Investigations
Day 1 – Participant Manual

From Referral to First Response

Information Gathering

Quality Searches

From Concerns to Action

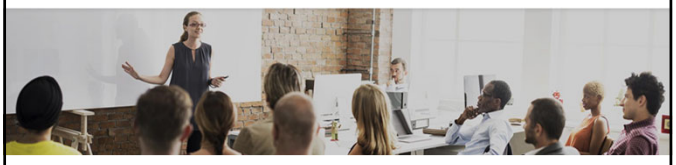
From First Contact to Building the Full Picture

Day 1:

Investigations Training Agenda

Monday	
9:00 – 9:30	Welcome Pre-Test
9:30 – 10:30	From Referral to First Response
10:30 -10:45	**Break**
10:45 – 12:00	Information Gathering
12:00 – 1:00	**Lunch Break**
1:00 – 2:00	Quality Searches
2:00 – 2:45	From Concerns to Action
2:45 - 3:00	**Break**
3:00 – 4:00	From First Contact to Building the Full Picture Wrap Up and Review

Investigations
Specialty Training



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

Day 1

1

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Insert Facilitator Headshot Photo Here

Facilitator Name

Meet the Facilitator

All about me …

- Your role
- Brief Credentials/Background
- Something relatable/Passionate about
- Something Fun to build rapport

4

All About Me

Insert Facilitator 1 Family/Pet Photo Here (optional)

5

Insert Facilitator Headshot Photo Here

Facilitator Name

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All about me …

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- Something relatable/Passionate about
- Something Fun to build rapport

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All About Me

Insert Facilitator 1 Family/Pet Photo Here (optional)

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Investigations Week 7 Pre-Test

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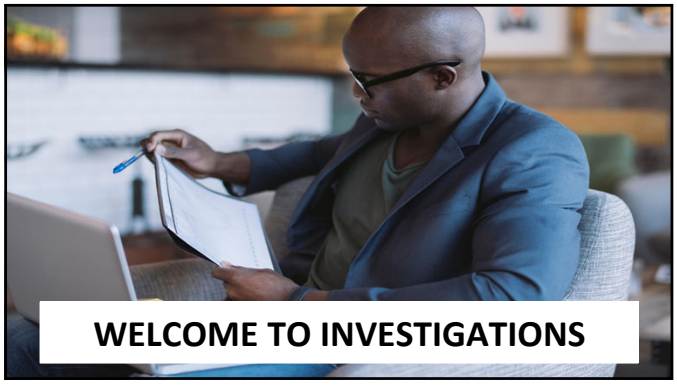

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Target Outcomes

- Learn how to locate and review a CHRIS referral.
- Identify key information and gaps in CHRIS referrals.
- Develop an investigate plan.
- Develop an initial investigation strategy based on referral information.

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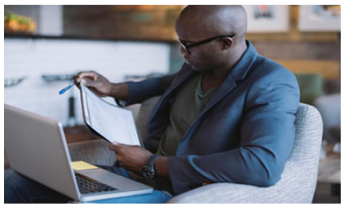
From Referral to First Response



When you think about starting an investigation, what part feels most real or most immediate to you?

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The First 90 Seconds

What Does This Look Like From The Other Side Of The Door

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Setting the Stage – Your Role

What Happens When a Referral is Assigned to You?

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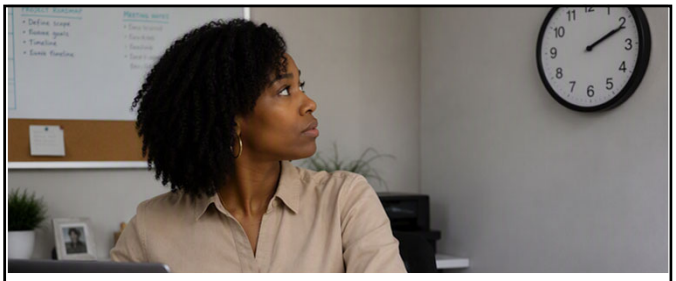

The Clock Is Ticking

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From Referral To First Response

Over the next two weeks, you'll use the information in your case file to develop the investigation one piece at a time.

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Meet the Flowers/Hill Family

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What Happens Next?

From Referral to Action

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Priority Levels & Response Timeframes

What Does This Mean for You?

18

First Contact & Initiation

What does “Starting an Investigation” Actually Look Like?

19

What Good Investigations Look Like

Thinking Beyond the First Step

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Wrap-Up & Key Takeaways

What Did You Build?

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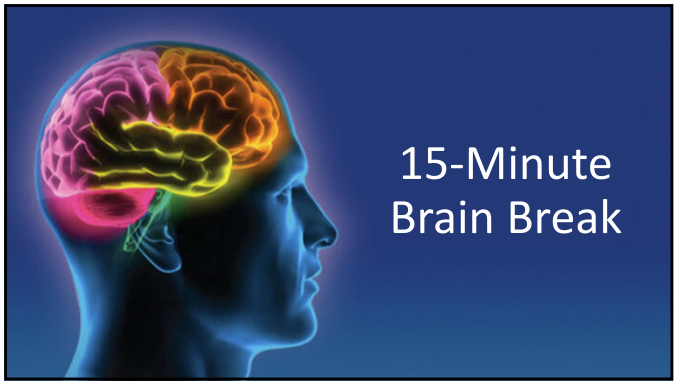

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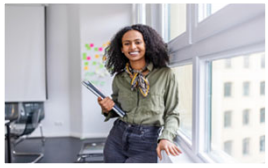
Information Gathering



Which of these feels the most familiar to you?

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Target Outcomes

- Understand how to locate a referral in CHRIS.
- Identify and access key information within the referral.
- Understand the importance of information gathering, including available CHRIS history.

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From Thinking to Doing

CHRIS is the **starting point for all investigations.**

Efficiency in CHRIS = efficiency in your work

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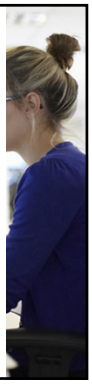
Building Your Investigative Packet



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Reviewing Your Investigative Packet

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Preparing to Gather Information

Preparation includes:	• Knowing the referral • Identifying gaps • Planning interviews
Investigations require:	• Intentional thinking • Structured approach

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Identifying Collaterals & Next Steps

Who Do You Need to Talk To and Why?

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Wrap-Up & Key Takeaways

What Did You Build?

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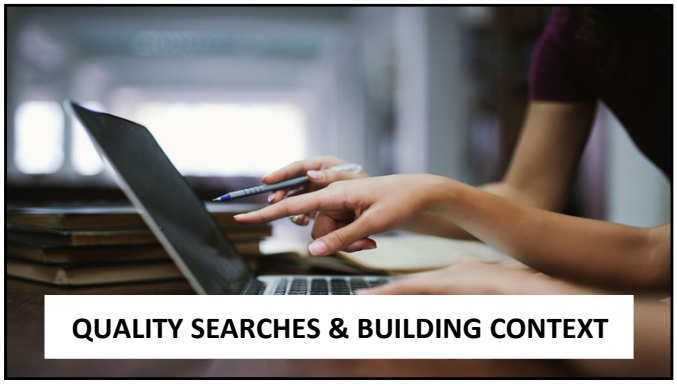

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Quality Searches & Building Context

Which of these feels new to you?

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Target Outcomes

- Focus on analyzing information and identifying patterns.
- Understand how using quality searches to build a deeper understanding of the case.

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Building the Full Picture

Referrals are **only a starting point.** Understanding the full picture is critical to making informed safety decisions for the child's safety.

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What Are Quality Searches?

Looking Beyond The Referral…

37

Applying Quality Searches To The Flowers Family

What Should You Be Looking For?

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Identifying Patterns in the Flowers' Case

What Is This Telling You Over Time?

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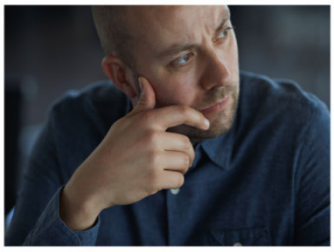
What Are You Worried About?

Thinking About Safety in the Flowers' Case



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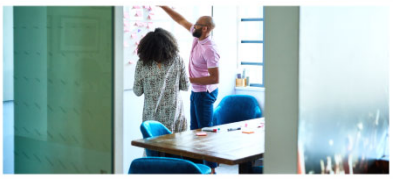
Wrap-Up & Key Takeaways

What Is This Information Telling You?



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From Concerns To Action

What do you think might be the most challenging part of deciding what to do next?

43

Target Outcomes

- Ability to take the concerns you've identified in the Flowers' case and begin organizing your next steps.
- Understand how to how prioritize their actions in a new case.

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Let's Get Back Into The Case!

45

What Do You Do First?
Put It In Order.

1	2	3	4	5
Contact caregiver	Initiate contact with Jasmine Hill	Review case	Contact reporter (Hannah Lewis)	Gather additional information

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Prioritizing Your Response

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What Does It Look Like In Action?

Applying your next steps to the Flowers' case.

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Wrap-Up & Key Takeaways

From Understanding To Action

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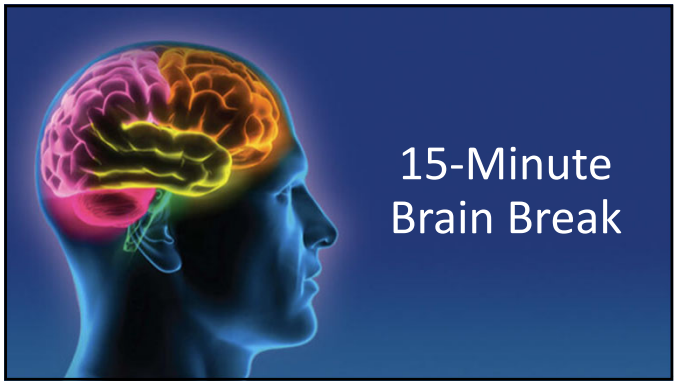

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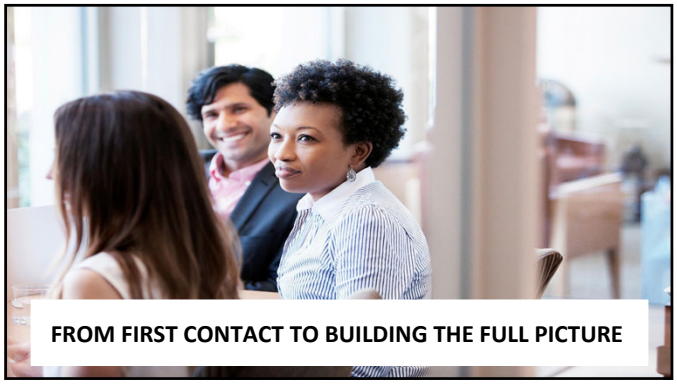

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From First Contact To Building The Full Picture

What do you think is the most important part of gathering information while interviewing?

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Target Outcomes

- Learn how to structure their approach to interviews.
- Understand how information is intentionally gathered and built across multiple interviews.

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How Investigations Begin to Take Shape

54

Interview Sequencing

Who Do You Talk To and Why?

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Interviewing the Alleged Victim

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Interviewing Siblings

Additional Perspectives on the Child's Experience

57

Interviewing Caregivers & Other Adults

Understanding Roles, Responsibility, and Protective Capacity

58

What Do You Still Need To Know?

Identifying Information Gaps in the Flowers' Case

1. What information is **missing?**
2. What you **still need to know** to understand the case?

Activity

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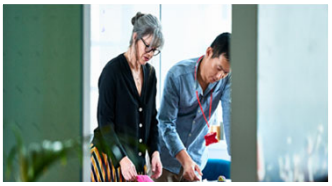
Wrap-Up & Key Takeaways

What Did You Build?



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Target Outcomes Evaluation

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Referral Acceptance Snapshot	FLOWERS FAMILY *Training Case* From referral acceptance through investigative decision-making

REFERRAL ACCEPTANCE SNAPSHOT

Referral Number	Training case - not provided
Referral Date	08/15/2026 at 3:00 a.m.
Family Name	Flowers / Hill
County of Referral	Jefferson County

REPORTER INFORMATION

Reporter Name	Hannah Lewis, RN
Relationship to Referral	Emergency department nurse who cared for Jasmine and made the report
Reporter Location	Jefferson Regional Hospital
Reporter Phone Number	Not provided in the training materials

REFERRAL DISPOSITION

Priority	Priority 2
Maltreatment Types	Failure to provide necessary medical treatment / Medical Neglect; Inadequate Supervision by placing a child in a dangerous situation
Investigation Type	In-home investigation
Initiation Due	Within 72 hours of assignment (by 08/18/2026 at 3:00 a.m.)

INCIDENT DESCRIPTION

What happened? When did it happen? Who was involved? Does the person still have access to the child?

Jasmine Hill, age seven months and nonverbal, was seen in the emergency department at Jefferson Regional Hospital at approximately 10:00 p.m. on 08/14/2026. Jasmine also has a blister or lesion on the back of her index finger on her left hand and several bruises on her forehead (one is purple and the other is older and yellowing). All the injuries varied between a couple days while others appeared to be a five to seven days old. The lesions appeared to be infected, and Jasmine's finger, legs and hand are swollen. Medical personnel observed fever, an elevated white blood cell count, and concern that the infection had gone untreated.

According to the grandmother, Georgia Weems, “Jasmine's parents got into a fight at the family gathering tonight” while the family was outside in the yard so the grandmother took Jasmine and her sister to her house. When the grandmother was giving Jasmine a bath, she became concerned about the raised blisters that were hot to the touch and decided to take him to the hospital. When questioned about the bruises, the grandmother stated that this is not the first time that she has noticed bruises on Jasmine. When her mother questioned her about past bruises, Charlotte couldn't provide an explanation. This led Georgia to think that mom is not watching Jasmine, so she doesn't know how she gets the injuries. Jasmine is not yet fully mobile but is currently rolling over. The mother, Charlotte Flowers, showed up at the hospital while Jasmine was being examined.

Charlotte arrived at the hospital while Jasmine was being examined. Jasmine was treated and discharged on antibiotics. Charlotte was dismissive and stated she did not think the antibiotics were necessary. Charlotte stated that she and the children would stay at Georgia Weems' home. The treating physician was concerned about inadequate supervision and the delay in seeking medical treatment. Following discharge, Jasmine, Frankie, and Charlotte were reported to be staying at Georgia's residence.

CHILDREN'S CURRENT CONDITIONS / INJURIES

Jasmine has swollen, pus-filled blisters that are sensitive to touch. The infected areas appear several days old. Medical personnel expressed concern that the infection had gone untreated. Jasmine is small for her age. She was prescribed medication after discharge; later case information indicates that the medication has not been given consistently.

WHEN WAS THE CHILD LAST SEEN AND BY WHOM?

Dr. Rhonda Dickson saw and treated Jasmine in the emergency department on 08/14/2026. Jasmine was seen two months ago for swelling from recent ant bites on 6/1/26, and it was noted that Charlotte was informed that Jasmine may have an allergy to ant bites.

KNOWN RISK FACTORS / CONCERNS

The referral identifies domestic violence between Charlotte and Brad, delayed medical care, supervision concerns, unexplained prior bruising, and uncertainty regarding how Jasmine sustained the injuries.

FAMILY INFORMATION

Jasmine Hill

Role: Alleged victim
DOB: 01/14/2026
Age / Development: Seven months old; nonverbal
Sex: Female
Relationship: Daughter of Charlotte Flowers and Brad Hill; younger sister of Frankie Flowers; granddaughter of Georgia Weems
Primary Address: 284 S. Hwy. 63, Altheimer, AR 72004
Current Location: Georgia Weems' residence following hospital discharge
Prior Department History: No prior role identified in the provided materials

Frankie Flowers

Role: Sibling / child in the household
DOB: 12/04/2018
Sex: Female
Relationship: Daughter of Charlotte Flowers from a prior relationship; older sister of Jasmine; granddaughter of Georgia Weems
Primary Address: 284 S. Hwy. 63, Altheimer, AR 72004
Current Location: Georgia Weems' residence
Additional Information: Verbal; carries significant caretaking responsibility for Jasmine. Her father is not involved and his whereabouts are unknown.
Prior Department History: Prior inadequate supervision report approximately eight months earlier; Frankie was found outside unsupervised. The report was unsubstantiated.

Charlotte Flowers

Role: Primary caregiver / alleged offender
DOB: 04/02/2002
Sex: Female
Phone: 870-541-7100, ext. 0749
Relationship: Mother of Jasmine and Frankie; daughter of Georgia Weems; live-in partner of Brad Hill
Primary Address: 284 S. Hwy. 63, Altheimer, AR 72004
Current Location: Georgia Weems' residence

Brad Hill

Role: Adult household member; Jasmine's father; not named as an alleged offender on the referral
DOB: 06/21/1992
Sex: Male
Phone: 501-666-1585
Relationship: Father of Jasmine; Charlotte's live-in boyfriend; no relation to Frankie or Georgia
Address: 284 S. Hwy. 63, Altheimer, AR 72004

Georgia Weems

Role: Maternal grandmother
DOB: 03/21/1982
Sex: Female
Phone: 870-536-2010
Relationship: Mother of Charlotte; grandmother of Jasmine and Frankie
Address: 1616 Pennsylvania Ave., Pine Bluff, AR 72004

REPORTER AND COLLATERAL SOURCES

- Hannah Lewis, RN - emergency department nurse who cared for Jasmine and made the report.
- Dr. Rhonda Dickson - emergency department physician who treated Jasmine; introduced as a collateral on Day 3.
- Dr. Farley - Charlotte's psychiatrist; introduced as a collateral on Day 3.
- Law enforcement - approximately seven calls to Charlotte and Brad's residence over the past two years; introduced on Day 3.

PRIOR DEPARTMENT HISTORY

Approximately eight months before the current referral, the Department received a report alleging inadequate supervision after Frankie, then identified in the case materials as age seven, was found outside unsupervised. A neighbor made the report. The allegation was unsubstantiated.

PRIORITY / INITIATION

Child	Hill, Jasmine
Priority	Priority 2
Start Date	08/15/2026
Initiation Due	08/18/2026 at 3:00 a.m. (72 hours)
Expected Initiation Location	Georgia Weems' residence, where Jasmine was reported to be staying after discharge

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services

INVESTIGATION ASSIGNMENT MEMO

Date Assigned: August 15, 2026	**Assigned Specialist:** _____
County: Jefferson	**Priority Level:** Priority II
Initiation Required By: Within 72 Hours	**Referral Number:** _____

Case Assignment
You have been assigned a Priority II Child Maltreatment Investigation involving the alleged victim, Jasmine Hill, a seven-month-old infant.

The referral alleges concerns related to:

- Failure to provide necessary medical treatment (medical neglect).
  Inadequate supervision
- According to the referral, Jasmine was evaluated at Jefferson Regional Medical Center after medical staff observed multiple infected lesions, swelling, and bruising. Medical personnel expressed concern that treatment for the injuries had been delayed.
- Additional information indicates recent domestic violence between the caregivers and concerns regarding supervision.
- A prior Department report involving inadequate supervision has also been identified.

Initial Responsibilities

- Review the referral and all available information.
- Review the available Department history.
- Begin planning your investigative response.
- Identify potential collateral contacts.
- Initiate the investigation within the required timeframes by locating and seeing the alleged victim.
- Continue gathering information to assess child safety.

Reminder
At the time this case is assigned, you do not have the full picture.

Your responsibility is to gather information objectively, avoid assumptions, follow the investigative process, and allow the information you collect to guide your decisions.

Throughout This Training...

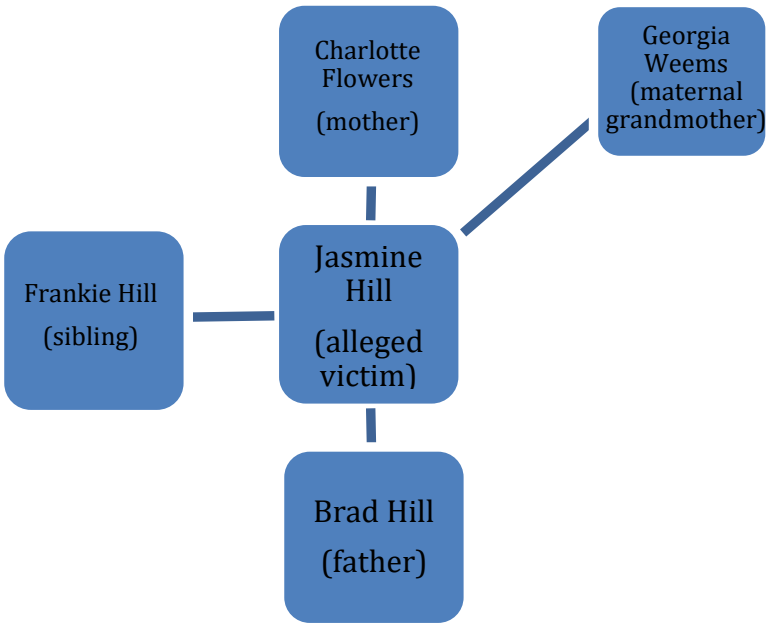
Over the next two weeks, you will continue building this investigation one step at a time. Each interview, observation, collateral contact, and assessment will provide additional information that helps you understand what occurred, assess child safety, and determine the appropriate finding.

Flowers Family Chronology

Family Members

Person	Relationship	Current Role in the Investigation
Jasmine Hill	Alleged Victim (7 months)	Seen at the hospital after untreated infected insect bites and other injuries. Discharged to Georgia Weems' home.
Frankie Flowers	Jasmine's older sister (7)	Lives with Charlotte. Frequently assists with Jasmine's care.
Charlotte Flowers	Mother	Primary caregiver. Alleged offender.
Brad Hill	Jasmine's father	Charlotte's live-in boyfriend. Adult household member.
Georgia Weems	Maternal grandmother	Took Jasmine to the hospital after observing her injuries.

Family Relationships



Chronology of Events

Approximately 8 Months Ago: DCFS received a report of inadequate supervision. Frankie was reportedly found outside unsupervised. The report was unsubstantiated.

Approximately Two Months Ago: Jasmine was brought to the doctor for swelling from recent ant bites on 6/1/26, and it was noted that Charlotte was informed that Jasmine may have an allergy to ant bites.

Approximately 5-7 Days Before Hospital Visit: Jasmine got insect bites. The bites became infected. Bruising was also observed on her forehead. Medical treatment was not sought.

Family Gathering: Charlotte and Brad had been drinking and had an argument while the family was outside in the yard. Georgia took Jasmine and Frankie to her home.

At Georgia's Home: Georgia observed Jasmine's injuries and noticed new bites that were already swelling up and hot to the touch while bathing her, and took her to Jefferson Regional Emergency Department.

Hospital: Jasmine was treated, prescribed antibiotics, and a hotline report was made by Hannah Lewis, RN.

Following Hospital Discharge: Jasmine was discharged. Charlotte stated she would go to Georgia's home. Investigation assigned as Priority II.

Current Living Situation
Primary Residence: Charlotte Flowers, Brad Hill, Frankie Flowers, and Jasmine Hill.

Current Location at Time of Investigation: Georgia Weems' residence following Jasmine's hospital discharge.

Initial Investigative Contacts
- Hannah Lewis, RN (Reporter)
- Jasmine Hill
- Charlotte Flowers
- Frankie Flowers
- Georgia Weems
- Additional collateral contacts

Referral Review Worksheet

Flowers Investigation

Instructions: As you review the referral, record what you know, recognize what you may be assuming, and identify the information you still need before making investigative decisions.

Facts I Know

Record information that is directly supported by the referral.

1. _____
2. _____
3. _____

Assumptions I Might Be Making

Identify any conclusions or opinions that are not yet supported by the information available.

1. _____
2. _____
3. _____

Concerns I have

What are your immediate and potential concerns?

1. _____
2. _____
3. _____

Information I Still Need / Concerns

What additional information would help you better understand the situation and assess child safety?

1. _____
2. _____
3. _____

Reflection

What information would completely change your opinion about this case?

_____

_____

_____

_____

Remember

As a Specialist:

- **Facts** are supported by the information you have.
- **Assumptions** should not drive investigative decisions.
- **Missing information** guides your next investigative steps.
- As you **gather additional information,** your understanding of the case will continue to evolve throughout the investigation.

Investigation Planning Worksheet

Flowers Investigation

Directions: Using the information currently available, begin planning your investigation. Remember, your plan may change as additional information is gathered throughout the investigation.

First Contact with the Alleged Victim

Where is the most appropriate location to make first contact with the child?

☐ School
☐ Home
☐ Hospital
☐ Daycare
☐ Other: _____

Why did you select this location?

_____

_____

_____

Interviews to Complete

Who will you need to interview during this investigation? Check all that apply.

☐ Alleged Victim (Child)
☐ Sibling(s)
☐ Caregiver(s)
☐ Alleged Offender
☐ Reporter
☐ Other: _____

What information are you hoping to gather from these interviews?

Records to Obtain

What records will help you better understand the situation?

☐ Medical Records
☐ School Records
☐ Law Enforcement Records
☐ Other: _____

Why are these records important?

Collateral Contacts

Who else may have information that will help you assess child safety?

Name	Relationship	Information You Hope to Gather

Reflection

What is your highest priority after reviewing the referral?

What information do you need first to move the investigation forward?

Remember

An investigation plan is a working document. As new information becomes available, your priorities, interviews, records, and collateral contacts may change. Effective specialists continually reassess their plan to ensure they are gathering the information needed to assess child safety and make informed investigative decisions.

Investigation Response Timeframes

Quick Reference

As a Specialist, responding within required timeframes is critical to ensuring child safety and meeting policy requirements. Use the chart below as a quick reference throughout the investigation process.

Priority Level	**Response Requirement**
Priority I (P1)	Initiate the investigation within 24 hours of receiving the referral.
Priority II (P2)	Initiate the investigation within 72 hours of receiving the referral.

Investigation Timeline

After the investigation has been initiated, continue working within the required timeframes below:

Investigation Milestone	**Required Timeframe**
Complete the Investigation	Within 30 days
Allow Time for Supervisor Review and Approval	Complete your work by Day 25 to provide approximately 5 days for supervisory review, revisions (if needed), and approval.

Investigation Closure	All investigation activities and documentation must be completed within 45 days.

Keep in Mind

- Respond to referrals within the required Priority I or Priority II response timeframe.
- Complete investigative activities early enough to allow time for supervisory review.
- Ensure all documentation, approvals, and required actions are finalized before the 45-day investigation closure deadline.

Best Practice: Aim to have your investigation completed by **Day 25**. This allows sufficient time for supervisory review, any necessary revisions, and approval before the 30-day investigation completion target and the 45-day closure requirement.

Timeline: Priority 1 Assessments

ACTIONS	Forms	Policy / Procedure
First 24 Hours		
Acknowledge receipt of Priority 1 within 2 working hours. Check your workload in the Safe Measures dashboard at minimum once in the morning and once in the afternoon. Report received in the county office – either in CHRIS or a direct call; assign Priority 1 level of response.		Internal Procedure 401.1 County Office Interaction with Child Abuse Hotline 9 CAR § 40-313 Investigation of Child Maltreatment Reports
Preparation for Investigation		
Complete record checks on the Child Maltreatment Central Registry via the Division Information Management System. Interview the reporter, if named. Contacting the reporter by phone is permissible but least preferred. (NOTE: Failure to identify and interview collaterals was a frequent deficiency in federal reviews). Immediate telephone notifications to Prosecuting Attorney / law enforcement, notify per XIV.		Internal Procedure 403.2 Preparation for Investigation Initiation
Initiate within 24hrs		
Interview the alleged victim face-to-face outside of the presence of the alleged offender or the alleged offender's attorney. View or assess if the victim is too young or otherwise not able to be interviewed. Exercise due diligence to locate. Consider printing referral snapshot. Consider taking the victim to a child safety center for an interview whenever available or appropriate. If the alleged victim/offender is in foster care, notify parents, foster parents, CASA, attorney ad litem for the alleged victim/offender, and		Investigation Initiation 9 CAR § 40-313 Investigation of Child Maltreatment Reports 9 CAR § 40-1401. Child Maltreatment Notices

ACTIONS	Forms	Policy / Procedure
attorney ad litem for other children in the foster home.		
Assess for Safety		
Cursory exam by Social Services Specialist and complete body diagram on physical abuse cases. If the child enters care, there must be a medical evaluation within 24 hours. If the allegation is severe physical abuse or sexual abuse an exam is required unless there is an exemption by the Area Director. Review the protocol for emergency vs exam with physician with special expertise in child sexual assault exams. A doctor must do the exam. Obtain release of information if parents will sign (if parents will not sign, records can be released according to law).	CFS-366A/B, Initial Health Screen. CFS-100 Authorization for Release of Information DHS-4000 Authorization to Disclose Health Information	Internal Procedure 403.5 Child Maltreatment Report Investigation Interviews Internal Procedure 703.2 Initial Health Screening Internal Procedure 403.7 Medical Evaluation Required During Investigation
Within 2 Business Days		
Document initiation activities and interviews. Document Safety Assessment – Practice Hub. Document the Immediate Safety Plan, if one was put into place. Enter services into the service log.	Victim interview must be entered into the Division Information Management System for investigation to be initiated.	Internal Procedure 403.5 Child Maltreatment Report Investigation Interviews SDM Combined Assessment Procedure Manual
Within 72 Hours		
Supervisory conference		Internal Procedure 403.3 Investigation Initiation
Within 14 Days from Date of Referral		
Supervisory conference		Internal Procedure 403.9 Other Child Maltreatment Investigation Actions
Within 30 Days		
Interview parents (custodial, non-custodial), caregivers, all other children and adults in the		Internal Procedure 403.5

ACTIONS	Forms	Policy / Procedure
home, offenders face-to-face; provide notification. Document efforts to locate fathers/non-custodial parents. Obtain demographic information on all family members. Provide required PUBs depending on case actions; at a minimum PUB-52. Assess home environment, including a visit to the residence; assess environmental risk factors. Identify/Interview collaterals. Complete the Risk Assessment.		Child Maltreatment Report Investigation Interviews Internal Procedure 403.9 Other Child Maltreatment Investigation Actions
Between the 30th and 45th Day		
Supervisory conference and case determination. Ensure that the following screens are completed in the Division Information Management System (CHRIS): ● Findings screen ● Case connect screen (if case opened) ● Investigation closed screen ● Relations screens for each client ● Interviews ● Collaterals ● Medical ● Service Log Notifications will be sent by Release of Information from the Notification Unit in Central Office.		Internal Procedure 403.16 Child Maltreatment Investigation Closures and Determinations Internal Procedure 403 Investigation of Child Maltreatment Reports
One Exception		
Case determination has an additional 15 days on institutional investigations to allow for assessment of the offender's own children and for other special circumstances.		Internal Procedure 403.15 Request for Investigative Timeframe Extension

Timeline: Priority 2 Assessments

ACTIONS	Forms	Policy / Procedure
First 72 Hours		
Acknowledge receipt of Priority 2 within 3 working hours. Check workload at minimum once in the morning, and once in the afternoon. Report received in county office – either in the CHRIS or direct call; assign Priority II level of response.		Internal Procedure 401.1 County Office Interaction with Child Abuse Hotline Internal Procedure 403 Investigation of Child Maltreatment Reports
Preparation for Investigation		
Complete record checks on the Child Maltreatment Central Registry via the Division Information Management System. Look for prior reports, and local records. Interview reporter if named (by phone is permissible but least preferred). (Failure to identify/interview collaterals was a frequent deficiency in federal reviews.)		Internal Procedure 403.2 Preparation for an Investigation Initiation
Initiate within 72 Hours (from the time keyed into the Division Information Management System)		
Interview victim face to face outside the presence of the alleged offender or the alleged offender's attorney, or View and assess if victim is too young or otherwise not able to be interviewed, or Exercise due diligence to locate. Consider printing referral snapshot. If the alleged victim/offender is in foster care, notify parents, foster parents, CASA, attorney ad litem for the alleged victim/offender; attorney ad litem for other children in the foster home.		Internal Procedure 403.3 Investigation Initiation 9 CAR § 40-1401 Child Maltreatment Notices
Assess for Safety		
Assess whether a current safety threat exists and if so, determine actions to ensure safety; if there	CFS-323 Protective Custody / Parental Notification	Internal Procedure 403.12 Protective Custody of Child in Immediate Danger

ACTIONS	Forms	Policy / Procedure
is an immediate safety plan completed, obtain supervisory approval before leaving the child. Provide the parents with a written notification if you take protective custody. Provide parents with a written notification if you return the children from protective custody within the 72-hour period.	CFS-336 Expiration of Protective Custody Parental Notification	
Assess for Need of Medical Exam		
Cursory exam by Social Services Specialist and complete body diagram on physical abuse cases. If the child enters into care, there must be a medical evaluation within 24 hours. If the allegation is severe physical abuse or sexual abuse an exam is required unless there is an exemption by the Area Director. Review the protocol for emergency vs exam with physician with special expertise in child sexual assault exams. A doctor must do the exam. Obtain release of information if parents will sign (if parents will not sign, records can be released according to law).	CFS-366A/B, Initial Health Screen DHS-4000 Authorization to Disclose Health Information	Internal Procedure 403.5 Child Maltreatment Report Investigation Interviews Internal Procedure 703.2 Initial Health Screening Internal Procedure 403.7 Medical Evacuation Required During Investigation
Within 2 Business Days		
Document initiation activities and interview. Document Safety Assessment.	Victim interview must be entered into the Division Information Management System within 24 hours of assignment for investigation to be initiated.	Internal Procedure 403.5 Child Maltreatment Report Investigation Interviews SDM Combined Assessment Procedure Manual
Within 72 Hours		
Supervisory conference.		Internal Procedure 403.3 Investigation Initiation
Within 14 Days from Date of Referral		
Interview parents (custodial, non-custodial), caregivers, all other children and adults in the		Internal Procedure 403.5

ACTIONS	Forms	Policy / Procedure
home, offenders face-to-face; provide notification. Document efforts to locate fathers/non-custodial parents. Obtain demographic information on all family members. Provide required PUBs depending on case actions; at a minimum PUB-52. Assess home environment including a visit to the residence; assess environmental risk factors. Identify/Interview collaterals. Complete Risk Assessment.		Child Maltreatment Report Investigation Interviews Internal Procedure 403.9 Other Child Maltreatment Investigation Actions SDM Combined Assessment Procedure Manual
Between the 30th and 45th Day		
Supervisory conference and case determination. Ensure that the following screens are completed in the Division Information Management System: ● Findings screen ● Case connect screen (if case opened) ● Investigation closed screen ● Relations screens for each client ● Interviews ● Collaterals ● Medical ● Service Log Notifications will be sent by Release of Information from the Notification Unit in Central Office.		Internal Procedure 403.16 Child Maltreatment Investigation Closures and Determinations Internal Procedure 403 Investigation of Child Maltreatment Reports
One Exception		
Case determination has an additional 15 days on institutional investigations to allow for assessment of offender's own children and for other special circumstances.		Internal Procedure 403.15 Request for Investigative Timeframe Extension

Notes on the Referral

CASE NAME: _____	**PRIORITY _____**

What is the referral date?	
Who is the caller?	
What is the caller's relationship to the alleged victim(s)?	
Who is/are the Alleged Victim(s)?	
Who is/are the Alleged Offender(s)?	
Who is identified as the PRFC?	
What types of maltreatment were reported?	
Does this referral have a person or people outside the family you need to interview? If yes, who?	
This report is a Priority ____ report.	
Where is the child right now?	
When does this report need to be initiated?	

Additional Notes and Observations

Make notes on the questions you may have.

Notes:

Questions:

Things I need to follow up on:

How We Do the Work of Gathering Information to Assess Child Safety and Risk and make a determination for an allegation: Preparation

Purpose - Provide standard guidance for promising practices when preparing to gather information to assess child safety and risk.

Related Policy - 9 CAR § 40-313: Investigation of child maltreatment reports, SDM Safety and Risk Manual

Related Practice Model Principles -

- Recognize that enhancing safety for children and youth in the home is the top priority for everyone involved.
- Build shared understanding and agreement through family engagement.
- Honor and incorporate the voices of children and youth.

How We Do the Work of Preparing to Gather Information to Assess Safety and Risk-

1. **Have a plan & be prepared!** Don't think you can figure out what to do when you get there. This is occasionally successful, but more often it leads to an incomplete gathering of information and poor decision making. Consider the following:
   - Begin with what's working well in the family and build a rapport before discussing worries.
   - How will the allegation be addressed? Would a Safety House or 3 Column Map be helpful?
   - Who should be interviewed first? What is the alternate plan?
   - Who needs to be interviewed? Have you identified the household that needs SDM Tools applied, if any? Make a list of all members of the household (not the dwelling) so everyone gets interviewed.
   - How will you deal with the caregiver's feelings about being reported?
   - How will the children's voices be included? Would the 3 Houses or Safety House be useful?
2. **Know as much as possible before you go!**
   - Carefully read all the intake information. Know the children's names and ages. This lets caregivers know you are aware of the number of kids and plan to see them all. It also helps the children feel more comfortable. (Sometimes the intake doesn't contain the names, but often provides basic information – genders, approximate ages, races, etc.).
   - Become familiar with prior child maltreatment reports. Were there any specialist safety issues noted in the prior maltreatment interviews and documentation?
   - Are there major pieces of family information missing at the time of intake? (siblings, other adult residing in the home, other caregivers, sick child's specific ailment, police reports for domestic violence)
3. **Think about the best order to interview subjects.** Although it varies, what is generally considered best practice is listed below. This method provides you with the best opportunity to let each interview build upon the previous one – that is, use the information from the preceding interview to help with the next one.
   If the alleged victim is at home:
   a. First, after a brief introduction, interview the alleged victim.
   b. Next, interview the siblings.
   c. Then, interview the caregiver who was not identified as an alleged offender (if there is one).
   d. Then, interview the alleged offender.

If the alleged victim is not at home:

a. First, interview the alleged victim, wherever they are located.
b. Then, proceed in the order listed above.

4. **Try to make each interviewee feel their opinion is valued.** Spend time using appreciative inquiry. Learn what's working well and ask about the allegations. Ensure that each interview is private, and don't violate their confidentiality in subsequent interviews with other subjects. It is not easy to rebuilt trust. The interviewees are our primary sources of information.

Initial Introduction - Our initial approach with caregivers will likely set the tone for our entire involvement with the family. Remember the old saying "you only get one chance to make a first impression" – don't get started on the wrong track. DCFS must make it clear that we are involving caregivers in the information-gathering process because they serve a critical role in their family. Be sincere, respectful, attentive, specific, and objective. Let them know DCFS is coming in with an open mind about the allegations.

- **Be direct about why DCFS is involved**. Tell them a report was filed and DCFS is required by law to investigate. Provide an overview of the report without getting into specifics at this time. It is okay to ask them why they believe someone reported them.
- **Provide DCFS identification (badge) and be clear about DCFS' role**.
- **Remind them this is "an allegation" at this point**, anyone can call the hotline and all reports must be investigated.
- **Park on the street to prevent being blocked in and think about an "escape route"** should the situation become dangerous.
- **Let them vent**. Think about how you would act if you thought you were being accused of child abuse or some other serious action. However, be sure to note their specific attitudes and responses (defensive, clarity in their statements, in touch with reality, denial of ever doing anything wrong, how emotional, etc.) You will have to deal with emotions before you deal with facts.
- **Give them your contact information** (phone number, business card).
- **Tell them what the next steps are** – how you plan to proceed with the assessment.
- **Keep it general at this point**, although you will get very specific about the details of the current allegations during the individual interviews. Too much focus on the allegation will cause them to start defending themselves, rather than working cooperatively with you. At this point it is better to talk about the family in general – build rapport with members - how they do in school, do they get along with each other, etc.
- **Begin to think about whether there are immediate safety threats to yourself or the children**. This could include other threatening individuals in the home, weapons, bizarre behaviors, assaults on the child, etc. If these occur to the extent that you cannot proceed with a standard assessment, take immediate protective action - leave, get the police involved, etc.
- **If immediate safety threats are identified for a child, begin immediate safety planning**. This includes getting the caregiver involved in the planning. For example, "Your child needs medical care now; how can we get that done?" Or, "Your child cannot remain in the home with your boyfriend who allegedly molested him; what options do we have?" Help the family identify their safety network and include those people in building an immediate safety plan.
- **Proceed with the interviews** if an immediate safety threat seems possible but you need more information to make an accurate determination. Make decisions based on a rigorous and balanced assessment.
- **Answer questions about their rights**. If they question whether they have to let you inside their home, tell them the alternatives.
- **Try to verify the demographics noted on the intake form** – children's names (including nicknames if that's what they are usually called), ages, races.
- **Get caregivers' assistance in arranging interviews**. Ask them where would be the best spot for privacy. Also, let them know you want to interview them after you interview the children. Let them know you will review the situation with them at the end of your assessment, but don't promise them you will tell them what the child says. Consider having a caregiver introduce you to the child.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.
- Complete SDM Safety Assessment Tool **upon initial contact** with the household.
- Complete Risk Assessment **within 30 days** of receipt of the child maltreatment report.

Documenting – After each interview, remember to document who you spoke with and perhaps how you coordinated and scheduled the meeting. If you spoke with your supervisor about the interviewee, document that as well. You may include this information in your narratives. For example: *Specialist contacted the reporter prior to visiting with the alleged victim to prepare for the interview and conferenced with supervisor about interviewing the alleged victim and alleged offender.* Document SOP Tools used for interviews (Safety House, 3 Houses, 3 Column Map) and document all efforts to develop the family network (Genogram, Ecomap, CLEAR, spoke with child) and include network members in efforts to create immediate safety plans, as necessary.

Outcomes of Quality Preparation to Gather Information to Assess Safety and Risk:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

How We Do the Work of Gathering Information to Assess Safety Threats: An Overview

Purpose - Provide standard guidance for promising practices when gathering information to assess the immediate safety of children.

Related Policy - 9 CAR § 40-313: Investigation of child maltreatment reports, SDM Safety and Risk Manual

Related Practice Model Goals/Principles -

- Enhancing safety for children and youth in the home is the top priority for everyone involved.
- Maximize family strengths and build on their skills, abilities, and connections.
- Partner with the whole family, including relatives and fictive kin to create long-term safety, ongoing permanency, and well-being.
- Recognize and appreciate the family's culture.

How We Do the Safety Assessment- Although there are various ways to gather information necessary to complete an accurate safety assessment, the SDM Safety and Risk Manual provides step by step guidance on completing the Safety Tool and Risk Tool. Since the dynamic of every household is different, an assessor's approach may require flexibility in the approach to information gathering.

The state inserting a specialist into a family's life sets up an adversarial situation from the beginning. Under such conditions, it is the assessor's job to create an atmosphere of discussion, not an interrogation. Through appreciative inquiry, DCFS can obtain information without being seen as attacking, disrespectful, or judgmental. DCFS cannot count on families to become more cooperative, so we must examine and modify our own behavior and techniques to increase transparency and information gathering. Staff should consider using SDM tools such as the Three Houses, Safety House, Three Column Map, and CAP Framework to help increase transparency and information gathering while working with a family.

The goal is to gather enough information about actions of protection within the family and their network to make the right decisions about child safety. DCFS needs to obtain a balanced assessment of what's already working well and what the worries are for a family which effect child safety.

For a safety assessment to be effective in structuring and impacting decision making, it must be conducted during the first contact with the family. **If the assessor leaves the household without removing the children or implementing an immediate safety plan, a safety decision has been made.** Subsequent contacts and additional information gathered may alter that decision, making it very important to slow down and gather as much information as possible during the first contact with the family.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.
- Complete Safety Assessment Tool during first interaction with the household and alleged victim child.

Documenting Safety Threats - For each safety threat identified, the assessor should include explanation for injury, facts that support or do not support explanation, quotes,specialist observations, Safety Assessment System Guidance, Safety Planning Interventions considered, and other professional assessments as applicable.

Outcomes -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

How We Do the Work of Gathering Information to Assess Safety and Risk: Interviewing the Alleged Victim & Siblings

Purpose - Provide standard guidance for promising practices when interviewing the alleged victim and their siblings in order to gather information to assess child safety and household risk.

Related Policy - 9 CAR § 40-313: Investigation of Child Maltreatment Reports, SDM Safety and Risk Manual

Related Practice Model Principles and Division Practice -

- Ensure that the child's voice is gathered and is represented at every meeting to inform key devisions and focus on safety, permanency, and well-being.
- Continuously focus on how the abuse and neglect impact the child.
- Identify ways to lessen trauma to children by using a trauma informed perspective to promote healing.

How We Do the Work of Interviewing the Alleged Victim - Most interviews with children should be 30 minutes or less to be effective. However, if you are making progress and the child is still focused, don't hold to this time limit. Assessors must probe deeply, but carefully, into the family situation and the allegations. Your interview with this child will greatly increase your understanding of the household dynamics and the factors that affect safety for the child.

- **Explain who you are to the family**. Tell them how you came to be involved and assure them you are there to try to help the entire family.
- **Let the child know they can ask questions**.
- **If the child is old enough, explain confidentiality to them**.
- **Ask the child questions that you know he knows the answer to**: birth date, teacher's name, sibling's names, etc. This helps him get used to speaking with you about non-scary topics.
- **Watch for signs that the child doesn't understand your questions or comments.** Recapping what the child said is a good way to allow them to correct any misunderstandings. Not all 10 year olds function at the same level. During the interview, alter your questions as you get a better feel for the child's functioning level. Consider using the 3 Houses and Safety House with children who aren't very talkative.
- **As you talk about the family, probe into safety-related areas**: what frightens them; who do they see as a protector; what family members are involved and what do those family members do? Who is the child's network?
- **Pay attention to the child's body language** and how they react to questions about caregivers.
- **Be aware of your body language**. Get down to eye level with the child or elevate them to your level, if possible.

Questions should center around the child, caregivers, and the family in general, and could include the following. It is not recommended you ask all these questions– you should pick those you are comfortable asking. When rapport is established, move to questions about the allegations.

Questions About the Child -

1. Who are your best friends? Who do you play with at school?
2. What do you like to do for fun?
3. What part of school is easiest or the best? What is hardest or the worst?
4. Who cooked dinner last night? What did you have? Do you like that?
5. What makes you afraid? Who can you go to when you get afraid?
6. Who woke you up for school today? Who made breakfast?

7. Where do you sleep? Where do other family members sleep?

Questions About the Family -

1. How old are your brothers and sisters? What are their names? Are they nice to you?
2. Who lives here? Does anyone else spend the night sometimes?
3. What does the family do for fun together?
4. Does your grandmother (aunt, uncle, grandpa) visit? Is that fun? Do they help out with anything?

Questions About Caregivers -

1. What fun thing did you do with Mom/Dad/Caregiver this week?
2. Did you get in trouble with Mom/Dad/Caregiver this week? For what? What happens when you get in trouble?
3. What happens when your brother/sister does something wrong?
4. What grown-ups visit your house? When was the last time? What did they do?
5. Are there things your caregivers do that scare you? Someone else scare you?
6. Does Mom/Dad/Caregiver work? Where?

Up to this point, you have not asked about the maltreatment that led to the report. However, you have begun to create a relationship that will make it easier for the child to talk to you about the allegations. At the same time, you are receiving background information that will better help you understand the whole family situation.

When you believe the child is comfortable talking to you, the alleged maltreatment must be brought up. You should "have a feel" for the child by now and recognize signs of anxiety so you know when to slow down and when to proceed.

Questions About the Maltreatment Allegations-

1. Can you tell me what happened (how your eye got hurt, or whatever the specific allegation is)?
2. Remind them they are not in trouble.
3. Ask if they received medical care for the injury if there is one. Ask if they have been hurt before and needed to go to a doctor or the hospital.
4. Always ask what else happened. This allows the child to provide additional information. Their responses may not always be relevant, but it helps you see what is important to the child.
5. If there were others present, ask what they did – did they intervene or stop the maltreatment. This is particularly important when one of the caregivers is not identified as an alleged offender. Even if the caregiver wasn't present during the alleged maltreatment, it's important to hear how the child feels the caregiver responded when they did find out.
6. Ask pointed questions about the when, where, why, and how of the incident. What happened before that may have led up to it. However, avoid making the child feel that you believe the maltreatment was justified.
7. Ask if similar things were done to the child's siblings.
8. Ask them to show you where they were hurt – bruises, scratches, etc.

At the conclusion of the interview, provide the child with as much information as possible about next steps. You may not know exactly what's going to happen, but provide what you do know. Recognize their fears and attitudes and offer reassurance if you can.

How We Do the Work of Interviewing the Siblings - Interviews with siblings should build on the information obtained from the alleged victim, with several purposes in mind:

1. Could the siblings also be victims? How deeply you probe this issue should be based upon information that the alleged victim provided about their siblings.
2. Get the siblings' perceptions of the caregivers – how they react, how they function, how they treat the alleged victim, how they treat the siblings and other family members.
3. Determine whether the siblings' information supports the statements from the alleged victim, both regarding family functioning and the alleged incident.
4. Observe them to determine whether they are fearful of the caregivers.
5. Determine whether the siblings are safe.
6. Ask if anyone else knows about the alleged abuse and neglect.

7. If one caregiver was hurting the victim, try to probe at how other caregivers reacted. Did they encourage the abuse? Did they try to make the abuser stop?

Follow the same interviewing techniques and questions as provided above for the alleged victim. Help siblings feel comfortable and build some rapport before approaching the maltreatment incident.

Particular care should be given to any indication of differential treatment of the alleged victim, or any notion that the alleged victim is "bad." Probe to find out where that notion came from.

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.
- Complete SDM Safety Assessment **upon initial contact** with the household.
- Complete SDM Risk Assessment **as soon as possible** and always within 30 days of receipt of the child maltreatment report.

Documenting - For each safety threat identified, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, specialist observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of identified risks.

Outcomes of Quality Interviews with Alleged Victim & Siblings -

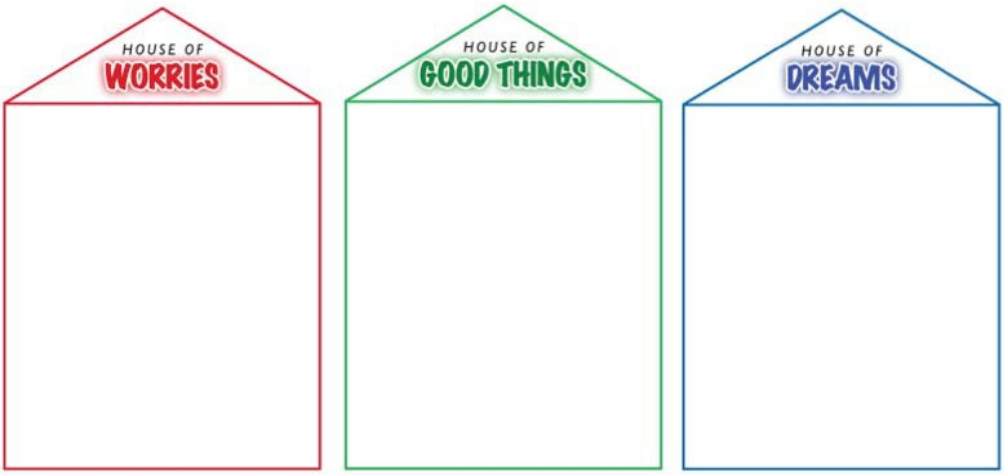
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

THE THREE HOUSES

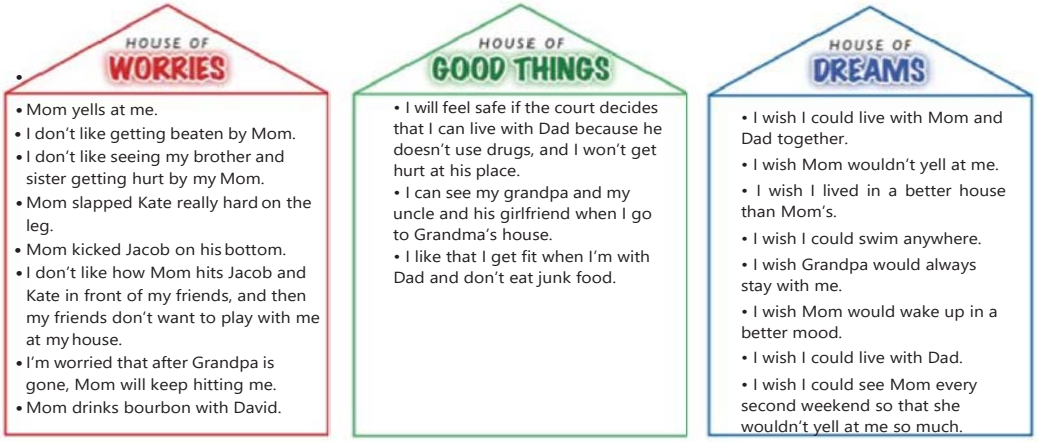
Used with permission from Nicki Weld.

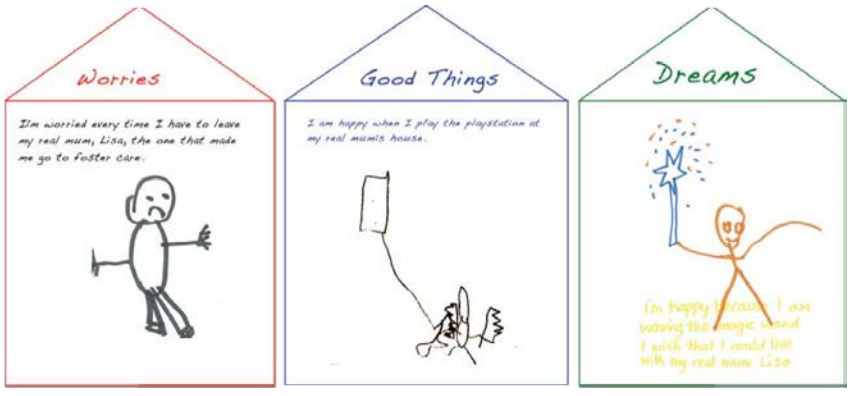
A tool that engages children in child protection assessment and planning



CASE EXAMPLES

Emma, age 8





USING THREE HOUSES

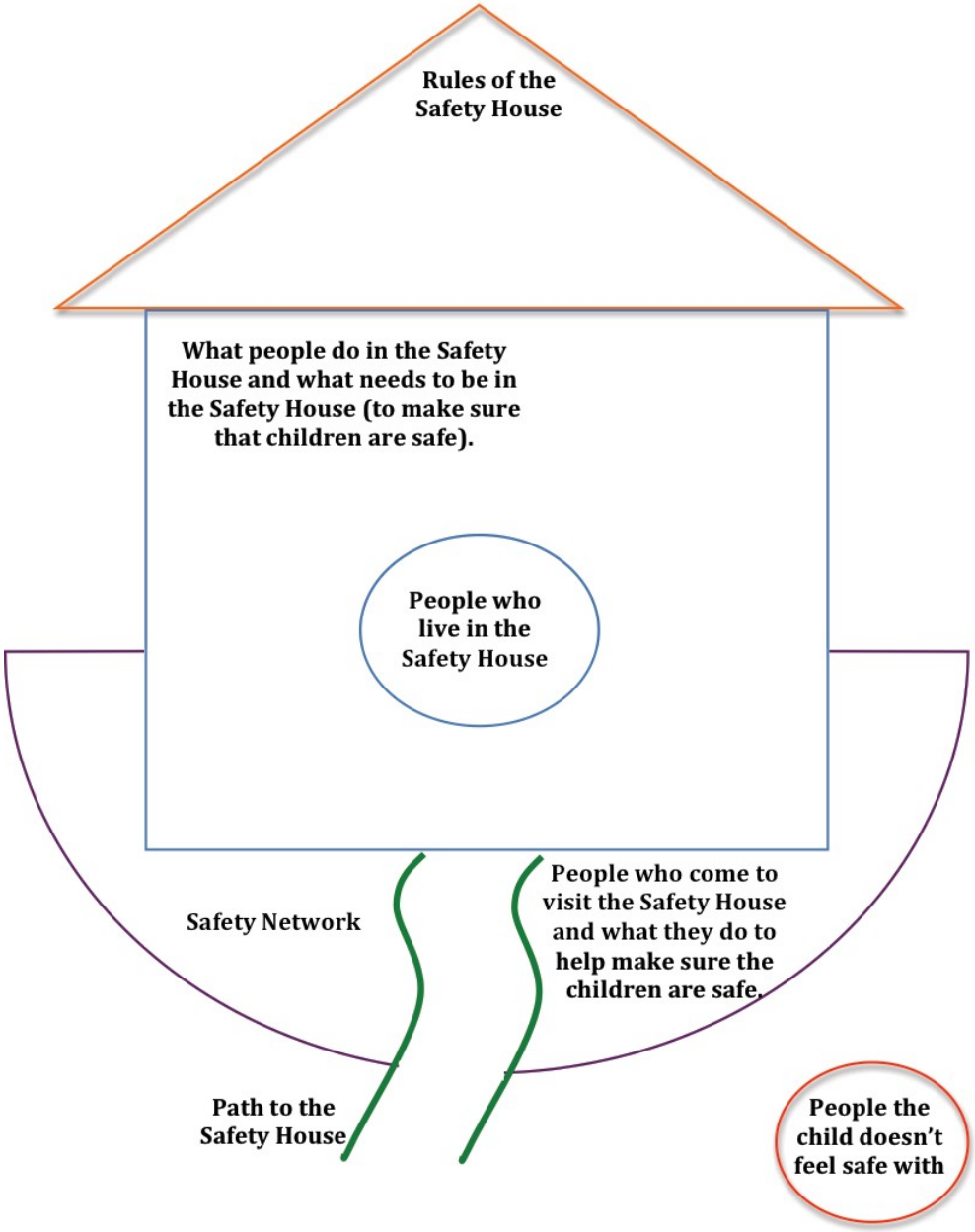
Used with permission from Nicki Weld.

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.
2. **Get permission to interview the child.** Sometimes child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.
3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.
4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.
5. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.
6. **Present the child's Three Houses to caregivers**. Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

THE SAFETY HOUSE

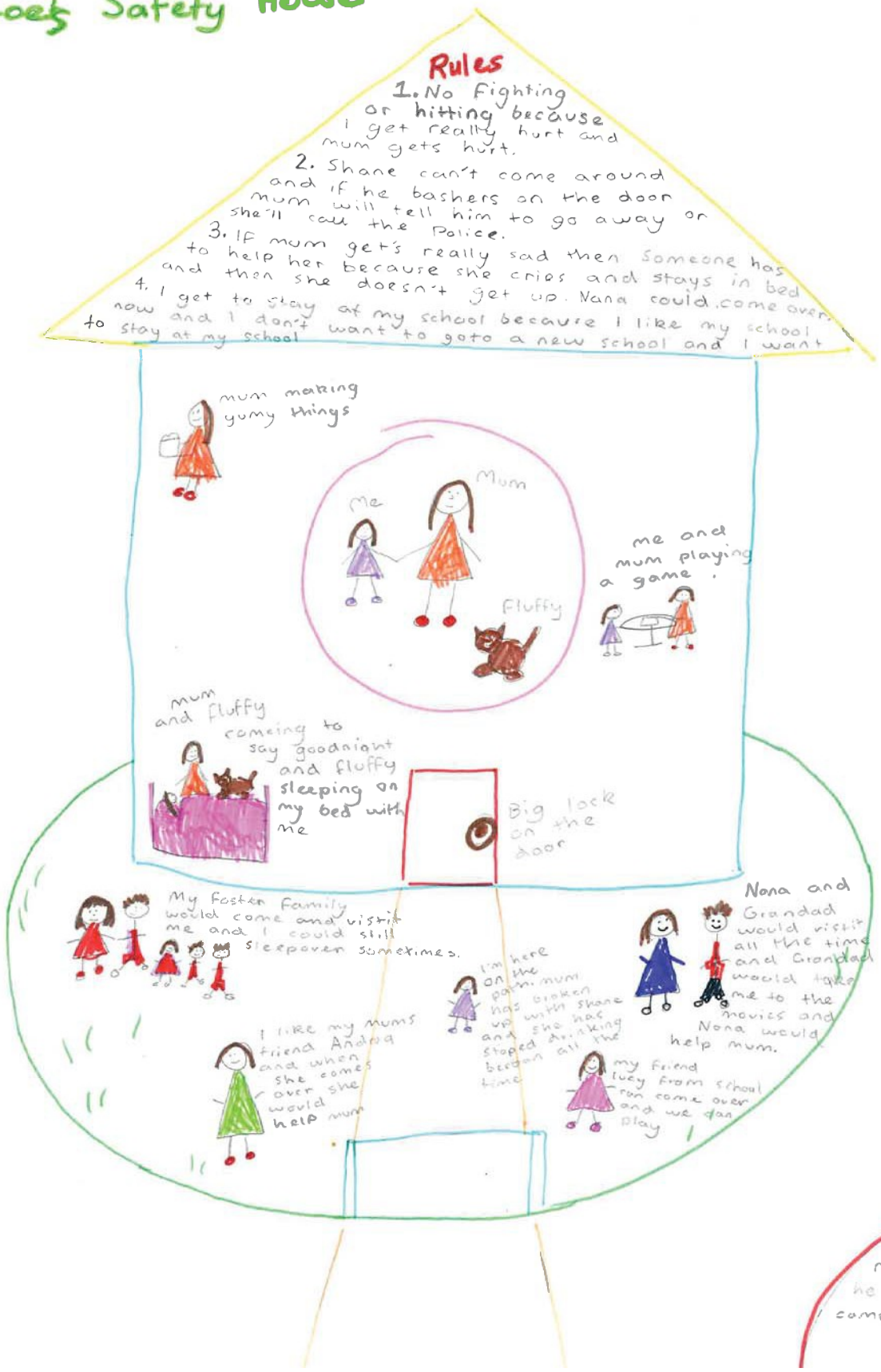
Used with permission from Sonja Parker.

A tool to involve children in the safety planning process



More information is available in the Safety House booklet available at partneringforsafety.com

Zoe's Safety House



PROMPTS FOR THE SAFETY HOUSE

Used with permission from Sonja Parker

INSIDE THE SAFETY HOUSE: THE INNER CIRCLE AND INSIDE THE HOUSE

Inner Circle

- Ask the child to draw a self-portrait and leave extra space.
- Who else would live in your Safety House with you?

Inside the House

- Imagine that you are back home with _____ (e.g., mom and dad), and you feel as safe and happy as possible. What sorts of things would _____ (e.g., mom, dad, big sister) be doing?
- What important things would _____ (e.g., mom and dad) do in your Safety House to make sure you are safe?
- Do you need any important objects or things in your Safety House to make sure you are always safe?

SAFETY HOUSE VISITORS: THE OUTER CIRCLE

- Who would visit you in your Safety House to help make sure you are safe?
- When _____ (each of the safety people identified above) visit you in your Safety House, what important things will they need to do to help you be safe?

UNSAFE PEOPLE: THE RED CIRCLE

When you go home to live with _____ (e.g., mom and dad), is there anyone who might live with you or visit you who makes you feel unsafe?

RULES OF THE SAFETY HOUSE: THE ROOF

- Remember when we talked about all the adults who are working on a safety plan for you when you go home? They are trying to decide the rules of the safety plan. What do you think? What would the rules of the Safety House be so that you and everyone else would know that nothing like _____ (use specific worries) would ever happen again? What else? And what else?
- What rules would your _____ (e.g., sister, brother, grandma) want?

STAYING ON TRACK: PATH TO THE SAFETY HOUSE

- Let's say the path begins where everyone was very worried, you could not live with Mom and Dad, and you had to live with _____ (e.g., brother, grandpa). The end of the path, at the front door, is where all those worries are gone, and you will be completely safe living with Mom and Dad. Where are you on the path right now?
- Let's say the beginning of the path is where you feel worried that if you go home to live with Mom (or stay overnight), she will start using drugs again and be unable to look after you properly. At the end of the path, at the front door, everything in your Safety House is happening, and you're not worried that Mom will use drugs again. Where are you on the path right now?

How We Do the Work of Gathering Information to Assess Safety and Risk: Interviewing the Non-Offending Caregiver

Purpose - Provide standard guidance for promising practices when interviewing the non-offending caregiver in order to gather information to assess immediate safety threats to children.

Related Policy - 9 CAR § 40-313. Investigation of child maltreatment reports

Related Practice Model Principles and Division Practice-

- Partner with the whole family, including relatives and fictive kin, to create long-term sustainable safety, ongoing permanency, and well-being.
- Engage the family and their network in safety planning to avoid removal of the child from caregivers by using respectful, honest, and transparent communication.
- Recognize that enhancing safety for children and youth in the home is the top priority for everyone involved.

How We Do the Work of Interviewing the Non-Offending Caregiver– Depending on whether you are dealing with a single-caregiver home, a two-caregiver home, or other household situations, all items in this section may not be relevant to every case. The information is presented to provide direction when the child lives in a two-caregiver home or the child is being abused by an alleged offender who has a relationship with the caregiver. However, many of the points are applicable to single-caregiver homes or other household situations. This interview is critical for the following reasons:

- This is the person who you will most often depend upon to keep the child safe. You must gather as much information as possible to ensure that you make an informed decision. A substantial number of cases of child abuse deaths and critical injuries came about after an assessor made a quick assumption that the non-reported caregiver would be the protector of the child. You will be judging not only their willingness to protect, but whether they are capable of providing what is needed to protect the child.
- Interview the non-offending caregiver privately, whenever possible.
- This caregiver is the one with whom DCFS will work closely to complete safety assessments and risk assessments and to design a family case plan if a case is opened.
- The assessor will get insight into the alleged offender from an adult viewpoint, which may differ from the information gathered from the child interviews. This interaction will help you decide the best way to manage the interview with the alleged offender.

Major points to remember when conducting an interview with the non-offending caregiver:

- It is crucial to get this caregiver to work with you to carry out the best assessment and plan for the family, while keeping the children safe. It is not a good idea to force this person to choose between the child and the alleged offender at this point, as they may be in an agitated state and cannot rationally make a good decision. It is better to get them to work with you to establish a protective and safe living situation for the child.
- Be supportive and understanding of their mixed loyalties.
- Many non-offending caregivers will be angry with the assessor for being there, and may be in denial about the maltreatment. However, this does not necessarily mean they cannot work with you to protect their child. They may be willing to take whatever steps necessary to keep their child safe, even if they don't fully believe that maltreatment occurred.

Questions About the Child -

1. In order to get the non-offending caregiver talking, start with some basic questions that they know the answers to: How old are your kids? How does she do in school? Do they have a favorite television program?
2. What works well when parenting the child?
3. Then ask some pointed questions about the alleged victim – How do you feel about their behavior? How often do they misbehave? Why do you think they {throw food on the floor}?
4. Ask about the child's friends – who are they, what age, do they sleepover, does your child sleepover with any of them.
5. Anything that worries you?
6. What chores do they do?
7. What does the child do well?

Questions About the Family -

1. Who does what chores in the home – laundry, cleaning, cooking, making beds?
2. Who makes the major decisions? What happens when someone doesn't listen to caregivers? (Ask for an example, or provide one.)
3. How do various family members show they care about other family members – this can also be gathered somewhat from observation.
4. Ask about relatives. Are they in the area? Do they visit often? What kinds of things do they do when they are visiting? What is their relationship with the kids? With the alleged offender?
5. Ask about the neighbors and the neighborhood. Are there get togethers? Can you safely walk down the street at night?
6. If they are married or in a relationship, ask about it. What would they change? What is good about the relationship?
7. Ask who handles the discipline in the family, and how it is administered.

Questions About the Interviewee -

1. Ask about their birth family. Where they grew up, what they did for fun, good and bad memories.
2. What do you like about parenting the alleged victim? What do they do that's most frustrating for you? How do you handle that? What did you do the last time the child misbehaved?
3. Ask about their feelings about themselves in relation to the family. Are they happy? What would they change?
4. Ask about their friends. Who are they? What activities do they do together?
5. Do they take part in any outside activities, such as Parent Teacher Association, church groups, clubs, etc?
6. Come back to how they think the alleged victim is doing in general. Look for signs of the level of attachment, blame, empathy – are they bonded? Will they protect him?

Questions About the Maltreatment Incident -

1. Ask pointed questions about the maltreatment. Do they believe it occurred as the child said? If so, what do they think led up to it? If not, why not? Why would it be reported differently (if it was)?
2. Do they feel the child is safe at home? Do they think the child is afraid of the alleged offender? Do they feel the alleged offender is a danger to the child? Why or why not?
3. If you have received any information from other interviews that they also maltreated the child or knew about it and allowed it to occur or continue, explore this in a very direct manner. Remember, this may be the person who you are going to entrust with the child's safety, so you must know all the facts.
4. Get them to work with you to figure out a way to provide protection while you are conducting the full investigation. Can they be trusted to do that?
5. Ask why this person thinks this report was called to the hotline.

Attitude Toward DCFS Involvement -

1. Assess whether they had previous involvement with a state agency, particularly a child welfare agency. If so, how did it work out? In what state?
2. Identify what they want from the division and you (even if it's just to have you go away), then talk about how to accomplish that.
3. Will they be open with you, or do their negative feelings about state intervention make it likely that they will not be honest or fully disclose?
4. Is this a person that you feel can be convinced to trust you?

Time Frames -

- Begin investigations of severe maltreatment ***within 24 hours***.
- Begin all other investigations ***within 72 hours***.
- Complete all interviews ***within 30 days*** of receipt of the child maltreatment report.

Documenting - For each safety threat presenting immediate danger, the assessor should include explanation for injury, facts that support or do not support explanation, quotes, specialist's observations, and other professional assessments as applicable. The assessor should also include documentation and corresponding explanation of risk factors.

Outcomes of Quality Interviews with Non-Offending Caregiver -

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Resources: 2010 Child Protective Services Training: Structured Decision Making; Hornby Zeller Associates, Inc.

How We Do the Work of Gathering Information to Assess Safety and Risk: Interviewing the Alleged Offender

Purpose - Provide standard guidance for promising practices when interviewing the alleged offender in order to gather information to assess household safety and risk.

Related Policy - 9 CAR § 40-313: Investigation of child maltreatment reports

Related Practice Model Principles -

- Hold a clear understanding of the definition of safety.
- Recognize that enhancing safety for children and youth in the home is the top priority for everyone involved.
- Recognize that behavior change and process of achieving change are part of our daily work.

How We Do the Work of Interviewing the Alleged Offender - Before this interview begins, the assessor should be clear on what this person's role and relationship is in this family. If it's a birth parent, do they live there? Do they serve an active parenting role, or only an occasional visit? Are they involved in making decisions about the child's life? If they are not the parent, what is their role with this family and the alleged victim? How much access is granted? Do they discipline the child? Do they contribute to the finances of the family?

Also, before beginning the interview, anticipate what you will encounter – anger, denial, demand for information (such as reporter's name). Decide what your responses will be ahead of time, not on-the-spot. In addition, decide just how much information you will provide. You want to get a full understanding of the issue, but you do not want to put any child or the non-offending caregiver in danger.

Your objectives in this first interview with the alleged offender should include:

- Getting their assessment of the family dynamics. How does this person see the family's functioning level?
- Getting their version of the incident.
- Determining whether this person can work with DCFS to mitigate any safety threats, or will they be a hindrance?
- Assess for other variables that impact the safety of the child – domestic violence, mental health issues, drug or alcohol abuse, temper outbursts, depression, actions of protection.

Some pointers:

- Aggression doesn't work. If you want to gain information, you need to work to avoid setting up a hostile interaction.
- If they are loud and demanding, speak quietly so they have to quiet down to hear you. If they continue to rant, wait for them to take a breath, then calmly jump into the conversation with your next question.
- Keep focused on getting information, you need to know as much as possible to gain a balanced assessment of what's working well and what the worries are.
- Observe body language and facial expressions as 80-85% of our communication is non-verbal. Listen to the words, but observe the person.
- Observe your own body language – try not to show anger, fear, disgust.

- Keep information about the report general, otherwise the conversation will quickly deteriorate into defiance and denial.

Questions About the Interviewee -

1. Ask how they think the child is doing – in school, with friends, helping around the house, being polite. This is a step toward determining what level of bonding or attachment exists – does this person care about the child?
2. Ask about the easiest and most difficult thing about parenting.
3. Ask about finances as a potential stress inducing issue.
4. If it is a two-caregiver home, ask about whether the adults agree on how to raise the kids. Focus on areas of disagreement and how they are worked out.
5. Ask about a network (friends, family, kin) – who are they, how often they get together, what activities they do, how they support each other. Is there a best friend that this person can talk to about anything?

Questions About the Child -

1. Ask about their relationship with the child. Is the child easy to get along with? Is the child a smart Aleck, does the child try to get along with this caregiver?
2. What chores is the child responsible for? Does the child do them regularly and well?
3. Does the child have tantrums? Does the child seem depressed? What makes the child happy?
4. How does the child do in school?
5. Describe the child's closest friends.
6. Does the child have any medical issues?
7. Does this person think the child feels safe and secure at home? Do they believe the child is happy to see them when they come home? Why or why not?

Questions About the Family -

1. Who makes the decisions in the house?
2. How do the caregivers show affection for the kids? How do the kids show affection? How do the caregivers show affection for each other?
3. When a child doesn't follow directives or complete chores on time, what happens?
4. If two-caregiver home, explore the relationship – what would they want to change?
5. Ask about extended family members on both sides? Are they helpful, or do they cause problems for the family? Explore the role the family and fictive kin could play in sustainable child safety.
6. Ask them to describe relationships with the neighbors. Do they interact? How?

Questions About the Maltreatment Incident -

1. Ask what the caregiver is worried about and how DCFS or the network can help.
2. Ask directly about what happened that resulted in injuries sustained by the child.
3. Ask "what do you think we can do to make sure the children are safe and happy."
4. Ask pointedly about stresses they are experiencing – job issues, substance use, relationship, death of a loved one, etc.
5. If you have formed an opinion about the maltreatment, tell this person what that is. Don't push it, but simply acknowledge, for example, that "Johnny got that black eye from you hitting him, not from falling off a bike" – then focus on "where we can go from here."

Attitude Toward DCFS Involvement -

1. Assess whether they had previous involvement with a state agency, particularly a child welfare agency. If so, how did it work out?
2. Assess their attitude toward the investigation and the assessor's role. Is this person open enough to be a positive force in controlling the safety threats?

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Outcomes of Quality Interviews with Alleged Offender -

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