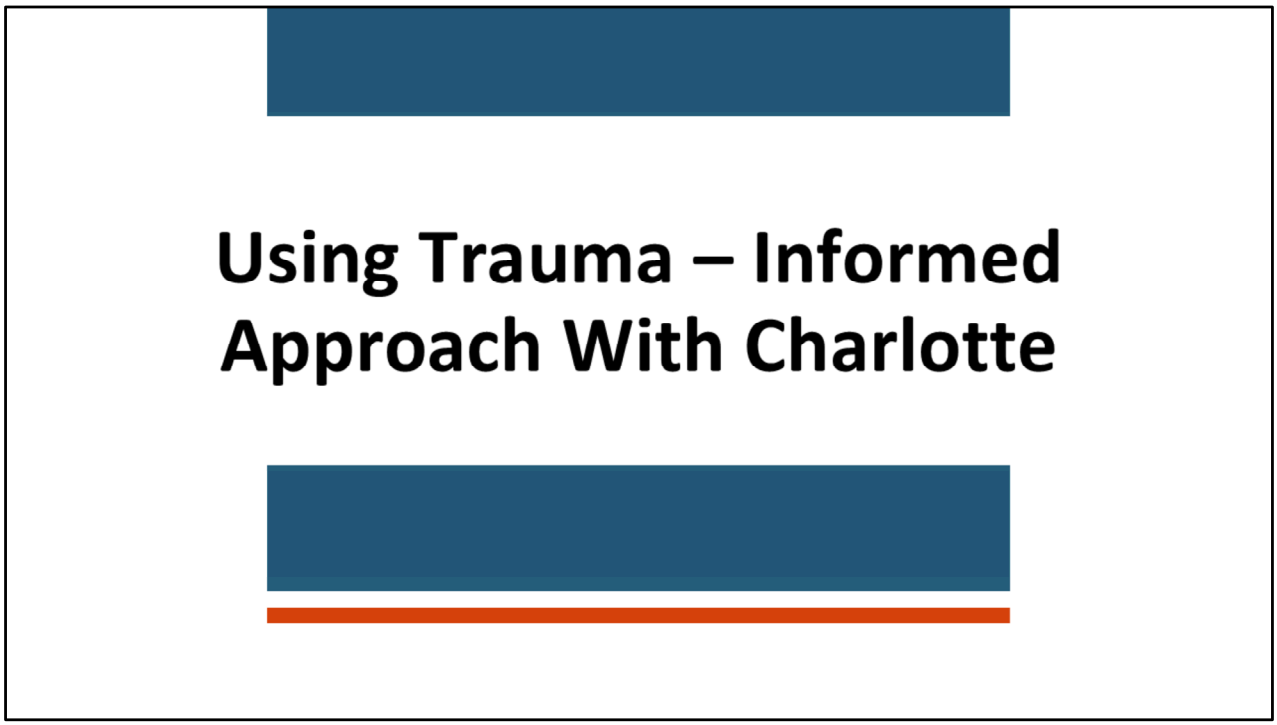
An effective approach includes:
- Calm, respectful tone
- Clear purpose
- Open, non-blaming questions

Ineffective approach includes:
- Accusatory language
- Rapid questioning
- Interrupting or talking over

Facilitator Question: (ask the following question and validate responses)
- How can your tone impact the conversation?

Facilitator Answers:
- The specialist's tone can either escalate or de-escalate the situation.
- Reinforce to the participants that how you communicate directly impacts what you learn for your investigation.

Key Points (ensure the following are covered):
- A trauma-informed approach is shown through: Tone. Language. Response.
- Specialists should avoid blame and focus on understanding.
- Engagement is influenced by the specialist’s communication style.



USING TRAUMA - INFORMED APPROACH WITH CHARLOTTE

Time: 15 minutes
Purpose: To provide specialists with guided practice applying trauma-informed and solution-focused questioning when engaging a caregiver

Facilitator Resource: Charlotte Guided Interview Guide (Print and Laminate for Team Member portraying Charlotte)

Activity Set Up:
- Participants remain seated in their table groups.
- One training team member will portray **Charlotte** using the Charlotte Guided Interview Guide.
- The facilitator will guide Charlotte through brief interactions with each table.
- This is a **guided practice, not a full simulation or caregiver interview.**

Activity Instructions:
Working as a table, participants will practice the **opening of a caregiver interview** by:
- Introducing themselves.
- Explaining the purpose of the contact.

- Using a calm, respectful tone.
- Asking trauma-informed, open-ended questions.
- Demonstrating active listening and engagement.

The facilitator may pause the activity to provide coaching, discuss effective approaches, and model alternative techniques before Charlotte moves to the next table. The goal is to practice **how** you engage the caregiver, not to complete the interview.

Say:
You have already identified the information you need to gather from Charlotte. Before conducting the full caregiver interview, it's important to think about how you begin that conversation.

In this activity, you'll practice using a trauma-informed approach during the opening moments of your interaction with Charlotte. Your focus is not on completing the interview or gathering every piece of information. Instead, you'll practice introducing yourself, explaining your purpose, building rapport, and asking open-ended questions that encourage engagement.

Charlotte will visit each table, giving your group an opportunity to practice these skills together. As one participant begins the conversation, others may build on the interaction by asking additional questions or offering supportive coaching.

This is not a full simulation, and you are not expected to do this perfectly. This is a guided practice designed to help you build confidence in your approach before conducting the caregiver interview later in the training.

Facilitator Notes
- Charlotte should remain in character throughout the activity.
- Allow approximately 3–4 minutes at each table before rotating.
- Encourage different participants at each table to ask questions.
- Pause periodically to coach participants on tone, pacing, and question development.
- Reinforce effective trauma-informed communication.
- Redirect leading or accusatory questions into neutral, open-ended alternatives.
- Keep the activity focused on skill development rather than performance.

Charlotte Caregiver Role Card (Guided Practice)

Role: Charlotte (Caregiver)

You are Jasmine's mother. You are present in the home but not actively engaged in caregiving. Your mother helps a lot.

General Presentation

- Slightly distracted
- Guarded
- Not hostile, but not fully engaged

How You Respond

Start with short answers:

- "She's fine."
- "I'm here."

If Approach is Good

If respectful and calm, share:

- "My mom helps out a lot."
- "She feeds her most of the time."
- "She stays here with her."

If Approach is Poor

If judgmental or harsh or not fully engaged:

- "I take care of my kid."
- "There's nothing wrong."
- "She's fine."

Only Share if Asked Clearly

- Grandmother provides most care.
- You are present but less involved.

Important

- Do not give extra information.
- Let them work for it.

Common Pitfalls & How To Avoid Them

COMMON PITFALLS & HOW TO AVOID THEM

Time: 5 minutes
Purpose: To help specialists identify common mistakes when engaging caregivers and understand how to adjust their approach to maintain engagement and gather meaningful information

Activity Instructions:

1. Ask participants:
    - "What made the conversation harder during the activity?"
2. Capture responses on the board.
3. Discuss:
    - What caused the challenge.
    - What could be done differently.

Say:
As you just experienced, how we approach caregivers can either support engagement or create barriers. There are common pitfalls that can make conversations more difficult, even when the goal is to gather information.

Some of these include asking questions in a way that feels blaming, moving too quickly

through questions without allowing the caregiver to respond, or making assumptions about what is happening before fully understanding the situation.

When these things happen, caregivers may become defensive, shut down, or disengage. A trauma-informed approach helps reduce these reactions by focusing on respectful communication, clear purpose, and allowing space for the caregiver to share their perspective.

The goal is not to avoid difficult conversations, but to approach them in a way that keeps the caregiver engaged while still gathering the information you need.

Activity Discussions:
Participants may identify pitfalls such as:

- Asking leading or accusatory questions.
- Tones may have been harsh or rushed.
- Approach:
    - Interrupting
    - Not listening
    - Making assumptions

Facilitator Question: (ask the following question and validate responses)

- How can you adjust in the moment if a conversation is not going well?

Facilitator Answers:

- Adjustments:
    - Slow down
    - Rephrase questions
    - Use a more respectful tone
- Reinforce to the participants that engagement can be lost and regained.

Key Points (ensure the following are covered):

- Pitfalls can impact engagement.
- Specialists should be aware of their tone and approach.
- Active adjustments during the conversation can improve the interaction.
- The goal is to maintain engagement while gathering information.

Wrap-Up & Day 3 Bridge

WRAP-UP & DAY 3 BRIDGE

Time: 10 minutes
Purpose: To reinforce key learning from Day 2 and prepare specialists for continued skill application and deeper practice on Day 3

Activity Instructions:

1. Ask participants to reflect:
    - What is one thing you learned today about gathering or understanding information?
2. Invite 2–3 participants to share

Say:
Today, you moved beyond simply gathering information and began developing the skills needed to understand and use it throughout an investigation. You practiced engaging with a child, organizing what you learned, identifying what stood out, recognizing what you still need to know, and thinking about what comes next.

You also began applying a trauma-informed approach when engaging with caregivers, recognizing how your tone, language, and approach can impact how information is

shared.

This is the foundation of your work. Investigations are built step by step through interactions, and each conversation contributes to your overall understanding.

As we move into Day 3, you will begin to build on these skills through more structured practice. You will have opportunities to apply what you've learned in more realistic scenarios, with less guidance and more decision-making. This is where your skills will begin to come together and feel more natural in practice.

Activity Discussions:
Participants may reflect on:

- Interviewing skills
- Organizing information
- Identifying gaps
- Trauma-informed engagement

Facilitator Question: (ask the following question and validate responses)

- What is one skill you feel more confident in after today?
- What is one area you want more practice in?

Facilitator Answers:

- Increased confidence in asking questions and organizing information.
- Areas for growth may include maintaining engagement and knowing what to ask next.
- Reinforce to the participants that skill development happens over time with practice.

Key Points (ensure the following are covered):

- Investigations involve gathering and understanding information.
- Engagement impacts information quality.
- Skills build progressively over time.
- Practice leads to confidence.

TARGET OUTCOMES EVALUATION

Time: 2 minutes
Purpose: To assess the learning outcomes for this training day

Facilitator Note: Before the day day direct participants to the QR code on the slide. Participants will need to use their phones to scan the code to complete the section target outcomes evaluation in Qualtrics.