

Investigations

Day 1 - Facilitator Guide



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

Before You Train

Facilitator Resources – Day 1

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 | • 101-8 | • 105-1 |
| • 101-4 | • 102-1 | • 105-2 |
| • 101-5 | • 102-2 | |
| • 101-6 | • 102-6 | |

DCFS Forms and Publications

- Arkansas Division of Children & Family Services Practice Guide Series:
 - Interviewing the Alleged Offender
 - Interviewing Nonoffending Parent
 - Interviewing Alleged Victim and Siblings
 - Overview
 - Preparation

DCFS Policy And Internal Procedures

- 9 CAR § 40-313 Investigation of Child Maltreatment Reports
- 9 CAR § 40-1401 Child Maltreatment Notices
- Internal Procedure 401.1 County Office Interaction with Child Abuse Hotline
- Internal Procedure 403 Investigation of Child Maltreatment Reports
- Internal Procedure 403.2 Preparation for Investigation Initiation
- Internal Procedure 403.3 Investigation Initiation
- Internal Procedure 403.5 Child Maltreatment Report Investigation Interviews
- Internal Procedure 403.7 Medical Evaluation Required During Investigation
- Internal Procedure 403.9 Other Child Maltreatment Investigation Actions
- Internal Procedure 403.12 Protective Custody of Child in Immediate Danger
- Internal Procedure 403.15 Request for Investigative Timeframe Extension

- Internal Procedure 403.16 Child Maltreatment Investigation Closures and Determinations
- Internal Procedure 703.2 Initial Health Screening

Day 1 Sources

- SDM Combined Assessment Procedure Manual

Welcome to MidSOUTH Training Academy



Remember:
You are in charge
of your learning
experience!

Brain Booster Activities

What: Brain boosters allow for movement and engagement during training as needed to bring participants back into engagement and/or at transition times to assist with connecting concepts.

Length: 3-5 minutes each

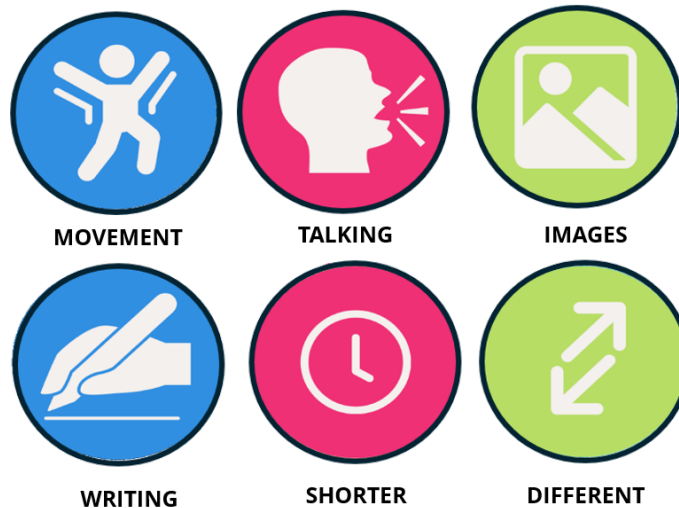
Why: Brain boosters are logical, physical, emotional and supported by research to promote maximum learning in the following ways:

A: attention grabber

I: increases energy and engagement

M: memory retention

1. **Brain Break Fun Facts:** Have participants stand, stretch, and move their bodies while sharing the facts below.
 - Did you know that just standing alone increases oxygen to the brain by 5-8%?!
 - Did you know that talking trumps listening for boosting memory?
 - Did you know that movement is better than sitting for making the training stick?
2. **Six Learning Principles:** review the six learning principles with participants and remind them that they are in charge of their learning and these are ways they can engage. These are listed on the back of their name tents.



3. **Draw It:** Invite participants to stand. Instruct participants to use one hand to draw (with invisible ink on the ceiling) a concept that they have just learned. Did you know that in terms of retention, images are better than words for remembering concepts?
4. **Make It Stick:** Invite participants to write a new learning (“something you just learned about the signs of maltreatment”) on a sticky note and adhere it to the appropriate piece of large paper posted on the wall.
5. **Glows/Grows:** Peaks and valleys/highs, glows/grows, and lows/roses and thorns. Have participants share one good thing that happened [since we last saw each other] and one challenging thing. (They can have as many good as they want--they have to give at least one good for each bad thing to keep it positive).
6. **Trashketball:** Facilitator will write questions on pieces of paper related to the previous day’s learning, then give them to the tables to answer. As they answer the question correctly have them crumple up the paper, and shoot for the trash.
7. **Hero, Highlight, and Hardship:** Facilitator will ask participants for someone they are looking up to or are thankful for right now, a highlight of their past week, and something difficult that is going on in their lives right now. It is a great way to facilitate a little deeper connection and allow participants to decompress briefly before jumping into the learning content

Source: *Using Brain Science to Make Training Stick* by Sharon Bowman (2011) and Eric Jensen’s workshop “Teaching with the Brain in Mind” (2009).

5-Minute Brain Break Activities

Purpose: To implement brain breaks periodically throughout a classroom session as a quick reset and break for the brain with the following benefits:

- Improve attention and productivity
- Increase blood flow, which brings oxygen to the brain
- Increase speed of brain function and processing
- Strengthen both peer-to-peer and teacher-to-student relationships
- Enhance mood due to the release of the happy brain chemical dopamine
- Reduce stress, anxiety, and frustration
- Build and improve growth mindset

How to implement a brain break:

Brain breaks last 2-5 minutes

1. Explain the rules and steps for the brain break activity
2. Group or space out students as needed
3. Set a timer. (All brain breaks are times. I set a timer for two or three minutes after instructions for the brain break. Otherwise, I would get wrapped up in the fun!)
4. After the brain break, quickly process how the participants feel. Have them note how their brain has changed and notice how their body feels.
5. Follow the break with a sip of water
6. Restate the goal for the next work session and the time allotted. After students return to their seats and drink water, they should discuss with their tablemates what they are supposed to complete in the work session.

Source: *Brain Breaks: 5-Minute Activities to Rest the Brain, Re-Energize the Classroom, & Reduce Disruptions* by Deb Lancashire

Six Learning Principles That Make Learning Stick

Learning is most effective when it aligns with how the brain naturally processes information. Over time, research in cognitive neuroscience and human learning has consistently pointed to a small set of core principles that significantly improve focus, engagement, and long-term retention.

These six Learning Principles describe the conditions under which learners are most likely to understand, remember, and apply new information. They do not replace traditional instructional methods, but they do strengthen them when used intentionally.



1. Movement Enhances Focus

Physical movement increases oxygen flow to the brain, which supports attention, alertness, and cognitive processing. Extended periods of sitting can reduce mental energy and make learning more difficult.

Using This Principle: Build regular opportunities for learners to move every ten to twenty minutes. Movement can be simple, such as standing, stretching, turning to talk, writing on wall charts, or shifting locations in the room. Movement can also be embedded into review and reflection activities.

2. Talking Strengthens Learning

Learning is inherently social. When learners talk about new information, they process it more deeply by listening, thinking, and explaining ideas in their own words. Teaching or explaining content to others is one of the most effective ways to solidify understanding.

Using This Principle: Include frequent, short discussions throughout learning experiences. These can occur in pairs, small groups, or whole-group conversations and may last from one minute to several minutes depending on the context.



3. Images and Words Together Improve Memory

The brain is highly efficient at remembering images. When visuals are paired with words, learners are more likely to create meaningful mental connections that support long-term memory.

Using This Principle: Incorporate relevant photos, diagrams, metaphors, stories, and graphic organizers. Invite learners to draw, map, or visually represent ideas as part of their note-taking and sense-making.

4. Writing Deepens Learning

Writing is a whole-brain, multi-sensory activity that requires focus and reflection. When learners write about what they are learning, they process the information again, increasing clarity and retention.

Using This Principle: Pause regularly and provide time for learners to write summaries, questions, reflections, action steps, or quiz questions using paper, cards, or graphic organizers.



5. Shorter Sessions Improve Retention

The brain learns best when information is delivered in manageable segments. Shorter learning chunks with opportunities for repetition and reflection improve long-term retention.

Using This Principle: Break content into ten-to-twenty-minute segments. Between segments, engage learners in brief review activities that involve movement, talking, or writing.



6. Different Boosts Engagement

The brain is wired to notice change and novelty. When instruction becomes predictable or repetitive, attention naturally declines.

Using This Principle: Vary instructional methods, activities, and the learning environment. Use stories, visuals, emotion, humor, movement, and changes in pacing to sustain engagement.



Final Thoughts

Small, intentional shifts in how learning experiences are designed can lead to meaningful improvements in engagement, understanding, and retention. By applying these Six Learning Principles, educators and trainers create environments that support how learners naturally learn best.

The 6 Learning Principles come from Sharon Bowman's book "Using Brain Science to Make Training Stick". Learn more at tbrcommunity.com

Investigations Specialty Training



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

Day 1

WEEK 7, DAY 1 – Investigations



WELCOME AND PARTICIPANT INTRODUCTIONS

Time: 10 minutes

Purpose: To build rapport with participants and set a positive tone for the training environment

Facilitator Resource: Welcome Activities Conversation Starters

Say:

Now that you've met your facilitators, we'd love to get to know each of you. Let's go around the room, and I'd like each of you to introduce yourself to the class by sharing the following information:

- *Name you wish to be called*
- *County*
- *Practice Coach*
- *Supervisor*

Activity Set Up:

As each participant introduces themselves, have them answer a conversation starter question (option 1 or option 2) from the facilitator resources. These should be prepared in

advance, depending on which option the facilitator chooses for this activity.



HOUSEKEEPING

Time: 5 minutes

Purpose: To establish a framework for the flow of the new staff training sessions

Say:

Let's take a few moments to review the rules of engagement and important housekeeping points to ensure a smooth flow in our classroom sessions. This helps us set the tone for a respectful and organized learning environment. We want to set the stage for each of you to engage in your own learning!

Facilitator Note:

Take a moment to share your goals and expectations for participation, breaks, training flow, and any housekeeping matters below:

HOUSEKEEPING:

Paraphrase:

Attendance Tracking: Attendance is taken at the beginning of training and after lunch.

Restrooms and Designated Smoking Areas: Discuss the location of restroom(s), break areas, and

designated smoking areas for your specific training location.

Wi-Fi Connection for all sites:

- **Guest Wi-Fi:** MidSOUTH Public
- **Password:** midsouth

Appropriate Use of Laptops and Cell Phones in the Classroom: Agency cell phones and laptops may be in use only during designated Qualtrics and Virtual Home Simulation activities. Participants will be instructed when to take out their cell phones or laptops. When not in use, all laptops and cell phones should be muted/silenced and placed underneath the training room tables. Phone calls may be answered during scheduled breaks to protect classroom learning time.

Simulation Practice: During the training, there are two types of interactive learning methods offered.

- **Guided Interview Practice**
- **Classroom Simulation** takes place throughout weeks 7 and 8 in the classroom and at the MidSOUTH Child Welfare Learning Lab and involves live role playing and interviewing skill building practice with live actors.

Daily Schedule: Training is from 9:00 am until 4:00 pm. We will have a formal morning break (15 minutes), lunch break (1 hour), and an afternoon break (15 minutes)

Parking Lot: This is the tool we will use to capture questions, ideas, or topics that come up during the training but can't be addressed right away. It helps keep the group focused while making sure important thoughts aren't lost. We will return to the parking lot later in the training or at the end to review and respond to those items.

Evaluations: At the end of each training day, there will be an evaluation to complete in Qualtrics using the QR code on the slide. At the end of the week a facilitator evaluation will be completed. A link will be provided at the end of the week.

Pre/Post Test: Each classroom week will begin with a pre-test and end with a post test that covers all content for the week.



Facilitator Name

Meet the Facilitator

All about me ...

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

ALL ABOUT ME FACILITATOR 1 SLIDE

Time: 3 minutes

Purpose: To build rapport with participants and set the tone for a positive learning environment

Activity Set Up:

Each facilitator will need to complete this slide with their desired information and a professional headshot photo, following the guidelines listed below.

Activity Instructions:

Please limit the introduction to 1-2 slides per trainer (i.e., an information slide with your picture, and an optional second slide if you want to share a family/pet pic for relatability). First, introduce yourself, and then allow a few minutes for your co-trainer to introduce themselves to the classroom as well. A second set of slides can be created as needed for your co-trainer.

What to include in your “All about me” ...

- **Your photo:** Please ensure that the photograph is a headshot and be mindful of any writing on clothing or backgrounds that would not meet professional standards for the classroom.
- **Your name and role** (Facilitator)
- **Brief credentials/background:** Briefly mention relevant education, professional experience, or areas of specialty related to the training.
- **Something relatable/passionate about:** Share your enthusiasm for the subject and why you enjoy teaching/training. Let them see the human behind the trainer.
- **Something Fun to build rapport:** Share a moment or experience in your professional career that shapes how you show up in this work.

Keep it simple, impactful, and engaging! Balance professionalism with approachability to make learners comfortable and excited to learn. It's important to understand that the way you kick off your training sets the tone for the entire course so start with a bang!

Tips for Facilitation Success:

- **Start Strong:** Energetic greeting, smile, and a positive vibe.
- **Balance Professionalism:** Be credible but not intimidating.
- **Be Authentic:** Share genuinely to build trust.
- **Keep it Concise:** Don't overshare; focus on relevance. Share your enthusiasm for the subject and why you enjoy teaching/training.
- **Be Clear:** Speak clearly and calmly.
- **Make it Interactive:** Get participants talking early. Establishing a connection with your learners is crucial. Acknowledge the diverse group in front of you and make it clear that their experiences and perspectives are valued. Encourage open communication and assure them that questions and discussions are more than welcome.
- **Conclude Positively:** Express excitement for the session and invite participants to share.

Source: Used in part from “Top 10 Tips for Introducing a Training Session Like a Pro” by Langevin. <https://langevin.com/top-10-tips-for-introducing-a-training-session-like-a-pro/#:~:text=Share%20a%20bit%20about%20your,the%20human%20behind%20the%20trainer.&text=Establishing%20a%20connection%20with%20your%20learners%20is%20crucial.>



ALL ABOUT ME FACILITATOR SLIDE



Insert Facilitator Headshot
Photo Here

Facilitator Name

Meet the Facilitator

All about me ...

- Your role
- Brief Credentials/Background
- Something relatable/Passionate about
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ALL ABOUT ME FACILITATOR SLIDE



Investigations Week 7 Pre-Test

INVESTIGATIONS PRE-TEST

Time: 20 minutes

Purpose: To assess the existing knowledge at the beginning of this specialty

Facilitator Note: Before moving to the Target Outcomes direct participants to the QR code on the slide. Participants will need to use their phones to scan the code to complete the pre-test in Qualtrics.



WELCOME TO INVESTIGATIONS

WELCOME TO INVESTIGATIONS - WHY WE DO THIS WORK

Time: 10 minutes

Purpose: To open the specialty track on the Division's vision and on each participant's own reason for taking this job, before any content is introduced

Say:

Before we talk about referrals or systems or timelines, I want to start somewhere else. The Division's vision is that every child has a safe and stable family every day. Everything in the next two weeks serves that one sentence. You are not here to process cases. You are here because when somebody calls and says a child may not be safe, someone has to go find out — and starting now, that someone is you.

That is an extraordinary amount of authority to hand a person. You can knock on a stranger's door and ask questions nobody else gets to ask. What you write down can separate a family or keep one together. People will be frightened of you before they have met you. Done carelessly, this work causes real harm. Done well, children are safer

and families are treated with dignity on the worst day of their lives. Both of those are true at the same time, and holding both is the job.

Activity Instructions:

- Give each participant an index card.
- Ask them to write, privately, the answer to one question: Why did you take this job?
- Tell them no one will read it. They keep the card in their Participant Manual, and we come back to it on the last day of the specialty training.
- Invite two or three volunteers to share only if they want to. Do not go around the room.

Facilitator Notes:

- Do not rush this and do not fill the silence. Let it be quiet.
- Do not turn this into introductions.
- If the room is guarded, answer the question yourself first. Keep it short and keep it true.

Key Points (ensure the following are covered):

- Every child has a safe and stable family every day, this is the vision the work serves.
- The authority this job carries is real, and it can help or harm.
- Their own reason for being here is a resource they will need later in this training and in the field.

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.

TARGET OUTCOMES

Time: 2 minutes

Purpose: To clearly define what participants should gain from Day 1 and set realistic, introductory expectations focused on practical application

Say:

By the end of this section Specialists will:

- *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.*

From Referral to First Response



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

FROM REFERRAL TO FIRST RESPONSE

Time: 5 minutes

Purpose: To set expectations for a hands-on, application-based training day and establish that this training builds on prior knowledge rather than repeating it

Participant Manual: Flowers Investigation File (Referral Snapshot, Assignment Memo, and Family Chronology)

Say:

You walk into the office Monday morning. This referral is assigned to you. What is the first thing you are doing in the first 15 minutes?

Facilitator Note:

- As the students answer your question, write the answers received on a flip chart.

Activity Instructions:

1. Tell the tables they have exactly 2 minutes to write down every tool, database, or person they can think of to check *before* they drive out to knock on a door.
2. Have them shout out their top answers as a whole room.

Say:

You already did the hard work of learning the core rules and definitions in Foundations. We aren't here to read the policy manual back to you. We are here to talk about what you actually do when that notification pops up on your screen. You aren't students analyzing a story anymore, you are the primary investigator assigned to the Flowers family, and their safety depends on how you move.

Facilitator Notes: Do not let the groups drift into debating policy numbers or text definitions. Keep the focus solely on the physical steps they take at their desks before hitting the road.

Say:

Day 1 of Investigations is designed to build on what you have already learned in Foundations and earlier coursework, so today will feel different from those experiences.

Instead of focusing on policy and definitions, we are going to focus on what you do when a referral is assigned to you. Throughout the day, you will be working through a case scenario that mirrors real-life situations you will encounter in your role. The goal is for you to begin thinking and responding like a Social Services Specialist from the moment a case hits your workload.

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

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

Facilitator Answers:

- Responses may include timelines, contacting families, uncertainty, and safety concerns.
- Connect responses to today's focus on first steps when receiving a referral.

Key Points (ensure the following are covered):

- This training is application-based, not lecture-based.
- Builds on prior learning.
- Focus is on real-world workflow and decision-making.
- Participants will engage with a case scenario throughout the day and weeks to come.
- This is an active lab, not a lecture.

- We are using a real, messy, lifelike case scenario all week.



The First 90 Seconds

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



THE FIRST 90 SECONDS - WHAT DOES THIS LOOK LIKE FROM THE OTHER SIDE OF THE DOOR

Time: 15 minutes

Purpose: To ground participants in the family's experience of being investigated before they begin planning their own response

Facilitator Resource: What Does This Look Like Script, Audio Recording Embedded in PowerPoint

Say:

We have just spent half an hour reading about the Flowers family the way the system sees them: a narrative, a set of allegations, a list of names. Before we go further, I want you to hear this from the other direction. The family in front of you is not experiencing a referral. They are experiencing a stranger with state authority standing on their porch asking about their children.

Activity Instructions:

- Play the recording.
- Sit in silence for thirty seconds after it ends before you say anything.
- Then ask the questions below. Take the answers. Do not correct them.

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

- What did you hear that you had not thought about before?
- What did the Specialist in that account do that helped? What did they do that made it worse?
- Nothing in that account changes whether a child was safe. So, what does it change about how you do the work?

Facilitator Answers:

- Participants usually name fear, not knowing what would happen next, not knowing their rights, and feeling judged before being asked a single question.
- The helpful behaviors are almost always small: saying who you are and why you are there, explaining what happens next, listening before writing, treating the caregiver like a person.
- Reinforce that the safety decision does not soften. How you carry it out is what changes.

Facilitator Notes:

- Do not let this turn into a debate about whether the system is good or bad. Keep it on what the participant will do differently at the door.

Key Points (ensure the following are covered):

- Everything you do today happens to a real family.
- Families experience the investigation, not the referral.
- Thorough and humane are not in tension. The best investigators are both.

The First 90 Seconds

I want to tell you about a Tuesday.

My daughter was seven and my son was three. I'd worked a double the night before. The house was not clean. There were dishes in the sink from two days and a basket of laundry on the couch that I kept meaning to fold and kept not folding.

Somebody knocked. Not the mail. That knock — three, and then a pause, and then three more. I knew before I opened it. I don't know how, but I knew.

She said her name and she said where she was from and my ears just stopped working. I heard the agency name and after that it was like being underwater. I remember thinking one thing, over and over: she is here to take my kids. That's it. That was my whole mind. Not “what is this about.” Not “let me hear her out.” Just — she is here to take my kids, and I have to stop her.

I found out later the report was from the school. My daughter had a bruise on her arm. She got it falling off a scooter in the driveway and I could have told anybody that in about four seconds. But nobody asked me for four seconds. Somebody made a call, and then there was a stranger on my porch, and the four seconds didn't matter anymore.

Here's what I need you to understand. I was not being difficult. I was terrified. Those look the same from where you're standing. I could not stop my hands shaking and I did not want her to see it, so I crossed my arms, and I know exactly what that looked like. It looked like a woman with something to hide. It was a woman trying to hold herself together in front of somebody who could take her children.

She asked if she could come in. I said what's this about. She said she needed to see the kids. I said what is this about. And I could hear my voice going up and I could not bring it down.

And then she did something I still think about.

She stopped. She took a step back — off the step, down onto the walk, so she was lower than me. And she said, “I know exactly what you think is about to happen. Can I tell you what's actually going to happen?”

And she told me. She said somebody made a report. She said she was required to come out and lay eyes on the children and ask me some questions. She said most of the time it ends right

there. She said she was not there to remove anybody today, and if that ever changed she would tell me to my face before it happened, not after.

I didn't believe her. Not right then. But I could breathe. That's the difference. I could breathe.

She was in my house about an hour. She looked at my kids. She asked me things I did not enjoy answering. She looked in my refrigerator and I was embarrassed about what was in it. She wrote things down and I wanted to know every word.

But she never once acted like she'd already decided. She asked me what happened and then she was quiet and let me actually say it. When my daughter told her about the scooter, she asked to see the scooter. She went out in the driveway and looked at a scooter. Nobody had done that. Somebody finally checked.

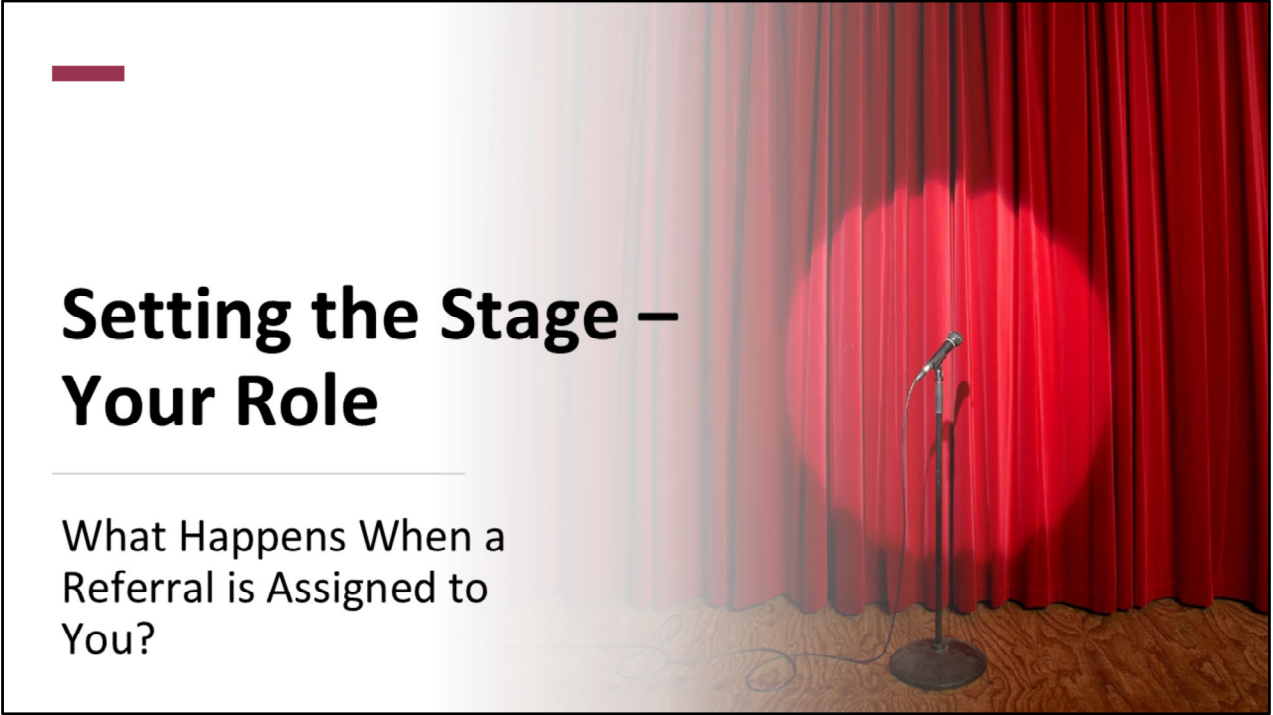
The case closed. I got a letter.

Here's the part I need you to hear. I was a good mother on the day before that knock and I was a good mother the day after, and for about forty-five minutes in the middle I was not sure anymore. That is what your job does to a person, even when you do it right. Especially when nothing is wrong. You will knock on doors where nothing is wrong, and you will still be the scariest thing that has happened to that family in years.

I'm not telling you not to knock. Knock. Some kid needs you to.

I'm telling you that the woman who opens that door has already lost the ability to think straight, and the first ninety seconds are yours. What you say in those ninety seconds decides whether she can hear anything else you say all day.

Tell her who you are. Tell her what's actually going to happen. And then check the scooter.



Setting the Stage – Your Role

What Happens When a
Referral is Assigned to
You?

SETTING THE STAGE – YOUR ROLE

Time: 5 minutes

Purpose: To ground participants in the reality of their role by emphasizing the immediacy, responsibility, and decision-making required when a referral is assigned

Activity Instructions:

- Participants reflect on what they believe happens when a referral is assigned.
- Engage in a brief table discussion before group share.

Say:

When a referral is assigned to you, the work does not start later, it starts immediately. There is no delay between assignment and responsibility, and timelines begin as soon as that case hits your workload. Your role is to take the information you've been given, determine what it means, and decide what needs to happen next to ensure the child's safety.

You are not waiting for someone else to tell you what to do, you are the one responsible for moving the case forward. You are responsible for making sure this child is seen, safety is assessed, and the investigation moves forward. Today is about helping you begin thinking through those responsibilities in a structured, confident way.

Paraphrase:

As soon as a case is assigned to you, you are responsible for what happens next. You must review the referral, understand what's being reported, and decide your next steps. That can feel overwhelming at first, which is why we're walking through it together today. The goal is to help you feel more prepared to act when that moment comes.

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

- What do you think happens the moment a referral is assigned to you?
- What responsibilities do you believe fall on you right away?

Facilitator Answers:

- Checking workload/email.
- Reviewing referral details.
- Determining priority and urgency.
- Planning initial steps.
- Feeling unsure or overwhelmed.

Connect responses to today's structure.

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

- What feels most challenging about that moment?

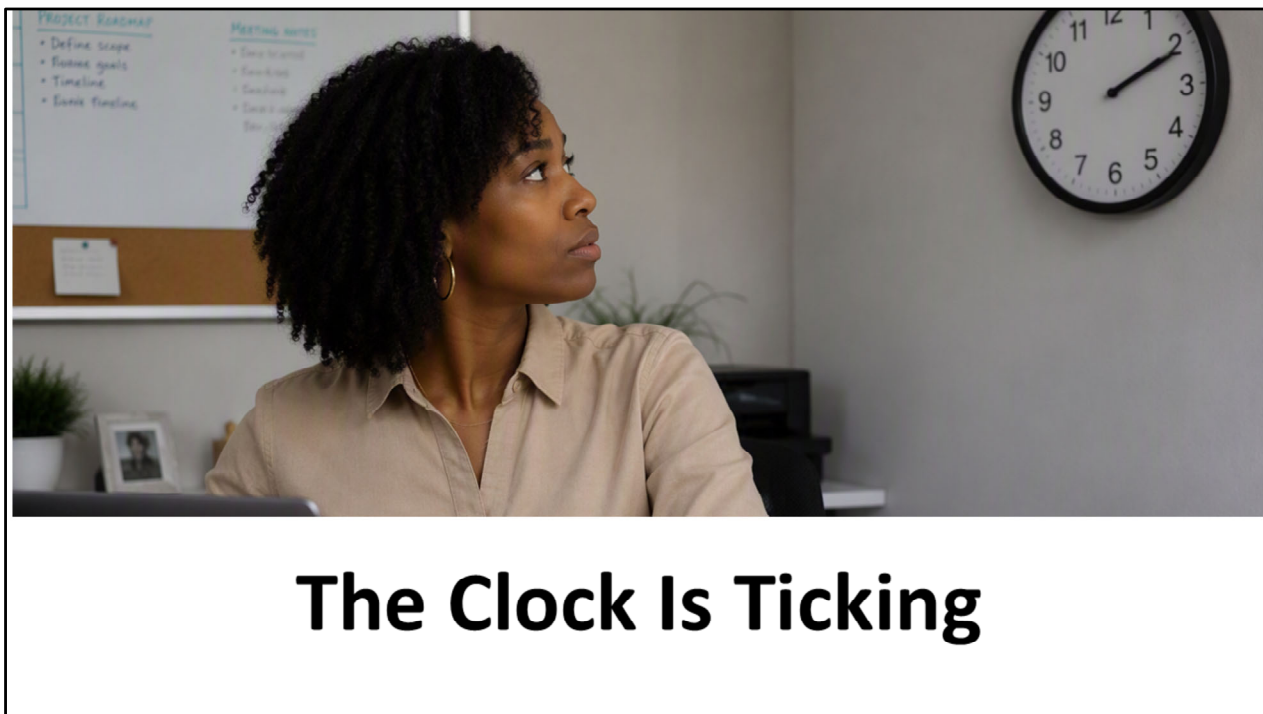
Facilitator Notes:

- Keep this grounded in real experience, not policy language.
- Avoid repeating timelines (covered later through application).
- Normalize discomfort; this builds psychological safety.
- This slide sets up the need for the Flowers case next.

Key Points (ensure the following are covered):

- Responsibility begins immediately upon assignment.
- Timeframes start right away (without deep policy discussion).
- Specialist is responsible for:
 - Reviewing information.

- Making initial decisions.
- Taking action.
- Feeling unsure is normal at this stage.



The Clock Is Ticking

THE CLOCK IS TICKING

Time: 5 minutes

Purpose: To show Specialists the heavy responsibility of owning a case from the very first second it drops

Activity Set Up:

1. Ask participants to stop what they're doing and allow the room to become completely quiet for a few moments.
2. Without warning, tap firmly on a table or play a generic alert sound.
3. Pause briefly before beginning the activity.

Activity Instructions:

1. Announce:
 - **"A Priority 2 case has just been assigned to your workload. The clock starts right now."**
2. Allowing the participants to work with a partner, give them three minutes to identify

the top three things that could go wrong if a Specialist delays reviewing or acting on the referral for even one hour.

3. After three minutes, facilitate a whole-group discussion by asking each pair to share one consequence. Record responses on a flip chart or whiteboard.
4. Transition into the discussion by connecting their responses to the responsibilities of an investigator immediately after a referral is assigned.

Say:

In investigations, there is no buffer time. The minute a case hits your name, you own it. If the hotline report is vague, missing an address, or completely confusing, that isn't a reason to wait, it's a direct command to start digging. You're the driver now. As specialists, your responsibility is to start gathering information, identifying what you know, recognizing what you still need to learn, and developing a plan for your next steps.

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

- When a case is assigned to you and you have limited details, what's your immediate gut reaction?
- What can you do in the first 15 minutes at your desk to turn a vague report into a solid plan?

Facilitator Answers:

- Help them move away from "waiting for a supervisor" to active desk-checking: looking up old case history, checking school attendance portals, running a quick CLEAR search, or looking for cross-streets.

Facilitator Notes: Normalize the feeling of urgency without creating panic. Focus them on concrete, helpful steps they can take immediately.

Key Points:

- The response timeline starts the second the case hits your workload, not when you open it.
- Gaps in a report are problems you have to solve, not reasons to delay action.

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.

FROM REFERRAL TO FIRST RESPONSE

Time: 5 minutes

Purpose: To introduce the Flowers case and orient Specialists to the case materials they will use throughout specialty training. This activity establishes that the investigation will develop over time as participants apply investigative skills and Structured Decision Making from referral through finding

Participant Manual: Flowers Investigation File (Referral Snapshot, Assignment Memo, and Family Chronology)

Say:

Everything you need for this case is in the folder in front of you. Over the next two weeks, you'll build this investigation one piece at a time. By the end of this specialty training, you'll have completed a full investigation from referral through finding.

By the end of today, you won't be expected to know everything about investigations,

and that's intentional. Day 1 is about building your foundation for approaching a referral when it's assigned to you. You'll learn how to locate and review a referral in CHRIS, identify key information and gaps, and begin thinking through your next steps.

You'll also start developing an investigation plan based on what you know and what you still need to find out. Today's outcomes are designed to help you feel more confident starting the investigation process, knowing that you'll continue building your knowledge and skills as the investigation unfolds throughout the next two weeks.

To get started, open your Flowers Investigation File and locate the Assignment Memo, Referral Snapshot, and Family Chronology. These documents will serve as the foundation for the investigation you'll build throughout this training.

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

- Looking at these outcomes, which one feels the most familiar to you?

Facilitator Answers:

- Familiar: locating referrals, reading reports.

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

- Which one feels the most unclear or challenging right now?

Facilitator Answers:

- Challenging: planning next steps, identifying gaps, and decision-making.

Key Points (ensure the following are covered):

- Day 1 is introductory, not comprehensive.
- Focus is on starting an investigation, not completing one.
- Emphasis on:
 - Locating and reviewing referrals.
 - Identifying key information and gaps.
 - Beginning decision-making.
- Skills will be built over the next 10 days.

Meet the Flowers/Hill Family



MEET THE FLOWERS / HILL FAMILY

Time: 10 minutes

Purpose: To introduce the Flowers case as the central learning tool for the day and begin developing participants' ability to analyze referral information, identify concerns, and recognize gaps

Participant Manual: Referral Snapshot (Flowers' Case), Referral Review Worksheet

Facilitator Resource: Referral Review Worksheet Answers

Activity Set Up:

- Participants are seated in small groups (2–4 per table).
- Ensure all participants have access to the Referral Snapshot.
- Allow time for silent reading before discussion.

Say:

Hotline reports are never perfect. They're written by neighbors who are angry, teachers

who are scared, or callers who only saw a tiny piece of the puzzle. They're full of opinions. Your job is to read between the lines, separate what we actually know from what people are guessing, and find the real safety threat. Take a look at the Flowers report and let's pull it apart.

Activity Instructions:

1. The Fact-Filter Challenge: With their Flowers case snapshot in front of them, have the participants get a piece of paper and fold it in half to create two columns.
2. Have the participants write on one column "What We Can Prove" and on the other column "What is Just a Guess/Rumor".
3. Allow the participants 5 minutes to read the Flowers referral individually.
4. Give the participants 5 minutes with a partner to fill out their two columns, pulling direct examples from the referral.
5. Ask the participants, based on what little information they have, what questions immediately come to mind?
6. Spend 5 minutes tracking the answers on the main board, highlighting the single most critical safety concerns and questions. (Leave the flip chart posted throughout the week and cross off questions as they learn the answers).

Say:

This is the Flowers/Hill family, and this is the case you will be working on throughout today. This is not a simplified example; this is meant to reflect the type of information you will receive when a referral is assigned to you.

As you read the referral, I want you to focus on what stands out to you, what concerns you, and any questions you have immediately. You are not expected to have answers yet. This is about beginning to think like an investigator and noticing what matters. Everything we do for the rest of the day will connect back to this case.

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

- What is one statement in this report that sounds terrifying but is actually just a subjective opinion or a guess by the caller?
- Look closely at the people mentioned. Who is missing a full name or an identity, and why is that a massive safety risk for you when you walk onto that porch?

Facilitator Answers:

- Point out phrases like "the mom is lazy" or "the house is a wreck" as opinions. Contrast them with hard details like "the child has a dark purple bruise under their left eye" or "the

three-year-old was found wandering near the highway alone." Remind them that unidentified adults in the home represent a major unknown safety variable.

Facilitator Notes: Don't validate or correct their analytical conclusions yet. Let them feel what it's like to navigate an imperfect file with missing pieces.

Allow the participants time to use their Referral Review Worksheet in their Participant Manual and have them complete it individually. Use the answer sheet from your Facilitator Resources to follow along.

Paraphrase:

The case is designed to feel realistic, not perfect, which means there will be missing information and unclear points. As you review it, just focus on your first impressions. You don't need to solve anything right now.

Activity Discussions:

- Initial impressions of the referral.
- Identification of possible safety concerns.
- Recognition of missing or unclear information.
- Differences in group observations.

Facilitator Notes:

- Do NOT over-correct or "teach" the case yet.
- Let participants sit in uncertainty; this mirrors real work.
- Encourage multiple perspectives; there is not one "right" answer at this stage.
- This activity sets up:
 - CHRIS work.
 - Information gathering.
 - Investigation planning.

Key Points: (ensure the following are covered)

- Real reports are messy and incomplete.
- Critical thinking has to start before you ever grab your car keys.
- Figure out what you know, what you don't know, and what you need to ask immediately.
- Referrals are often incomplete and imperfect.
- Specialists must:
 - Identify concerns.
 - Recognize gaps.
 - Ask questions early.

- Critical thinking begins before any action is taken.
- There is no expectation of having answers yet.

Referral Review Worksheet Answer Sheet

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. **Who are the children?** (Jasmine and Frankie).
2. **Who are the caregivers?** Grandmother (Georgia Weems), Mother (Charlotte Flowers).
3. **What allegations were accepted?**
 - Failure to provide necessary medical treatment – Injury Characteristics / Medical Neglect. Abuse Specifics: Abrasions/Lacerations/Injury location/Fingers and Head.
 - Inadequate Supervision by placing the child in a dangerous situation.
4. **Priority?** Priority 2

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

What additional information would help you better understand the situation and assess child safety? What are your immediate and potential concerns?

4. _____
5. _____
6. _____

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.
- Your understanding of the case will continue to evolve as you gather additional information throughout the investigation.

What Happens Next?

From Referral to Action



WHAT HAPPENS NEXT? FROM REFERRAL TO ACTION

Time: 10 minutes

Purpose: To transition participants from reviewing a referral to understanding the first steps of an investigation, including initiation expectations, prioritization, and immediate responsibilities.

Participant Manual: Investigation Planning Worksheet

Activity Set Up:

- Have participants remain in their table groups.
- Ensure each group has:
 - The Flowers Referral Snapshot.
 - Their Participant Manual.
 - Scratch paper or a whiteboard for planning.
- Tell participants to imagine they have just received the Flowers case in CHRIS and are responsible for determining what happens next.

Activity Instructions:

Working as an investigative team, groups have **five minutes** to develop a brief action plan

for the first stage of the investigation.

As they work, have them discuss:

- What is the very first thing you would do after reviewing the referral?
- Who would you contact first, and why?
- What information do you need before going into the home?
- What absolutely cannot wait?

After planning, explain that each group will deliver a **one-minute investigator briefing** to the class.

Each briefing should begin with:

"We've just been assigned the Flowers case. Our first priorities are..."

Groups should briefly explain the first actions they would take and the reasoning behind those decisions.

After each briefing, invite the class to identify one strength of the group's plan before moving to the next group.

Say:

Now that you've reviewed the referral, the next question becomes, "What happens next?" Receiving a referral is only the beginning. Once a case is assigned to you, there are specific expectations for how quickly you respond and what you prioritize. Investigations don't begin when you feel ready, they begin immediately based on policy and the information available at that moment.

Within very short timeframes, you're responsible for locating the child, assessing immediate safety, and beginning to gather information. As you work with your group, imagine this case has just appeared in your workload. Talk through what your first actions would be, who you would contact, what information you still need, and what simply cannot wait. Then, you'll present your plan as though you're briefing your supervisor before heading into the field.

Activity Discussion:

- After each briefing, facilitate a discussion around:
 - The similarities and differences in each group's approach.
 - Which actions needed immediate attention versus those that could occur later.
 - How groups balanced urgency while continuing to gather information.
 - Common uncertainties specialists experience when beginning a new investigation.
- Reinforce that there may be different approaches, but every decision should support locating the child, assessing safety, and moving the investigation forward.

Facilitator Notes:

- Allow participants to think through the scenario before introducing policy expectations.

- Avoid correcting groups immediately. Instead, ask questions that encourage them to explain their reasoning, then connect their responses back to policy and best practice.
- Keep the discussion focused on the first stage of an investigation rather than the entire investigative process.

Say:

We've talked about what happens next once a referral is assigned. The next question is: How do we determine just how quickly we need to respond? Let's take a closer look at how priority levels and response timeframes guide those decisions.

Key Points (ensure the following are covered):

- An investigation begins the moment a referral is assigned.
- Response timeframes matter.
- Priority I investigations must be initiated within **24 hours**.
- Priority II investigations must be initiated within **72 hours**.
- The specialist's immediate priorities are locating and seeing the child, assessing child safety, and beginning to gather information.
- Early decisions establish the direction of the investigation and influence everything that follows

Priority Levels & Response Timeframes

What Does This Mean for You?



PRIORITY LEVELS & RESPONSE TIMEFRAMES

Time: 10 minutes

Purpose: To ensure participants understand how to interpret assigned priority levels and translate them into required actions, timelines, and urgency in practice

Participant Manual: Investigation Response Timeframes, Timeline and Priority Assessments

Activity Set Up:

- Participants remain in small groups.
- State: “This case is assigned as Priority 2”.
- Ensure that participants keep Flowers referral visible.

Activity Instructions:

1. Tell participants:
 - “This case has already been assigned as Priority 2.” Because this is a P2, how does your plan change?
2. In groups, discuss:
 - What does that require you to do?
 - What timelines apply?

- What must happen first?
3. Groups share key responsibilities.

Say:

When you receive a case, the priority level has already been assigned based on the information reported to the hotline. Your role is not to determine the priority; you are responsible for responding to it.

That means understanding exactly what that priority requires from you in terms of timelines, actions, and urgency. A Priority 2 case comes with very specific expectations, and your ability to respond appropriately can directly impact child safety. Let's talk about what that looks like in practice.

Activity Discussions:

- Understanding of response timelines.
- Misconceptions about responsibility.
- Differences between “knowing” vs “acting”.
- What urgency looks like in practice.

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

- If this is a Priority 2 case, what is your required response timeframe?
- What does ‘initiation’ actually mean?
- What must happen before that timeframe expires?
- What are the risks if those timelines are not met?

Facilitator Answers:

- Initiate within **72 hours**
- Initiation =
 - Face-to-face contact with alleged victim **OR**
 - Due diligence to locate the child
- Begin:
 - Safety assessment.
 - Information gathering.
- Delays can result in:
 - Increased risk to the child.
 - Policy violations.
 - Legal and safety consequences.

Activity Instructions:

1. Tell the room: "This Flowers case is officially a Priority 2. You have a 72-hour window."
2. Have pairs spend 4 minutes mapping out a realistic timeline of how they will handle their

current workload, check histories, call collaterals, drive to the location, and make face-to-face contact before that clock hits zero.

Say:

The hotline assigns the priority level before the case ever hits your desk. You don't get to debate whether a case should be a Priority 1 or a Priority 2, your job is to execute the response timeline perfectly. A Priority 2 means you have 72 hours to see that child face-to-face. Let's look at how you actually map out those hours so you aren't racing the clock at midnight.

Facilitator Questions:

- What is the difference between knowing your deadline and actually managing your time to meet it?
- What happens to a child if we treat a 72-hour deadline like it's a suggestion rather than a hard boundary?

Facilitator Answers:

- Guide them to understand that a late response isn't just a policy violation on a screen, it's an extra day a child is left in an unverified, dangerous environment.

Key Points:

- Priority 1 = Face-to-face initiation within 24 hours.
- Priority 2 = Face-to-face initiation within 72 hours.
- Timelines are about child safety, plain and simple.



First Contact & Initiation

What does “Starting an Investigation” Actually Look Like?

FIRST CONTACT & INITIATION

Time: 10 minutes

Purpose: To help participants understand what initiation actually requires in practice, including first contact expectations, locating the child, and beginning safety assessments

Facilitator Resource: Acton Card Activity

Activity Set Up:

- Participants remain in small groups.
- Ensure participants keep Flowers’ referral visible.
- Prepare to guide discussion toward “seeing the child”.

Activity Instructions:

1. Ask participants:
 - “What does it mean to actually start (initiate) an investigation?”
2. Groups discuss:

- What actions must happen.
 - What counts as “starting” vs “preparing”.
1. Groups share responses.
 2. Give each table a set of cards with one of the following actions listed on each card:
 - Read referral
 - Call caregiver
 - See child at school
 - Leave business card
 - Speak to grandmother
 - Knock on door
 3. Ask tables to sort cards of which scenario examples count as initiation

Say:

When we talk about starting an investigation, we are not talking about reading the referral or making phone calls alone. Initiation has a very specific meaning in practice. An investigation is considered initiated when the alleged victim is seen face-to-face, or when you have made documented due diligence efforts to locate that child. This is one of the most critical responsibilities you have, because it directly connects to assessing the child's safety. Everything you do leading up to that point is preparation, but initiation is about making contact and verifying safety.

You can spend six hours making phone calls, checking CHRIS, and talking to supervisors, but none of that counts as initiating the case. In our world, initiation means eyes on the child, face-to-face, or documented proof that you exhausted every option trying to find them. Everything else is just getting ready.

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

- Why does policy draw such a hard line between preparing for a case and actually seeing the child?
- If you can't find the child on your first attempt, what exactly does 'due diligence' mean you have to do next?

Facilitator Answers:

- Clarify that phone calls to a parent or leaving a business card do *not* stop the clock. Real initiation requires visual verification of the child's safety or intense, multi-layered steps to locate them.

Key Points:

- Preparation is necessary, but it is not initiation.
- Initiation means face-to-face contact with the alleged victim or real due diligence.
- Every single action you take must be documented instantly.

Paraphrase:

You can prepare by reviewing information or making calls, but it doesn't count as initiated until you've seen the child or made reasonable efforts to locate them. This is important because you can't truly assess safety until you've had that contact. This is something we're going to practice more in depth later, right now, I just want you to be clear on what counts as initiation.

Activity Discussions:

- Misconceptions about what counts as initiation.
- Difference between preparation vs action.
- Concerns about locating children.
- Real-world barriers (e.g., access, unknown location).

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

- Does reviewing the referral count as initiation?

Facilitator Answers:

- Reviewing referral = NOT initiation.

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

- Does calling the caregiver count as initiation?

Facilitator Answers:

- Phone calls alone = NOT initiation.

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

- What must happen for a case to be considered initiated?

Facilitator Answers:

- Initiation =
 - Seeing the child face-to-face.
 - OR documented due diligence to locate.

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

- What if you cannot find the child right away?

Facilitator Answers:

- If unable to locate:
 - Must document all efforts.
 - Continue attempts within the timeframe.
 - Utilize resources to locate the child (i.e. school records, CLEAR search, etc.).

Key Points (ensure the following are covered):

- Initiation = face-to-face contact with alleged victim OR due diligence.
- Preparation ≠ initiation.
- First priority is:
 - Locate and see the child.
 - Assess safety immediately.
- Documentation of efforts is critical.

Say:

Now that we know what it takes to start an investigation, we're going to look at what a strong investigation looks like beyond that first step.

What Good Investigations Look Like

Thinking Beyond
the First Step



WHAT GOOD INVESTIGATIONS LOOK LIKE

Time: 10 minutes

Purpose: To help participants understand the overall mindset and characteristics of a strong investigation, reinforcing that investigations are ongoing, thoughtful processes. Investigations are not just a checklist of tasks

Say:

Before we continue talking about investigations, I want you to set child welfare aside for just a minute. Think about the best teacher, coach, supervisor, mentor, coworker, or leader you've ever worked with. What made that person so effective? Take a moment to think about it, and then write a few qualities down. There are no right or wrong answers. Just think about the characteristics that made that person someone you respected and trusted.

(Allow participants time to write before facilitating discussion.)

When we think about people like that, the qualities we often identify are things like being trustworthy, prepared, consistent, knowledgeable, calm, organized, fair, respectful, and hardworking.

What's interesting is that almost none of those qualities have anything to do with child welfare knowledge. They are professional qualities. We can teach someone policy. We can teach someone how to navigate CHRIS or complete required forms. It's much more difficult to teach curiosity, professionalism, organization, integrity, and the mindset needed to approach every situation objectively.

Now let's connect those same qualities to the work of a Specialist. Think about what those characteristics look like during an investigation, share some of your answers with your neighbor.

(Allow participants time to pair share at their tables.)

After you've had a chance to share your ideas, take a moment to reflect on yourself. Which of these qualities comes naturally to you? Which ones will require intentional growth as you develop your investigative skills? Write your thoughts in your Participant Manual. This isn't something you'll share with the group, it's an opportunity to reflect on your own professional growth.

(Allow participants time to write before facilitating discussion.)

Now let's apply that thinking to the Flowers investigation. Based only on the referral you've reviewed, consider which of those qualities will be most important as you move forward with this case. Remember, at this point you only have part of the story. If we jump to conclusions too early, we risk making decisions based on assumptions instead of evidence. Right now, we don't know exactly what happened. We don't know whether Jasmine's injuries resulted from abuse. We don't know whether neglect occurred. What we do know is that we need more information before we can make informed decisions.

The best investigators aren't always the smartest people in the room. They were the people who remained curious longer than everyone else. They resisted the urge to rush to conclusions, continued asking thoughtful questions, and allowed the information they gathered to guide their decisions.

Now that we've talked through what happens at the very beginning of an investigation, I

want us to take a step back and think about the bigger picture. Investigations are not just about completing a series of steps. They're about making informed decisions that ensure child safety. A strong investigation is thorough, intentional, and guided by both the information you gather and the questions you continue to ask. It requires you to stay curious, follow up on gaps in information, and continuously assess safety as new information becomes available. Today is just the beginning of that process, but it's important to understand what we're working toward throughout this specialty training.

Activity Discussions:

- What participants believe makes an investigation effective.
- Differences between “doing tasks” vs “thinking critically”.
- Importance of follow-up and ongoing assessment.

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

- What makes an investigation thorough?

Facilitator Answers:

- Gathering information from multiple sources (child, caregiver, collaterals).
- Following up on inconsistencies or gaps.
- Not relying on one perspective.
- Continuously assessing safety as new information emerges.

Facilitator Notes:

- Keep this discussion light and reflective, not lecture-heavy.
- Do NOT introduce a new policy here.
- This is a **mindset-setting slide**, not a skills slide.
- Reinforce: “You are building toward this over the next 10 days.”

Say:

So now that we’ve looked at what a strong investigation looks like, let’s take a moment to pull together what you’re taking away from today before we move forward.

Key Points (ensure the following are covered):

- Good investigations are: Thorough, intentional, and ongoing.
- Investigations require: Critical thinking, follow-up on gaps, and multiple information sources.
- Safety is continuously reassessed, not one-time.
- Investigations are about decision-making, not just tasks.

Wrap-Up & Key Takeaways

What Did You Build?



WRAP UP & REFLECTION

Time: 10 minutes

Purpose: To reinforce key learning and allow participants to reflect on their understanding, and prepare them to transition into deeper application

Say:

A mistake many new investigators make is deciding what happened before they've gathered enough information. Today we are going to practice staying curious and gathering information before reaching conclusions.

Activity Set Up:

- Participants remain in their table groups for 1–2 minutes of quiet reflection.
- Optional: sticky notes or notebook space.

Activity Instructions:

1. Ask participants to reflect individually:
 - What is one thing you feel more confident about now?

- What is one thing you still have questions about?
1. Participants share responses at their table.
 2. Invite a few volunteers to share with the full group.

Say:

We've covered a lot in a short time, and this is just the beginning of the investigation. Today, you started thinking about what happens when a referral is assigned, how to review and gather information, and what it means to begin an investigation.

You also worked through a case by identifying concerns, gaps, and next steps. Before we move forward, it's important to pause and reflect on what you're taking away from this first part of the day. This helps you recognize what you've already built and what you'll continue to develop.

Paraphrase:

Now we just want to take a moment to reflect on what's sticking with you and what still feels unclear. That way, we can build on that as we move into the next part of training.

Activity Discussions:

- Increased confidence in understanding workflow.
- Remaining uncertainty around next steps.
- Questions about real-world application.
- Recognition of complexity in investigations.

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

- What part of this morning's process feels most important so far?

Facilitator Answers:

- Answers will vary. Normalize any uncertainty and connect to upcoming training.

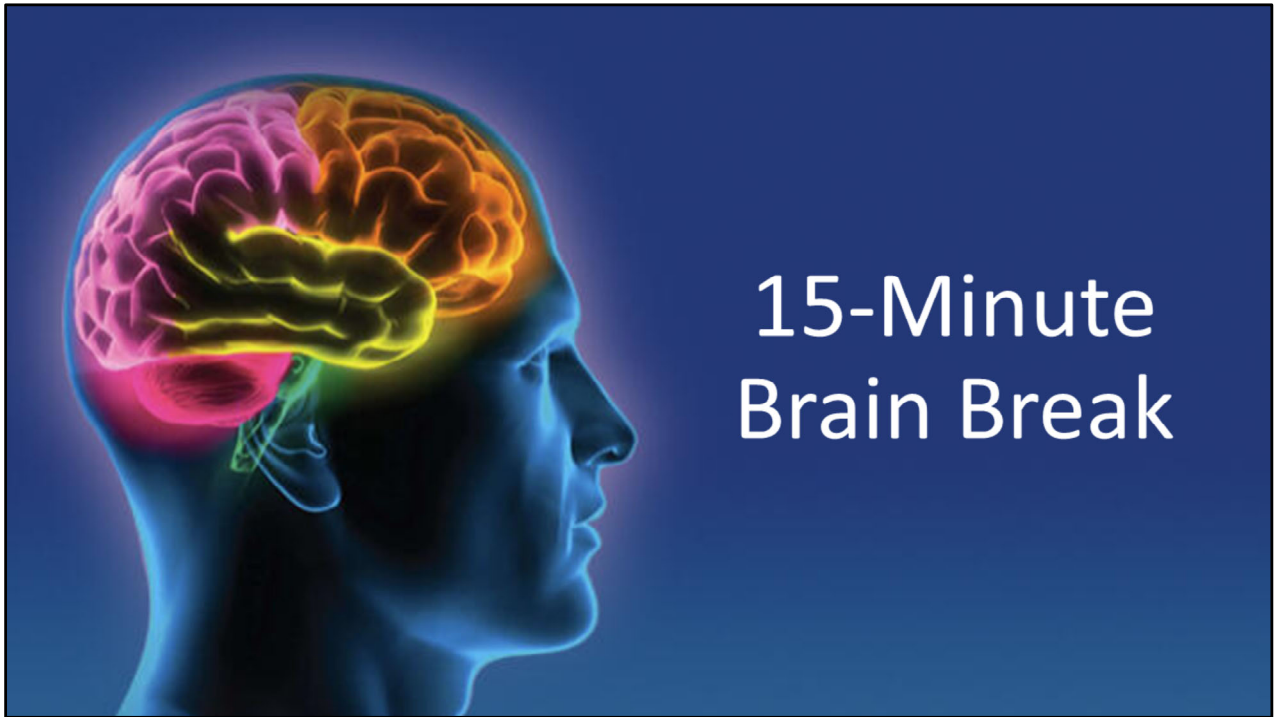
Say:

In the next section, we're going to build on what you've already started and begin digging deeper into how you gather information and prepare for your first contact.

Key Points (ensure the following are covered):

- Participants should now understand:
 - What happens when a referral is assigned.
 - How to begin reviewing and thinking through a case.

- What initiation requires.
- It is normal not to know everything at this stage. Skills will continue to be built across the 10-day training. This morning focused solely on **initiating** the investigation.



15-Minute Brain Break

BRAIN BREAK



INFORMATION GATHERING

INFORMATION GATHERING

Information Gathering



Which of these
feels the most
familiar to you?

INFORMATION GATHERING

Time: 5 minutes

Purpose: To clearly define what participants will accomplish during this section – Information Gathering, emphasizing hands-on CHRIS navigation, information gathering, and identifying investigative next steps.

Say:

In this next section, you're going to move beyond talking about investigations and begin actively working within a case. By the end of this section, you will be able to locate a referral in CHRIS, identify key information within that referral, and recognize gaps that need to be addressed.

You will also begin gathering initial information, including reviewing available history and identifying additional sources. This is where your role becomes more active, and you begin building the foundation for your investigation. These are the same steps you will take every time a case is assigned to you.

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

- Which of these feels the most familiar to you?

Facilitator Answers:

- Navigating systems.
- Reading referrals.

Facilitator Question:

- Which part feels the most new or challenging?

Facilitator Answers:

- Identifying gaps.
- Knowing what to look for in history.
- Connecting information to action.

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.

TARGET OUTCOMES

Time: 2 minutes

Purpose: To clearly define target outcomes for this section

Say:

In this next section, you're going to move beyond talking about investigations and begin actively working within a case. By the end of this section, you will be able to locate a referral in CHRIS, identify key information within that referral, and recognize gaps that need to be addressed.

You will also begin gathering initial information, including reviewing available history and identifying additional sources. This is where your role becomes more active, and you begin building the foundation for your investigation. These are the same steps you will take every time a case is assigned to you.

From Thinking to Doing

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

Efficiency in
CHRIS = efficiency
in your work

FROM THINKING TO DOING

Time: 5 minutes

Purpose: To transition participants from conceptual understanding into hands-on application, emphasizing that investigations begin with locating and working within CHRIS

Say:

In the first part of the day, we focused on understanding what happens when a referral is assigned and what your responsibilities are at the start of an investigation. Now we're shifting into what gathering information actually looks like in practice.

When you receive a referral, your work begins in CHRIS, and your ability to navigate that system efficiently is critical. This is where you locate your case, review the details, and begin gathering the information you need to take action.

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

- How comfortable do you currently feel navigating CHRIS?

Facilitator Answers:

- Range of responses: "Some familiarity." to "Minimal experience."

- Normalize both.

Say:

Let's start by looking at the information in the referral information for the Flowers and identifying the key information you'll need.



Building Your Investigative Packet

BUILDING YOUR INVESTIGATION PACKET

Time: 15 minutes

Purpose: To familiarize participants with where referral information is located in CHRIS while reinforcing how investigators begin reviewing and organizing case information using the documents available in their investigative packet

Participant Manual:

- CHRIS Desk Guide – Investigation Screens in CHRIS
- Flowers Investigation Packet
- Assignment Memo
- Referral Snapshot
- Family Chronology

Facilitator Resource: CHRIS Desk Guide – Investigation Screens

Activity Set Up

Before beginning, each participant should have their Flowers Investigation Packet.

Explain that for today's activity they will **not** be logging into CHRIS. Instead, they will work

from documents that represent information they would typically retrieve after locating the referral in CHRIS.

Ask participants to have both their CHRIS Desk Guide and Flowers Investigation Packet open.

Activity Instructions

Explain:

Imagine you've just received the Flowers investigation in your CHRIS workload.

Using your **CHRIS Desk Guide**, identify where you would navigate within CHRIS to locate information about:

- The referral
- The family members
- Relationships
- Assignment information
- Allegations
- Referral narrative

Then use the **Assignment Memo, Referral Snapshot, and Family Chronology** to locate that same information.

As your group works through the packet, discuss:

- Where would this information be found in CHRIS?
- What information immediately stands out?
- What information is still missing?
- Which document would you reference first, and why?

Be prepared to share your observations.

Say:

Today we're going to take a slightly different approach. Rather than logging directly into CHRIS, we're going to work from the same information you would retrieve after opening an investigation.

In the field, your first responsibility is to locate your referral and begin reviewing the information available to you. Your CHRIS Desk Guide shows you where that information lives within the system and serves as a quick reference for the Investigation screens you'll use throughout your work.

For today's activity, imagine you've already completed that first step. Instead of navigating through CHRIS, you're going to work from your Flowers Investigation Packet, which contains the information you would have gathered after locating the referral.

As you review each document, use your CHRIS Desk Guide to think about where that information would appear in CHRIS. You're not trying to memorize every screen today. Instead, you're becoming familiar with how information is organized and beginning to recognize the key details you'll need whenever a case is assigned.

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

- As you reviewed the packet, what information stood out to you first?

Facilitator Answer:

Participants may identify:

- Assignment information
- Priority level
- Alleged victim
- Allegations
- Family members
- Reporter information

Reinforce that investigators first orient themselves to the referral before deciding what actions to take.

Facilitator Notes

- Keep the focus on **finding and organizing information**, not interpreting it.
- Encourage participants to reference the CHRIS Desk Guide throughout the activity.
- Reinforce that they will practice navigating these screens in the CHRIS Lab later in training.
- Avoid turning this into a policy discussion or case analysis.

Say:

Now that you've located and organized the information available at assignment, the next step is to begin looking more closely at what that information tells you, and just as importantly, what it doesn't. Let's take a closer look at the referral and start identifying the information you'll use to plan your investigation.

Key Points (ensure the following are covered):

- Specialists must know where referral information is located within CHRIS.
- The CHRIS Desk Guide is a quick-reference tool that supports navigation through the Investigation screens.
- The Assignment Memo, Referral Snapshot, and Family Chronology represent information an investigator would gather after locating a referral.
- Reviewing available information is the first step in planning an investigation.
- Efficiency in locating and organizing information supports timely investigative action.

Reviewing Your Investigative Packet



REVIEWING YOUR INVESTIGATION PACKET

Time: 18 minutes

Purpose: To help participants review and organize the information available at case assignment, distinguish between known and unknown information, and begin identifying the investigative gaps that will guide their next steps

Participant Manual: CHRIS Referral Notes

Activity Set Up:

- Participants remain in their table groups.
- Have the Flowers Investigation Packet available:
- Assignment Memo
- Referral Snapshot
- Family Chronology
- Participants should also have their CHRIS Desk Guide available for reference.

Activity Instructions:

Working with your table:

- Review each document in the Flowers Investigation Packet.

- As you review the documents, complete the CHRIS Referral Notes page in your Participant Manual.
- Using the information available, identify:
 - Allegations
 - Individuals involved
 - Narrative details
 - Family relationships
 - Priority level
 - Assignment information
- Then work together to identify:
 - What you KNOW
 - What you DON'T KNOW
- Be prepared to discuss what additional information you would need before taking your next investigative step.

Say:

Now that you've located the information you would typically retrieve from CHRIS, the next step is reviewing and organizing it.

Remember, these documents represent the information available to you at the time a case is assigned. In practice, you would locate this information in CHRIS. Today, we've already pulled it together into your Investigation Packet so you can focus on learning how to review it rather than navigating the system.

As you work through the Assignment Memo, Referral Snapshot, and Family Chronology, complete your CHRIS Referral Notes page. Think about how you naturally organize information when you're preparing to investigate a case.

Pay attention to what you know, but pay just as much attention to what you don't know. Referrals rarely provide the complete picture. The missing information is just as important because it will guide the questions you ask, the people you contact, and the decisions you make as the investigation moves forward.

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

- Based on the information in your Investigation Packet, what do you know for certain about this case?

Facilitator Answer

Participants should identify information such as:

- The alleged victim and other individuals involved.
- The allegations reported.
- Basic family relationships.
- Assignment information and priority level.
- Key details provided in the referral narrative.

Reinforce that these are the facts currently available to the investigator.

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

- What information is still missing, and why is it important?

Facilitator Answer

Participants may identify that they still do not know:

- Exactly what happened.
- The caregiver's perspective.
- The child's current condition beyond what was reported.
- Whether the allegations can be confirmed.
- Additional details needed to assess safety.

Reinforce that identifying missing information is one of the first responsibilities of an investigator because those gaps determine the next investigative steps.

Facilitator Notes

- Keep participants focused on **reviewing and organizing** information rather than interpreting it.
- Encourage them to use their CHRIS Referral Notes as they would in practice when preparing for an investigation.
- Reinforce that investigators should not make conclusions based solely on referral information.
- This activity prepares participants for the next step—planning how to gather the missing information.

Say:

You've now reviewed the information available at the time the case was assigned and started organizing what you know and what you still need to learn. The next step is deciding how you'll begin filling in those gaps by identifying what information you need, who can provide it, and how you'll move the investigation forward.

Key Points (ensure the following are covered):

- The Investigation Packet represents the information an investigator would retrieve after locating a referral in CHRIS.
- Referrals provide initial information, allegations, and basic case details.
- Referrals rarely contain the complete picture.
- Specialists must identify both what is known and what information is still missing.
- Missing information guides investigative planning and future information gathering.

Preparing to Gather Information

Preparation includes:

- Knowing the referral
- Identifying gaps
- Planning interviews

Investigations require:

- Intentional thinking
- Structured approach

PREPARING TO GATHER INFORMATION

Time: 15 minutes

Purpose: To shift participants from simply “looking for more information” to intentionally planning how they will gather information, using DCFS practice guidance and investigative thinking

Participant Manual: How We Do the Work of Gathering Information – Preparation

Activity Set Up:

- Participants remain in the group with the people on their row in the CHRIS Lab.
- Ensure that the participants keep the Flowers’ case open.
- Reference the ‘How We Do the Work of Gathering Information – Preparation’ document in the Participant Manual.
- Participants should have their completed CHRIS Referral Notes page available.

Activity Instructions:

- In groups, use the Flowers case to discuss:
 - What is your plan before going into the home?
 - Identify and write down:

- What will you say first?
- Who will you interview first?
- Who else needs to be interviewed?
- What information do you still need?
- Groups prepare to share their plan.

Say:

Before you ever go out into the field, one of the most important things you can do is have a clear plan. Investigations are not meant to be figured out as you go. When that happens, information is missed, and decisions can be affected by a lack of preparation.

Based on DCFS guidance, you should already be thinking about what you're going to say, who you need to speak with first, and what information you still need to gather. The more prepared you are before first contact, the more effective your investigation will be. Let's use the Flowers case to start building that plan.

Key Points (ensure the following are covered):

- Do NOT “figure it out when you get there.”
- Preparation includes:
 - Knowing the referral.
 - Identifying gaps.
 - Planning interviews.
- Investigations require intentional thinking and a structured approach.
- Information gathering is planned, not reactive.

Source: *How We Do the Work of Gathering Information – Preparation & Gathering Information Overview*

A woman with dark hair is holding up a yellow sticky note in a workshop setting. Other people are visible in the background, and there are various workshop materials like a lamp and papers on a table.

Identifying Collaterals & Next Steps

Who Do You Need to Talk To and Why?

IDENTIFYING COLLATERALS & NEXT STEPS

Time: 10 minutes

Purpose: To help participants identify appropriate collateral contacts and understand how each source contributes to building a complete and accurate assessment of the child's safety

Participant Manual: Gathering Information Overview

Activity Set Up:

- Have participants remain in their table groups.
- Ensure each group has:
 - Their Flowers case materials.
 - Their completed Investigation Planning Worksheet from the previous activity.
 - Sticky notes and markers.
- Around the room, post chart paper labeled with potential collateral contacts, such as:
 - Medical Provider
 - Teacher/School Staff
 - Law Enforcement
 - Grandmother

- Extended Family
- Neighbor/Community Member
- Other

Activity Instructions:

- Using your investigation plan from the previous activity, decide which collateral contacts your group would include in the Flowers investigation.
- For each collateral you identify, discuss:
 - What information can this person provide?
 - Why is this person important to the investigation?
 - What question or questions would you want answered?
- Write one response on a sticky note and place it on the appropriate collateral chart around the room.
- Once all groups have posted their responses, walk around the room and review the ideas contributed by the other groups.
- Return to your table and identify any additional collateral contacts or investigative questions you had not previously considered.
- Be prepared to discuss how those collateral contacts strengthen your assessment of child safety.

Say:

Earlier, you developed an investigation plan by identifying the people you needed to interview directly. Now we're going to expand that plan by thinking about the collateral contacts who can help you build a more complete understanding of the child's safety and the family's situation.

As specialists, you cannot rely on a single source of information when making decisions about child safety. Every person you speak with provides another piece of the overall picture, and each contact should serve a purpose.

As you work with your group, think about who else might have information that helps answer the questions you still have about the Flowers case. Consider what information each collateral can provide, why that information is important, and what questions you would want to ask.

As you move around the room and review the ideas from the other groups, pay attention to perspectives or contacts you may not have considered. The goal isn't to create the longest list of collaterals. The goal is to identify the right people who can help you gather meaningful information and make informed safety decisions.

Paraphrase:

- Collateral contacts are essential to a complete investigation.
- Contacting collateral sources is **not optional**; it is a required part of the investigation.
- Multiple perspectives are necessary to make informed safety decisions.

- Information gathering is layered and continues throughout the investigation.
- Every collateral contact should have a clear purpose and help answer a specific investigative question.

Say:

Now you've identified what information you already have, what information you're still missing, how you plan to gather it, and who can help you answer those remaining questions. As specialists, every step you take should move the investigation forward and strengthen your understanding of the child's safety. Before we continue, let's take a moment to bring those pieces together and see how they shape your overall investigative plan.

Source: Internal Procedure 403: Investigation of Child Maltreatment Reports

Wrap-Up & Key Takeaways

What Did You Build?



WRAP-UP & KEY TAKEAWAYS

Time: 5 minutes

Purpose: To reinforce the key skills developed in Section 2, including locating information, identifying gaps, planning how additional information will be gathered, and selecting appropriate collateral contacts

Activity Set Up

Allow participants one to two minutes for individual reflection. Participants may refer to their CHRIS Notes and Additional Notes as they think through what they practiced during this section.

Activity Instructions

Ask participants to reflect individually on two questions:

- What is one skill you practiced during this section?
- What is one part of the process that still feels unclear or challenging?

After the individual reflection, participants will briefly share their responses with their table group. Invite a few participants to share with the full group before moving into the closing discussion.

Say:

In this section, you moved beyond simply learning about the investigative process and began doing the work that specialists complete when a case is assigned. You located the case in CHRIS, reviewed the referral, identified the information currently available, and recognized what was still missing. From there, you began developing a plan for gathering additional information and identifying the people who may help you better understand the child's safety and the family's circumstances.

You also considered who needs to be interviewed directly, which collateral contacts may have relevant information, and why each contact should have a clear purpose. These are the same steps you will use each time a new investigation is assigned to you. The process is structured, intentional, and built one step at a time.

Before we move forward, take a moment to think about what feels more familiar now and what still feels uncertain. You may feel more comfortable locating and reviewing a referral or identifying basic information and gaps. You may still have questions about which interviews to prioritize, what questions to ask, or who should be contacted first. That uncertainty is expected. These skills develop through continued practice and experience.

Activity Discussion

- During the discussion, participants may identify increased confidence with navigating CHRIS, locating and reviewing referral information, and identifying basic information gaps.
- Others may continue to feel uncertain about planning interviews, selecting collateral contacts, determining the order of investigative actions, or deciding what information should be gathered first.
- Differences in how groups approached the case are expected. Reinforce that specialists may organize their plans differently, but each decision should be purposeful and connected to gathering the information needed to assess child safety.

Say:

When we return, we will build on the foundation you have developed and begin looking more closely at how specialists organize information and make purposeful decisions as an investigation moves forward.

Key Points

- Participants practiced navigating CHRIS, reviewing referral information, identifying gaps, planning how to gather additional information, and selecting appropriate collateral contacts.
- Investigations are structured and intentional. Each step should help the Specialist develop a more complete understanding of the child's safety and the family's circumstances.
- It is normal for participants to still have questions or feel uncertain. Confidence grows through continued application, reflection, and practice.



LUNCH BREAK



QUALITY SEARCHES & BUILDING CONTEXT

Quality Searches & Building Context



Which of these
feels new to you?

QUALITY SEARCHES & BUILDING CONTEXT

Time: 3 minutes

Purpose: To define what participants will accomplish in this section, focusing on analyzing information, identifying patterns, and using quality searches to build a deeper understanding of the case

Say:

In this section, you will begin moving beyond simply gathering information and start analyzing what that information means. By the end of this section, you will be able to identify patterns within case history, recognize how past information connects to current concerns, and use quality searches to gather relevant background information.

You will also begin to understand how this information helps you build a more complete picture of the family and supports your decision-making. These skills are critical because investigations rely not just on what you find, but also on how you interpret it.

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

- Which of these feels new to you?

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

- Which part do you think will be most challenging?

Target Outcomes



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

TARGET OUTCOMES

Time: 2 minutes

Purpose: To define what participants will accomplish during this section

Say:

By the end of this section Specialists will:

- ***Identify patterns in case history.***
- ***Use quality searches to gather context.***
- ***Connect past information to current concerns.***

This section focuses on analysis, not just information gathering.

Building the Full Picture

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



BUILDING THE FULL PICTURE

Time: 5 minutes

Purpose: To transition participants from gathering initial information to analyzing deeper context, emphasizing that strong investigations require understanding history, patterns, and family dynamics.

Activity Set Up:

- Ensure that participants keep the Flowers' case available for use throughout this section.
- No materials needed yet.

Say:

In the last section, you focused on locating your case, reviewing the referral, and beginning to plan how you would gather information. Now we're going to take that a step further.

Strong investigations are not based only on what is written in a referral; they require you to understand the full context of what is happening within a family. This includes reviewing history, identifying patterns, and recognizing how past information may affect

current safety.

As we move into this section, you'll begin thinking more deeply about how the information you gather connects and what it tells you about risk and safety.

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

- Why is it important to look beyond the initial referral?

Facilitator Answers:

- Referrals are limited.
- They may not include full history.
- Patterns of behavior may not be immediately visible.
- Additional context helps inform safety decisions.

Say:

Let's start by looking at what we mean by 'quality searches' and how they help you build that full picture.

Key Points (ensure the following are covered):

- Referrals are **only a starting point**.
- Investigations require:
 - Context
 - History
 - Pattern recognition
- Understanding the full picture is critical to making informed safety decisions for the child's safety.

What Are Quality Searches?

Looking Beyond The Referral



WHAT ARE QUALITY SEARCHES?

Time: 10 minutes

Purpose: To introduce the concept of quality searches as a critical part of investigations, helping participants understand how to gather relevant background information that informs safety and decision-making

Activity Instructions:

1. Ask participants:
 - When you hear 'quality search,' what do you think that means?
2. List responses on the board.
3. Transition into definition and examples.

Say:

When we talk about quality searches, we're referring to the process of gathering relevant background information to better understand the family and the situation. This goes beyond simply opening a referral, you are looking at prior history, identifying patterns, and seeking out information that may impact safety. Quality searches are intentional, meaning you are not just clicking through systems, but actively looking for information that helps answer your questions. The goal is to build a more complete

picture before you make decisions or take action.

Activity Discussions:

- Initial understanding of “quality searches”.
- Differences between:
- Passive searching vs intentional searching.
- Why background information matters.

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

- What types of information would you look for in a quality search?

Facilitator Answers:

- Information to look for:
- Prior maltreatment reports.
- Family structure.
- Previous concerns or patterns.

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

- How could prior history impact your current investigation?

Facilitator Answers:

- Impact of history:
 - Reveals patterns or escalation.
 - Identifies ongoing risks.
 - Investigations require multiple sources of information.

Say:

Now that we’ve defined what quality searches are, let’s apply that to the Flowers case and start identifying what information you would look for within the case.

Key Points (ensure the following are covered):

- Quality searches are:
 - Intentional.
 - Focused.
 - Purpose-driven.
 - They include:
 - Prior history.
 - Family context.
 - Relevant background information.
 - Quality searches are used to build a complete picture to inform safety decisions.
- Systems participants could use (along with CHRIS) for quality searches:
 - Search AASIS and ARIES (DCO); directly contact DCO in your office
 - Contact utility companies
 - Contact local and state law enforcement

- Contact the post office
- CLEAR search

Source(s): *Practice Guides - Gathering Information Overview & Preparation for Gathering Information*

Applying Quality Searches To The Flowers Family

What Should You Be Looking For?



APPLYING QUALITY SEARCHES TO THE FLOWERS FAMILY

Time: 15 minutes

Purpose: To apply quality search thinking using specific details from the Flowers case, helping participants identify what additional information is needed to understand this family's risks, patterns, and safety concerns

Activity Set Up:

- Display or restate key case facts before activity:
 - Young child with infected lesions and unexplained bruising.
 - Delay in seeking medical care.
 - Caregiver unable to explain injuries.
 - Reports of domestic violence in the home.
 - Participants should reference:
 - CHRIS Notes page.
 - Referral narrative.

Activity Instructions:

1. Using the Flowers case, focus on the following concerns:

- Medical neglect
- Supervision
- Domestic violence

2. Identify:

- What would you want to search for related to these specific concerns?

3. Document:

- What would you look for?
- Why it matters for THIS case?

Say:

As you think about quality searches, stay grounded in what we already know about the Flowers family. We have a young child with reported infected lesions, a delay in seeking medical care, and concerns related to domestic violence in the home. These are not general concerns. These concerns are specific indicators that should guide what you look for next.

When you conduct a quality search, you are not just searching broadly. You are searching with a purpose based on the details in front of you. As you work through this activity, focus on what information you would need to better understand these concerns and how they impact the child's safety.

Paraphrase:

Don't think about this like a general exercise; this is about this family, though these skills can be applied to all cases that you will receive. Now your goal is to ask yourself 'what do I need to look for to understand those things better for the child's safety?' Your searches should connect directly to what's happening in this case.

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

- What would you want to know about the child's medical history in this case?
- What would you want to know about prior domestic violence incidents?
- What would you look for related to supervision concerns?
- How would prior history change your understanding of these injuries?

Facilitator Answers:

- Medical:
 - Prior untreated injuries.
 - Patterns of delayed care.
- Domestic violence:
 - Frequency
 - Severity
 - Law enforcement involvement
- Supervision:
 - Prior reports
 - Caregiver functioning

- Patterns:
 - Chronic vs isolated incident
 - Each search should connect directly to known concerns in the case.

Key Points (ensure the following are covered):

- Quality searches are case-specific, not generic.
- Known concerns should drive what you search and where you search.
- In the Flowers case, focus on:
 - Medical neglect
 - Supervision
 - Domestic violence
- Participants should always ask themselves, “How does this help me understand this child’s safety?”

Identifying Patterns in the Flowers' Case

What Is This Telling You Over Time?



IDENTIFYING PATTERNS IN THE FLOWERS' CASE

Time: 10 minutes

Purpose: To help participants identify and interpret patterns within the Flowers case, connecting historical and current concerns to better understand risk, escalation, and child safety

Participant Manual: Gathering Information Overview & Preparation

Activity Set Up:

- Participants will remain in their groups.
- Ensure that the participants keep the Flowers case and prior discussion notes from 'Applying Quality Searches to the Flowers' Family' available.
- The facilitator should introduce mock prior history details:
 - **Prior History #1 (8 months ago):**
 - Allegation: Inadequate supervision
 - Child found outside unsupervised
 - Report made by neighbor
 - Disposition: Unsubstantiated

Activity Instructions:

- Review the Flowers case along with Prior History #1.
- In groups, discuss:
 - How does this prior report connect to the current referral?
- Identify:
 - What similarities or concerns exist?
 - What might this suggest about the caregiver?
 - Whether this feels isolated or potentially ongoing?
- Be prepared to explain your thinking.

Say:

For this activity, I'm going to provide one prior report for the Flowers' family so you can begin practicing recognizing patterns. In this prior report, there was concern about inadequate supervision, as the child was found outside unsupervised. Now, I want you to think about how that connects to what we are currently seeing in this case.

You are not trying to make conclusions yet, but you are starting to notice whether concerns may be isolated or part of something more ongoing. Even one prior report can begin to give you insight into what may be happening within a family.

Paraphrase:

It's not a lot of history, but even one report can tell you something.

Activity Discussions:

- Connections between supervision and current concerns.
- Whether participants view this as an isolated vs an emerging pattern.
- Differences in interpretation across groups.
- Early thoughts about caregiver functioning.

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

- How does this prior report connect to the current concerns?
- What does this suggest about supervision in this home?
- Does this feel like an isolated incident or something more?
- What additional questions does this raise for you?

Facilitator Answers:

- **Connection:** Prior supervision concerns and possible connection to current concerns, does it suggest any possible ongoing issues.
- **Caregiver functioning:** Potential difficulty maintaining supervision.
- **Pattern:** Not definitive but may indicate emerging concern.
- Additional questions:
 - Frequency of incidents.
 - Caregiver awareness.

- Level of risk to child(ren).
- One report does not confirm a pattern, but it should raise questions and guide thinking.

Key Points (ensure the following are covered):

- Patterns can begin to emerge even with a limited history.
- Prior reports should:
 - Inform thinking.
 - Raise questions.
- In the Flowers case:
 - Supervision concern (past & present).
 - Medical/DV concerns (present).
- Direct the participants into thinking “What might this be telling me?”

What Are You Concerned About?

Thinking About Safety
In The Flowers' Case



WHAT ARE YOU CONCERNED ABOUT?

Time: 10 minutes

Purpose: To introduce early safety thinking by helping participants identify current concerns based on the Flowers case and Prior History #1 without requiring formal safety decisions or Structured Decision Making (SDM) application.

Participant Manual: Gathering Information Overview

Facilitator Resource: Concern Cards

Activity Set Up:

- Participants will remain in their table groups.
- Provide each table with a set of Concern Cards containing pieces of information from the referral and prior history (examples: untreated lesions, delayed medical care, domestic violence indicators, supervision concerns, prior inadequate supervision, caregiver explanation, etc.).
- Place three large signs around the room labeled:
 - Immediate Concerns
 - Ongoing Concerns
 - Need More Information

Activity Instructions:

- Working together, review each Concern Card and discuss what the information tells you about the Flowers case.
- For each card, decide whether it represents:
 - An **Immediate Concern**
 - An **Ongoing Concern**
- Something that requires **More Information** before determining the level of concern.
- Once your group agrees, walk the card to the appropriate area of the room and place it beneath the matching sign.
- When all groups have finished, walk around the room and review how the information was categorized by the class.
- Return to your table and discuss any differences in how the groups interpreted the information.
- Be prepared to explain your group's reasoning.

Say:

Now that you've reviewed the referral, thought about what information you need to gather, and considered the family's prior history, it's time to begin thinking about safety. As specialists, this doesn't mean you're making decisions about whether the child is safe or unsafe. Instead, you're beginning to identify the concerns that exist based on the information currently available.

In the Flowers case, we already have concerns related to Jasmine's medical condition, possible delays in obtaining medical care, indicators of domestic violence, and current supervision concerns. We also know there is a prior report involving inadequate supervision. Rather than jumping to conclusions, your responsibility is to look at each piece of information and ask yourself, "What am I concerned about for this child right now?"

As you work with your group, decide whether each concern represents something that requires immediate attention, something that appears to be an ongoing concern, or something for which you need more information before reaching a conclusion. Remember, this activity is about identifying concerns, not making final safety decisions.

Paraphrase:

Right now, you're identifying concerns based on the information you have. You're not deciding outcomes. You're organizing what you know so you can determine what information still needs to be gathered.

Activity Discussion:

Guide participants in discussing:

- Which concerns were consistently identified as immediate.
- Which concerns appeared to be ongoing.

- Which pieces of information required additional investigation before drawing conclusions.
- How Prior History #1 influenced participants' thinking.
- How repeated concerns may begin to suggest patterns without determining outcomes.

Say:

Now that you've identified the concerns raised by the current referral and the family's prior history, you've taken the first step toward thinking about child safety the way specialists do. As the investigation continues, you'll gather additional information that may strengthen, change, or even eliminate some of those concerns. Before we move forward, let's take a moment to bring together everything you've identified in this section and see how those concerns begin shaping your understanding of the Flowers case.

Key Points (ensure the following are covered):

- Safety thinking begins by identifying concerns, not making decisions.
- Specialists consider both current information and prior history.
- In the Flowers case, concerns include:
 - Medical neglect.
 - Supervision.
 - Domestic violence.
- Repeated concerns across past and present reports may indicate emerging patterns that increase risk.
- Identifying concerns helps guide future information gathering and prepares specialists for formal safety decision-making.

Wrap-Up & Key Takeaways

What Is This
Information Telling
You?



WRAP – UP & KEY TAKEAWAYS

Time: 5 minutes

Purpose: To reinforce participants' ability to analyze information, recognize emerging patterns, and begin identifying safety concerns, using the Flowers case as a continuous example

Activity Set Up:

- Participants remain in groups.
- 1–2 minutes of individual reflection.

Activity Instructions:

1. Ask participants to reflect individually:
 - What is one new way you are thinking about this case?
 - What concerns stand out to you the most right now?
2. Share within table groups.
3. Invite 2–3 participants to share out.

Say:

In this section, you moved beyond gathering information and began analyzing what that

information means. You looked at the Flowers' case, identified what to search for, explored prior history, and started recognizing how patterns can emerge over time.

You also began identifying the concerns you have based on the available information, including how current and past supervision concerns connect. This is a critical step in the investigation process because it helps you move from simply collecting information to understanding what it reveals about the child's safety. Before we move forward, take a moment to reflect on how your thinking has shifted.

Let's go ahead and break for lunch. When we return, we'll build on what you've started today and begin thinking about your next steps in response to these concerns.

Key Points (ensure the following are covered):

- Investigations require:
 - Looking beyond initial information.
 - Identifying patterns.
 - Connecting past and present concerns.
- In the Flowers case:
 - Supervision concerns appear both currently and historically.
 - Multiple concern areas exist (medical, DV, supervision).
- This stage is about understanding the information received, not deciding.



FROM CONCERNS TO ACTION

From Concerns To Action



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

FROM CONCERN TO ACTION

Time: 5 minutes

Purpose: To define what participants will accomplish in this section, focusing on translating concerns into initial actions, prioritizing next steps, and beginning to think through how to respond as an investigator

Say:

Welcome back! In this section, we're going to shift from identifying concerns to thinking about what actions you would take as an investigator. By the end of this section, you will be able to take the concerns you've identified in the Flowers' case and begin organizing your next steps. This includes thinking about what you would do first, how you would prioritize your actions, and how your concerns guide those decisions. You are not expected to make final decisions yet, but you are beginning to think through how you respond in real time when a case is assigned to you.

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

- Which part of this feels the newest to you?
- What do you think might be the most challenging part of deciding what to do next?

Facilitator Answers:

Common responses may be:

- New:
 - Prioritizing actions.
 - Knowing where to start.
- Challenging:
 - Making decisions with limited information.
 - Balancing multiple concerns.
- Be sure to normalize that this is a developing skill.

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.

TARGET OUTCOMES

Time: 2 minutes

Purpose: To define what participants will accomplish in this section

Say:

By the end of this section Specialists will:

- ***Translate concerns into actions.***
- ***Begin prioritizing next steps.***
- ***Think through the initial response.***

Let's Get Back Into The Case!



LET'S GET BACK INTO THE CASE!

Time: 5 minutes

Purpose: To re-engage participants after lunch and transition them from analysis and safety thinking into action-oriented thinking, focusing on what they would do next in the Flowers' case

Activity Set Up:

- Participants seated in groups in the classroom.
- Ensure participants have their Flowers' case notes and information present.
- No other materials needed.

Say:

Before lunch, you spent time working through the Flowers' case, identifying what information you have, what you needed to gather, and what concerns stood out to you. You also began connecting how current and prior concerns (especially around supervision) might impact your understanding of this situation. Now we're going to take the next step.

As an investigator, it's not enough to understand what's happening; you also have to

decide what you're going to do next. In this section, we're going to start focusing on your actions and how you respond to the concerns you've identified.

Activity Discussions:

- Light re-engagement.
- Participants recalling key concerns.
- Resetting focus after lunch.

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

- What is one concern that stood out to you before lunch?
- What is one question you still have about this case?

Facilitator Answers:

- Common concerns:
 - Medical neglect
 - Supervision
 - Domestic violence
- Common questions:
 - What happened to the child?
 - What is the caregiver's role?
 - What needs to happen next?
- Reinforce with the participants that those questions now drive action.

Say:

So now that you've identified your worries, let's start thinking about what your first steps would be when responding to this case.

Key Points (ensure the following are covered):

- Investigations require understanding and action.
- Worries identified earlier will drive next steps.
- This section focuses on "What do I do next?"

What Do You Do First?

Put It In Order.



WHAT DO YOU DO FIRST?

Time: 10 minutes

Purpose: To help participants understand and apply the correct sequence of investigative actions, using the Flowers case, with emphasis on reporter contact, child initiation, and structured information gathering

Activity Instructions:

1. In groups, place the steps in the correct order.
2. Be prepared to explain:
 - Why did you choose that order?
3. The facilitator will call on 1–2 groups to share.

Say:

Now that we've talked through the expectations, I want you to put this into practice. On the screen, you'll see a list of actions related to the Flowers case, but they are not in order. In your groups, I want you to work together to place these steps in the correct sequence based on how an investigation should begin. As you do this, think about why the order matters, especially when it comes to safety and policy. We'll come back together and talk through your responses.

Activity Discussions:

- Differences in group order.
- Common mistakes (caregiver first, skipping reporter, etc.)
- Reinforcing correct sequencing.

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

- What order did your group come up with?
- Where did you place contacting the reporter and why?
- Why is seeing the child placed where it is?
- What could happen if the order is out of sequence?

Facilitator Answers:

- Correct Order:
 - Review case
 - Contact reporter (Hannah Lewis)
 - **Initiate (see Jasmine Hill out of the presence of the alleged offender).**
 - Contact caregiver
 - Gather additional information (other required interviews).
- Reinforce:
 - Initiation = **seeing the child face to face.**
- Sequence supports:
 - Safety.
 - Better information gathering.
 - Stronger decision-making.

Key Points (ensure the following are covered):

- The order of actions is intentional and impacts safety outcomes.

Prioritizing Your Response



PRIORITIZING YOUR RESPONSE

Time: 5 minutes

Purpose: To help participants understand how to prioritize investigative actions based on identified concerns, with emphasis on child safety, urgency, and information needs in the Flowers case

Participant Manual: Gathering Information – Preparation

Activity Set Up:

- Participants remain in groups.
- Flowers' case is visible.
- Prior History #1 (supervision) is still in mind.
- The facilitator will list key concerns on the board:
 - Medical concerns (lesions / delayed care)
 - Supervision (current + prior)
 - Domestic violence

Activity Instructions:

- In groups, discuss:

- Which concern would you prioritize first and why?
- Identify:
 - What makes something urgent?
 - What can wait?
- Be prepared to share.

Say:

Now that you've identified your first steps and understand the correct sequence, the next part of your role is deciding what needs your attention first. In the Flowers case, there are multiple concerns present, such as medical issues, supervision concerns, both current and prior, and indicators of domestic violence.

As an investigator, you won't have the luxury of addressing everything at once, so you must begin to prioritize. This means thinking about which concerns pose the greatest risk to the child right now and which actions need to be taken immediately to ensure safety. Your goal is not to ignore other concerns, but to determine what requires your attention first.

Activity Discussions:

- Differences in prioritization across groups.
- How participants define urgency.
- Balancing multiple concerns.
- Linking concerns to action.

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

- Which concern did your group prioritize first?
- What made that concern the most urgent?
- How did the supervision concerns impact your thinking?
- Can multiple concerns be urgent at the same time?

Facilitator Answers:

- Priority often given to:
 - Immediate physical health concerns (medical).
 - Situations where child safety may be compromised.
- Supervision:
 - Ongoing concern (pattern).
- Domestic violence:
 - Adds complexity and risk.
- Confirm that multiple concerns can be urgent, but as the investigator, they must still determine where to start.

Say:

So now that you've thought about what needs your attention first, the next question is, what would that actually look like in your next steps?

Key Points (ensure the following are covered):

- Prioritization is based on the child's safety and the urgency of the situation.
- Multiple concerns may exist, but actions must be sequenced.
- In the Flowers case:
 - Medical concerns may require immediate attention.
 - Supervision concerns suggest ongoing risk.
- Prioritization helps guide next steps in the investigation.

What Does It Look Like In Action?

Applying Your Next Steps To The Flowers' Case



WHAT DOES IT LOOK LIKE IN ACTION?

Time: 15 minutes

Purpose: To help participants apply the correct investigative sequence and prioritization to the Flowers case by identifying what their actions would look and sound like in real time, grounded in DCFS practice and expectations.

Activity Set Up:

- Participants remain in their groups with the Flowers case information visible at their tables.
- Reinforce the key individuals involved:
- Reporter: Hannah Lewis, RN, emergency department nurse
- Alleged Victim: Jasmine Hill, age 7 months, nonverbal
- Participants may reference their notes and previously completed planning materials.
- Explain that the activity includes both group planning and individual verbal practice. Every participant will write and say an opening line aloud before the activity ends.

Activity Instructions:

- Participants will begin by working in their groups to walk through the Flowers case and discuss what their first actions would look like step by step.

- Groups should consider:
 - What happens first after reviewing the case?
 - How will the reporter be contacted?
 - What information needs to be gathered from Hannah?
 - Where might Jasmine be located?
 - How will the specialists approach seeing and observing her?
 - What happens immediately after initiation?
- After the group discussion, each participant will independently write two exact opening lines in their Participant Manual:
 - The first sentence they would use when contacting Hannah Lewis, the reporter.
 - The first sentence they would use when arriving at the door to make contact with the family.
- Participants will then pair with someone at their table.
- Round 1 - Partner A reads the opening line for contacting the reporter. Partner B responds as the reporter.
- Partner A then reads the opening line they would use at the door. Partner B listens and identifies whether the opening was clear, professional, and explained the specialist's purpose.
- Round Two - Partners switch roles and repeat both opening lines.
- After both rounds, participants may make brief revisions to their wording based on what they noticed while speaking it aloud.
- The group will then return to the larger discussion and prepare to share how they would proceed through the first hour of the investigation.

Say:

You have identified your concerns, reviewed the correct sequence of actions, and considered what requires your attention first. Now we are going to bring those pieces together and make the process more practical.

Imagine that the Flowers case has just been assigned to you. This is your first hour as the assigned Specialist. With your group, walk through what you would do after reviewing the referral. Think about how you would contact Hannah Lewis, what you need to learn from her, where you would locate Jasmine, and what your next steps would be after initiation.

Because Jasmine is seven months old and cannot tell you what happened, your observations will be a critical part of the information you gather. Consider how your approach may change if Jasmine is still admitted to the hospital, has been discharged to Georgia Weems' home, or is at Charlotte and Brad's residence. Think about what initiation looks like in each setting and what you would pay attention to when you see her.

It is also important to move beyond discussing what you might say. Each of you will write the exact opening line you would use when contacting the reporter and the exact opening line you would use when arriving at the door. You will then say both lines aloud to a partner. This gives you an opportunity to hear how your words sound and determine

whether your opening is clear, professional, and appropriate for the contact.

The goal is to connect your planning to the actions and communication you will use in the field. These are the decisions and conversations you will need to manage in real time when an investigation is assigned to you.

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

- What did you include in your opening line at the door?

Facilitator Answer:

- Participants should clearly introduce themselves, identify DCFS, explain why they are there without disclosing unnecessary information in front of others, and request to speak with the caregiver. The tone should be calm, direct, professional, and respectful.

Facilitator Notes:

- Keep the activity practical and focused on the first hour of the investigation.
- Ensure every participant writes and says both opening lines aloud. Do not allow groups to complete the activity by only discussing what they would say.
- Give participants enough time to speak naturally, listen to how their wording sounds, and revise it if needed.
- Reinforce that scripts and prepared language are supports. Participants do not need to memorize a perfect statement, but they should be able to clearly introduce themselves, explain their purpose, and begin the contact professionally.
- Redirect participants if they move too far ahead into removal, court action, or case findings.
- Reinforce the sequence:
 - Review the case.
 - Contact the reporter.
 - Locate and see Jasmine.
 - Observe and assess immediate safety.
 - Contact the caregiver.
 - Complete additional required interviews and information gathering.

Say:

You have now moved beyond discussing the investigative sequence and practiced how the first contacts may actually sound. You considered how to contact the reporter, how to approach the family at the door, how to locate and observe Jasmine in different settings, and what must happen after initiation. These opening moments set the tone for the information you are able to gather and the relationships you begin building. Let's pull together the key takeaways from this section before moving forward.

Key Points (ensure the following are covered):

- Investigations require both action and intentional thinking.
- Each investigative step should build on the information gathered during the previous step.

- First contact with the child is critical for assessing safety and gathering information.
- With a nonverbal infant, objective observation is especially important.
- Specialists must be prepared to communicate clearly at the beginning of every contact.
- Practicing opening lines aloud helps build confidence for field contacts and later simulations.
- Actions in the Flowers case must remain connected to the concerns identified in the referral and the information gathered throughout the investigation.

Wrap-Up & Key Takeaways

From
Understanding To
Action



WRAP – UP & KEY TAKEAWAYS

Time: 5 minutes

Purpose: To reinforce participants' ability to translate concerns into initial investigative actions, apply the correct sequence, and understand how prioritization guides early case response

Activity Set Up:

- Participants remain in groups for 1–2 minutes of individual reflection.

Activity Instructions:

1. Ask participants to reflect individually:
 - What concerns influenced the actions you would take starting out on this case?
2. Share within table groups
3. Invite 2–3 participants to share out.

Say:

In this section, you moved from identifying concerns to thinking about the actions you would take as the assigned Specialist. Using the Flowers case, you worked through the correct sequence of an investigation. From reviewing the referral, contacting the

reporter, initiating contact with the child, and to continuing to gather information as the investigation unfolds.

You also began prioritizing your response based on the concerns you identified. That's an important shift because investigations aren't just about recognizing concerns—they're about taking purposeful action to ensure a child's safety.

Before we move on, take a moment to reflect on how your thinking has changed since the beginning of this section. While you've walked through the process of responding to this case, remember that you haven't interviewed the reporter, spoken with the alleged victim, or gathered information from other key individuals. You still don't have the full picture, and that's exactly where you should be.

Throughout this training, we'll continue building the Flowers investigation one step at a time as you gather new information and learn how each piece shapes your investigative decisions.

Activity Discussions:

- Connection between concerns and actions.
- Understanding of the correct investigative sequence.
- How prioritization influenced decisions.
- Differences in participant responses.

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

- What action did you identify as your first step, and why?

Facilitator Answers:

- Contact reporter
- Prepare to locate and see the child

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

- How did understanding the correct sequence impact your thinking?

Facilitator Answers:

- Provided structure
- Clarified what must happen first

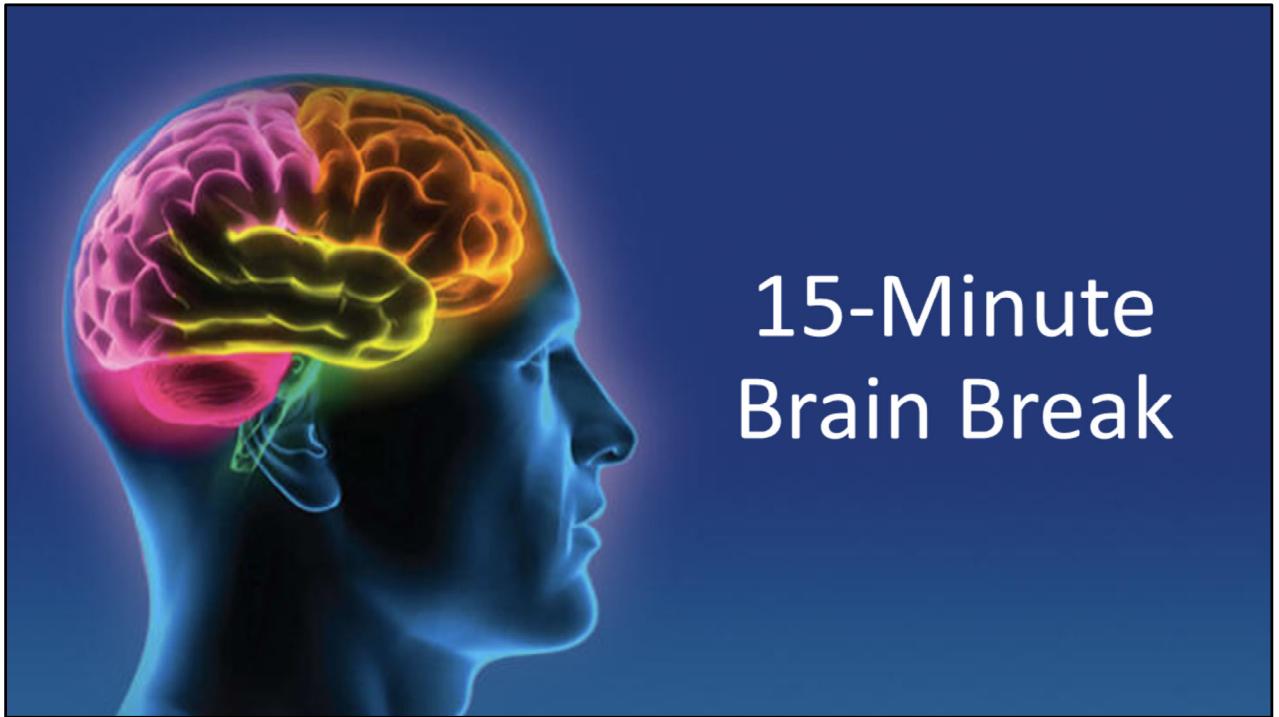
Say:

We're going to pause and take a 15-minute break. When we return, we'll begin taking a deeper look at how these actions unfold within the investigation process.

Key Points (ensure the following are covered):

- Investigations require both understanding concerns and taking appropriate action.
- The correct sequence is critical:

1. Review the case.
 2. Contact the reporter.
 3. Initiate (see the child).
 4. Contact the caregiver.
 5. Gather additional information.
- A case is not initiated until the child is seen (or due diligence is documented).
 - Actions must align with policy expectations and safety priorities.



15-Minute Brain Break

BRAIN BREAK



FROM FIRST CONTACT TO BUILDING THE FULL PICTURE

FROM FIRST CONTACT TO BUILDING THE FULL PICTURE

From First Contact To Building The Full Picture



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

FROM FIRST CONTACT TO BUILDING THE FULL PICTURE

Time: 5 minutes

Purpose: To define what participants will accomplish, focusing on how to structure interviews and information gathering to build a complete and accurate understanding of the case

Say:

In this section, we will focus on how you gather information once you have initiated the investigation. You will learn how to structure your approach to interviews, including who you speak with, the order of those conversations, and the purpose of each interaction.

By the end of this section, you will understand how information is intentionally gathered and built across multiple interviews to help you assess safety and understand what is happening within the family. This is a critical part of the investigation process because the quality of the information you gather directly impacts your ability to make informed decisions.

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

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

interviewing?

Facilitator Answers:

- Common responses:
 - Talking to the right people.
 - Asking the right questions.
 - Understanding what happened.
 - Reinforce that all the above answers are correct, and the structure is what ties those together.

Target Outcomes



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

TARGET OUTCOMES

Time: 2minutes

Purpose: To define what participants will accomplish during this section

Say:

By the end of this section Specialists will:

- ***Understand structured information gathering.***
- ***Identify the purpose of different interviews.***
- ***Recognize how information builds across interviews.***
- ***This section focuses on how to gather information effectively during interviews.***
- ***This is foundational for safety assessment and decision-making.***

How Investigations Begin to Take Shape



HOW INVESTIGATIONS BEGIN TO TAKE SHAPE

Time: 5 minutes

Purpose: To transition participants from initial response actions into structured information gathering during interviews, emphasizing that investigations require a planned, intentional approach to understanding child safety and family dynamics

Participant Manual: Gathering Information – Overview & Preparation

Activity Set Up:

- Participants are seated in groups at their tables.
- Flowers' case remains the reference point.
- No materials required.

Say:

Once you have reviewed the case, contacted the reporter, and made contact with the child, your work shifts into gathering information in a structured and intentional way. This process is not random. You are expected to plan how you will gather information, who you need to speak with, and how each conversation will help you better understand

what is happening within the family. The goal is to gather enough accurate information to assess safety and make informed decisions, not to rush through the process or rely on assumptions. As outlined in your materials, you will not get all the information at once, and each interaction builds on the one before it.

Activity Discussions:

- Focus on the shift from action to structured work and interviewing techniques.
- Importance of planning before engaging with key people in the case.
- Understanding that information builds over the course of the investigation.

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

- Why is it important to plan how you gather information instead of just going case by case?
- What could happen if you do not have a structured approach?

Facilitator Answers:

- Planning ensures:
 - Complete information gathering during the interview process.
 - Better decision-making.
- Without structure:
 - It is more likely to have missed information in the case.
 - It could cause incomplete assessments and poor decisions.
- Reinforce that investigations require intentional planning and structure.

Key Points (ensure the following are covered):

- Information gathering during the investigation process is structured and intentional.
- You will:
 - Not get all the information at once.
 - Build understanding over time.
- Planning is critical for:
 - Safety assessment
 - Accuracy

Interview Sequencing

Who Do You Talk To and Why?

INTERVIEW SEQUENCING

Time: 10 minutes

Purpose: To introduce participants to the structured sequence of interviews in an investigation and explain how each interview builds on the previous one to support accurate safety assessment

Participant Manual: Gathering Information – Preparation

Instructions:

- Lead this as a guided discussion.

Discussions:

- Why is the child interviewed first?
- How information builds across interviews.
- Differences in perspective between individuals.

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

- What might happen if interviews are done out of order?

Facilitator Answers:

- Missed information.
- Assumptions or influenced responses.
- Incomplete understanding.
- Sequence supports accuracy and safety.

Say:

The order in which you conduct interviews during an investigation is intentional because each conversation helps guide the next. As a best practice, you'll begin with the alleged victim whenever possible. This allows you to assess the child's immediate safety and gather first-hand information about what may be happening.

From there, you'll continue speaking with other key individuals, such as siblings, caregivers, and alleged offenders. Each person provides a different perspective, and the information you gather from one interview should help shape the questions you ask and the information you seek in the next.

Following this structured approach helps you build a complete and accurate understanding of the situation, ensuring your assessment is based on information you've gathered throughout the investigation rather than assumptions or incomplete details.

Key Points (ensure the following are covered):

- Typical order:
 1. Alleged victim
 2. Siblings
 3. Caregiver / non-offending parent
 4. Alleged offender
 5. Other Adults in the Home
- Each interview builds on previous information.
- The overall goal is to build a complete and accurate picture of the case.

Interviewing the Alleged Victim



INTERVIEWING THE ALLEGED VICTIM

Time: 15 minutes

Purpose: To introduce participants to the foundational approach for interviewing the alleged victim, focusing on rapport, observation, and developmentally appropriate engagement

Participant Manual: Gathering Information - Interviewing the Alleged Victim, Three Houses, Safety House.

Facilitator Notes:

- Keep this introductory (no deep skill practice yet). Do NOT introduce full interview scripts/simulations, mock scenarios, or advanced techniques.
- At this point, keep the Three Houses / Safety House at awareness level only.
- This will be practiced later in the training.
- These tools support (not replace) good interviewing practice.

Set Up:

- Participants remain seated in groups at their tables with the Flowers' referral snapshot visible. The alleged victim in the case is **Jasmine Hill**.

- No formal activity. Guided discussion with quick think-pair-share (1–2 minutes).

Say:

When you make contact with the alleged victim, your role is to gather information while helping the child feel as safe and comfortable as possible. That starts with building rapport and creating an environment where the child is more likely to share their experiences. As you talk with the child, use developmentally appropriate language, ask open-ended questions, and avoid leading them toward a particular answer. If the child is non verbal you will observe them.

Remember, you're gathering information through more than just what the child says. Your observations are just as important. Pay attention to the child's physical condition, behavior, interactions, and overall presentation. In the Flowers case, when you meet with Jasmine Hill, you'll be observing for signs that may provide additional information about her health, supervision, and overall safety.

As you continue developing your interviewing skills, you'll also learn to use structured tools that help guide conversations with children. Two of those tools are the Three Houses and the Safety House, which are designed to help children share their experiences in a way that feels safe, comfortable, and developmentally appropriate.

Although we won't be practicing those tools today, it's important to know that they support child-centered information gathering by helping specialists understand what the child is worried about, what is going well, and what needs to change to help ensure their safety.

Activity Discussions:

- Importance of building rapport with the alleged victim.
- Observing beyond verbal responses.
- Differences in how children may respond during interviews.
- Review of structured tools (Three Houses, Safety House).
- How the tools support communication with children during the interview.
- Why child-friendly approaches matter in investigations.

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

- What are some ways you can help a child feel more comfortable during an interview?

Facilitator Answers:

- Comfort: Tone, environment, pacing

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

- What are you observing besides what the child says?

Facilitator Answers:

- Physical condition.

- Behavior.
- Emotional responses.
- Nonverbal cues.

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

- Why is it important to use developmentally appropriate language?

Facilitator Answers:

- Developmentally appropriate language:
 - Ensures understanding
 - Encourages accurate responses

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

- How are the Three Houses or The Safety House helpful when talking to a child?

Facilitator Answers:

- Helps children: Communicate more comfortably. Express concerns in their own way.
- Helps investigators: Gather meaningful information. Stay child-centered in approach.

Key Points (ensure the following are covered):

- Interviewing the child includes: Rapport building, open-ended questioning, and observation.
- You must: Avoid leading questions. Use age-appropriate language.
- Observation during the interview is just as important as questioning.
- In the Flowers case, pay attention to:
 - Medical condition
 - Behavior
 - Safety indicators
- Structured tools (SOP-aligned) support: Child-centered interviewing. Developmentally appropriate communication.
- Examples include: Three Houses and Safety House.



Interviewing Siblings

Additional Perspectives
on the Child's Experience

INTERVIEWING SIBLINGS

Time: 5 minutes

Purpose: To introduce the importance of interviewing siblings and how their perspectives contribute to understanding the child's safety and experiences

Say:

In addition to interviewing the alleged victim, you may also need to interview siblings or other children in the home. Siblings can provide valuable insight into household dynamics, including patterns of behavior, supervision, and interactions among family members.

Their perspective may either support or provide additional context to the information gathered from the alleged victim and caregivers.

In the Flowers' case, Frankie is identified as a sibling and may provide important information to help you better understand the child's experience and overall safety.

Activity Discussions:

- Value of sibling perspective.

- Differences in what siblings may report.
- Supporting overall case understanding.

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

- Why is it important to speak with siblings?

Facilitator Answers:

- Siblings may observe different events and provide additional details that the alleged victim may not have mentioned.

Facilitator Question:

- How might a sibling's perspective be different from the alleged victim's?

Facilitator Answers:

- Different perspectives in:
 - Age. Role in family. Experience.

Key Points (ensure the following are covered):

- Siblings provide important information and help build a more complete picture.
- Their perspective adds context and may confirm or expand details for the case.
- In the Flowers' case, Frankie provides additional insight.

Interviewing Caregivers & Other Adults

Understanding Roles, Responsibility, and Protective Capacity



INTERVIEWING CAREGIVERS & OTHER ADULTS

Time: 10 minutes

Purpose: To introduce participants to interviewing caregivers and other adults, focusing on gathering information, assessing protective capacity, and understanding family dynamics

Participant Manual: Gathering Information - Interviewing the Non-Offending Parent, Gathering Information - Interviewing the Alleged Offender.

Set Up:

- Participants are seated in groups for a guided discussion.
- Reinforce key individuals:
 - Charlotte Flowers (caregiver/alleged offender)
 - Brad Hill (additional adult/alleged offender)
 - Georgia Weems (collateral/grandmother)

Say:

After you have made contact with the children, the next step is to begin speaking with the caregivers and other adults involved in the case. When speaking with caregivers and other adults, you are gathering information about what occurred, understanding their

role in the situation, and assessing their ability and willingness to ensure the child's safety.

You may encounter a range of responses, including cooperation, defensiveness, or denial. Remain professional, gather accurate information, and assess whether the caregiver can provide a safe and protective environment for the child.

In the Flowers' case, this includes understanding Charlotte's role, Brad's involvement, and the support or insight Georgia provides as a collateral contact. These individuals are identified through the referral and collateral information documented in CHRIS.

For example, Charlotte Flowers is identified as the primary caregiver and alleged offender, Brad Hill is listed as an additional adult involved in the household, and Georgia Weems is identified as a collateral contact and the child's grandmother.

These individuals are not introduced randomly. They are identified through the information you gather from the referral, CHRIS history, and collateral sources, and each plays a role in helping you understand the full context of the case.

Activity Discussions:

- Differences between interviewing children vs adults.
- Understanding the caregiver perspective.
- Assessing protective capacities among the adults in the case.
- Anticipating responses (cooperation vs defensiveness).

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

- What are you trying to learn from the caregiver during an interview?

Facilitator Answers:

- Goals when interviewing the caregiver(s):
 - Understanding the events within the case.
 - Assessing responsibility.
 - Evaluate the ability to protect the child(ren) involved.

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

- What does protective capacity mean in this context?

Facilitator Answer:

- Protective capacity: Ability and willingness to keep children safe.

Key Points (ensure the following are covered):

- Caregiver and adult interviews focus on:
 - Role(s) in the situation.
 - Accountability.

- Protective capacity.
- Prep participants to expect varied responses during these interviews, but to remain neutral and professional at all times.
- All information gathered must be compared across sources.
- Flowers' case: Multiple adults contribute to understanding the situation.
- Individuals involved in the case are identified through:
- Referral information. CHRIS documentation. Collateral contacts.

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

WHAT DO YOU STILL NEED TO KNOW?

Time: 15 minutes

Purpose: To help participants identify gaps in information and understand how those gaps guide investigative interviews and next steps

Participant Manual: Gathering Information Overview & Preparation

Facilitator Notes:

- This is a thinking activity, not planning or a role-playing activity.
- Do NOT let groups jump ahead to decisions.
- Keep focus on what participants still need to know.
- Reinforce alignment with materials that information is built over time.
- This sets up future interview practice on Days 2–4.

Activity Set Up:

- Participants in groups (3–5) at their tables with Flowers' case and notes.

Activity Instructions:

1. In groups, review the Flowers' case.
2. Identify:
 - What information is missing?
 - What do you still need to know to understand the case?

3. Consider the child, caregiver, and environment.
4. Be prepared to share 2–3 key information gaps.

Say:

Now that you understand how interviews are structured and who you would need to speak with, we are going to shift your focus slightly. Instead of planning the interviews themselves, think about what you still do not know about this case.

In an investigation, you will never start with all the information you need. Your role is to identify those gaps and use them to guide your next steps.

Using the Flowers' case, think about what information is missing and what you need to learn to fully understand what is happening and assess the child's safety.

Activity Discussions:

- Differences in identified gaps.
- How participants prioritize missing information.
- Connections between gaps and interviews.
- Understanding incomplete information.

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

- What information did your group identify as missing?

Facilitator Answers:

Common possible gaps:

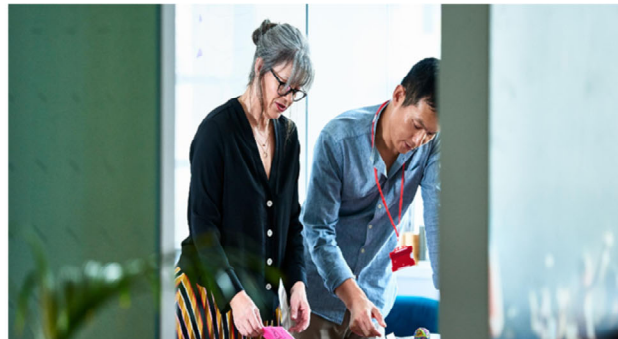
- Details about the child's medical condition.
- Caregiver explanation of events.
- Supervision patterns.
- Domestic violence context.

Key Points (ensure the following are covered):

- Investigations begin with incomplete information.
- Identifying gaps helps guide interviews and focus investigations.
- In the Flowers' case, multiple gaps exist across all individuals.

Wrap-Up & Key Takeaways

What Did You Build?



WRAP – UP & KEY TAKEAWAYS

Time: 5 minutes

Purpose: To reinforce participants' understanding of structured information gathering, the role of interviews, and how identifying information gaps supports an accurate investigation

Activity Set Up:

- Participants remain in groups at their tables for 1–2 minutes of individual reflection.

Activity Instructions:

1. Ask participants to reflect individually:
 - What is one piece of information you would need to gather first in this case?
 - Why is that information important?
2. Share within table groups.
3. Invite 2–3 participants to share out.

Say:

In this section, you focused on gathering information in a structured and intentional way. You explored who you need to speak with, why each interview matters, and how each interaction helps build a more complete understanding of the case.

You also identified that you will not begin an investigation with all the information you need, and that recognizing what is missing is a critical part of your role.

In the Flowers' case, multiple perspectives are presented, including those of the child, siblings, caregivers, and collaterals. All perspectives are necessary to fully understand what is happening and to assess safety. This process is what allows you to move from initial concerns to a more complete and informed picture of the family.

Overall, today you began laying the foundation for how investigations are conducted, from receiving a referral to identifying concerns, taking action, and gathering information. This is just the beginning of the process, and in the coming days, you will continue building on these skills, begin practicing interviews, and apply these concepts in greater depth.

Activity Discussions:

- The importance of structured information gathering.
- Understanding incomplete information within a case.
- Identifying how gaps guide interviews.
- Understanding the value of multiple perspectives.

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

- What is one thing you learned about gathering information in this section?

Facilitator Answers:

- Common responses may include learning the:
 - Importance of structure.
 - Role of different interviews.

Facilitator Question:

- What is one thing you feel more confident about at the end of today?



Target Outcomes Evaluation

TARGET OUTCOMES EVALUATION

Time: 2 minutes

Purpose: To assess the learning outcomes for this training day

Facilitator Note: Before ending the 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.