Investigations
Day 3 - Facilitator Guide

Investigative Decision Making In Action

Structured Simulation – Flowers/Hill

Developing Harm Worry, & Goal Statements

Collateral Information Integration

Identifying Safety Threats

Safety Planning & Support Network

Day 3:

Investigations Training Agenda

Monday	
9:00 – 9:45	Welcome Investigative Decision Making In Action
9:45-10:45	Structured Simulation – Flowers/Hill
10:45 – 11:00	**Break**
11:00 – 12:00	Developing Harm Worry, & Goal Statements
12:00 – 1:00	**Lunch Break**
1:00 – 2:30	Structured Simulation – Flowers/Hill (cont.)
2:30 -2:45	**Break**
2:45 – 3:30	Collateral Information Integration Identifying Safety Threats
3:30 – 4:00	Safety Planning & Support Network Wrap Up and Review

Before You Train

Facilitator Resources – Day 3

Materials and Handouts

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

DCFS Entry Level Competencies

- 101-1
- 101-3
- 101-4
- 101-5
- 101-7
- 101-8
- 102-1
- 102-2
- 102-2
- 102-3
- 102-5
- 102-6
- 102-8
- 103-2
- 103-3
- 103-4

DCFS Forms and Publications

- n/a

DCFS Policy And Internal Procedures

- n/a

Day 3 Sources

- n/a

WEEK 7, DAY 3 - INVESTIGATIONS SPECIALTY TRAINING

INVESTIGATIVE PLANNING & STRUCTURED DECISION MAKING

INVESTIGATIVE PLANNING AND STRUCTURED DECISION MAKING

Time: 5 minutes
Purpose: To welcome participants and introduce Day 3 learning and connect what they've learned to next steps in the investigation

Say:
Over the last two days, you've focused on understanding investigations, gathering information, and beginning to make sense of what you've learned. Today, we are shifting into the next phase of the work: advancing the investigation.

This means you will begin making decisions about what to do next, who to engage with, and how to use the information you've gathered to build a clearer understanding of the situation. Throughout the day, you will continue working within the Flowers case, applying your skills through structured activities and simulations.

As you move through today, you will also begin applying your work within the Structured Decision Making framework. SDM is the model used to guide key decision points in a case, including how we assess safety and make informed decisions based on the information gathered.

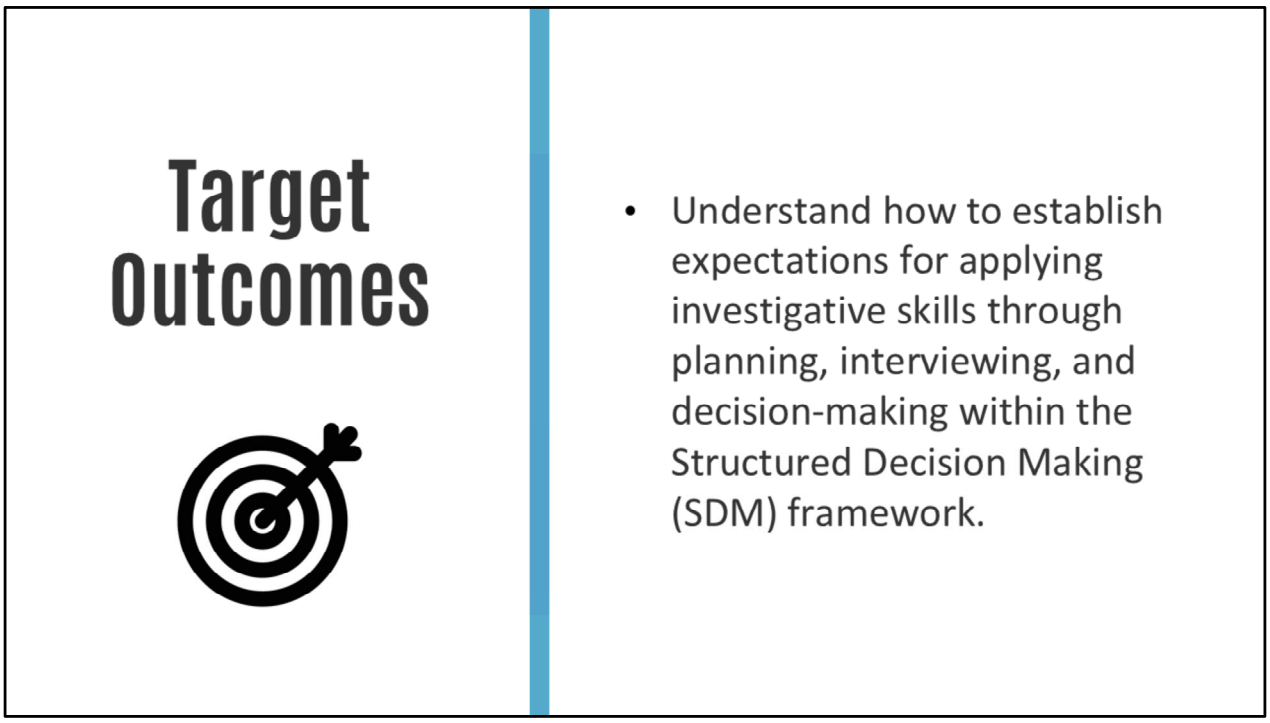
By the end of today, you should feel more confident in moving an investigation forward, gathering information from multiple sources, and beginning to identify safety concerns using the SDM framework..

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

- What does it mean to move an investigation forward?

Facilitator Answers:

- Taking the next steps based on information.
- Engaging additional individuals.
- Continuing to gather and understand information.
- Reinforce to participants that investigations require ongoing action and purposeful decision-making guided by structured decision-making.



TARGET OUTCOMES

Time: 5 minutes
Purpose: To orient Specialists to the focus of Day 3 and establish expectations for applying investigative skills through planning, interviewing, and decision-making within the Structured Decision Making (SDM) framework

Say:
By the end of this section, Social Services Specialists will be able to: Understand how to establish expectations for applying investigative skills through planning, interviewing, and decision-making within the Structured Decision Making (SDM) framework.

Facilitator Notes:
- Reinforce to participants that SDM is a framework, not a single decision.
- Avoid over-explaining SDM.
- Maintain forward momentum into application.

Understanding The Limits Of What We Know

UNDERSTANDING THE LIMITS OF WHAT WE KNOW

Time: 10 minutes
Purpose: To shift Specialists from recalling information to recognizing that their current understanding is incomplete and will continue to evolve as new information is gathered

Activity Instructions:

1. Ask participants to discuss:
    - Based on everything so far, how confident are you in your understanding of this case?
2. Then ask:
    - What could change your understanding?
3. Prepare to share.

Say:
Up to this point, you've gathered information from the reporter and from your interaction with Jasmine. You've also started organizing what you've learned and identifying areas of concern.

But here's an important reality in investigations: You rarely have the full picture

early on.
What you have right now is a starting point. Your understanding of this case is based on limited information, and as you continue to engage with additional individuals and gather more details, that understanding may shift.

Today, you will begin to experience how investigations evolve. New information may confirm what you already think, or it may challenge it. Your role is to remain open, continue gathering information, and adjust your thinking as needed.

Before we move forward, take a moment to reflect on how confident you are in your current understanding and what might still change as you continue the investigation.

Activity Discussions:
Participants may identify:
- Limited information so far.
- Need for additional perspectives.
- Uncertainty in caregiver roles.
- Missing medical or collateral input.

Facilitation Questions: (ask the following questions and validate responses)
- How confident are you in what you think is happening right now?
- What information could change your understanding?

Facilitation Answers:
- Understanding can change with new interviews and collateral information.

Key Points: (ensure the following are covered)
- Early understanding is incomplete.
- Investigations evolve over time.
- Specialists must remain open to new information.
- New information may confirm OR challenge current thinking.

MOVING FORWARD IN AN EVOLVING INVESTIGATION

Time: 10 minutes
Purpose: To guide Specialists in identifying and prioritizing immediate investigative actions, while introducing the need to justify decisions based on information and potential impact

Activity Instructions:

1. In groups, determine:
    - What are your first 3 actions after observing with Jasmine?
    - Who will you engage first?
    - What are you hoping to learn from that person?
2. Then discuss:
    - Why is that your first step?
    - What could happen if you choose a different order?
3. Prepare to share.

Say:
Now that you've recognized that your understanding of the case is still developing, the next step is deciding how to move forward and not just what to do, but what to do first. In investigations, your actions are not just about

completing tasks. They are about making decisions that impact how quickly and accurately you understand what is happening, and in some cases, how quickly you can ensure a child's safety.

At this point, you likely have several possible next steps. You could speak with the caregiver, engage with the sibling, speak with the grandmother, contact a collateral, or gather additional information. But you cannot do everything at once. You have to prioritize.

In your groups, identify your first three actions, who you would engage first, and what you are trying to learn. Then be prepared to explain why you made those choices and what could happen if your order changes.

Activity Discussions:
Participants should begin identifying:

Priorities:
- Caregiver (Charlotte)
- Child (Frankie & Jasmine)
- Grandmother
- Medical input

Reasoning:
- Clarify supervision
- Understand caregiving roles
- Assess immediate concerns

Facilitator Notes:
- Push for the "Why" behind surface-level responses.
- Allow multiple valid approaches.
- Reinforce that there is no single correct order after the investigation is initiated.

Say:
As we close this section, you have moved from gathering and organizing information to determining what should happen next. After initiating the investigation and observing Jasmine, you may have several possible actions to consider. You could engage Charlotte, speak with Frankie, gather more information from the grandmother, seek medical input, or contact another collateral.

As Specialists, your responsibility is not simply to list every task that needs to be completed. You must decide which actions should happen first and be able to

explain why that order matters. Your decisions should be intentional, purposeful, and based on what you know, what you still need to learn, and the potential impact on child safety.

There may be more than one valid approach after the investigation has been initiated, and your priorities may change as new information becomes available.

In the next section, you will continue building on this process by focusing more closely on the people you need to engage, the information you need to gather, and how those decisions help move the investigation forward.

Key Points: (ensure the following are covered)

- Specialists must prioritize actions, not just list them.
- Order of steps matters.
- Decisions should be intentional and purposeful.
- Investigations require ongoing adjustment.

FROM UNDERSTANDING TO ACTION

Time: 5 minutes
Purpose: To reinforce the importance of prioritizing next steps and transition Specialists from initial decision-making into more structured investigative planning

Say:
In this section, you took a step back to look at where you are in the investigation and began thinking about what needs to happen next. You identified that your understanding is still developing, and that your decisions must be based on both what you know and what you still need to learn.

You also began prioritizing your actions, deciding not just what to do, but what to do first and why that matters. As you move forward, your work becomes more structured. It's not just about identifying next steps, but about organizing them in a way that helps you gather information effectively and build a clearer understanding of the situation.

You will begin turning those initial ideas into a more structured approach to advance the investigation.

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

- What was most challenging about deciding your next steps?

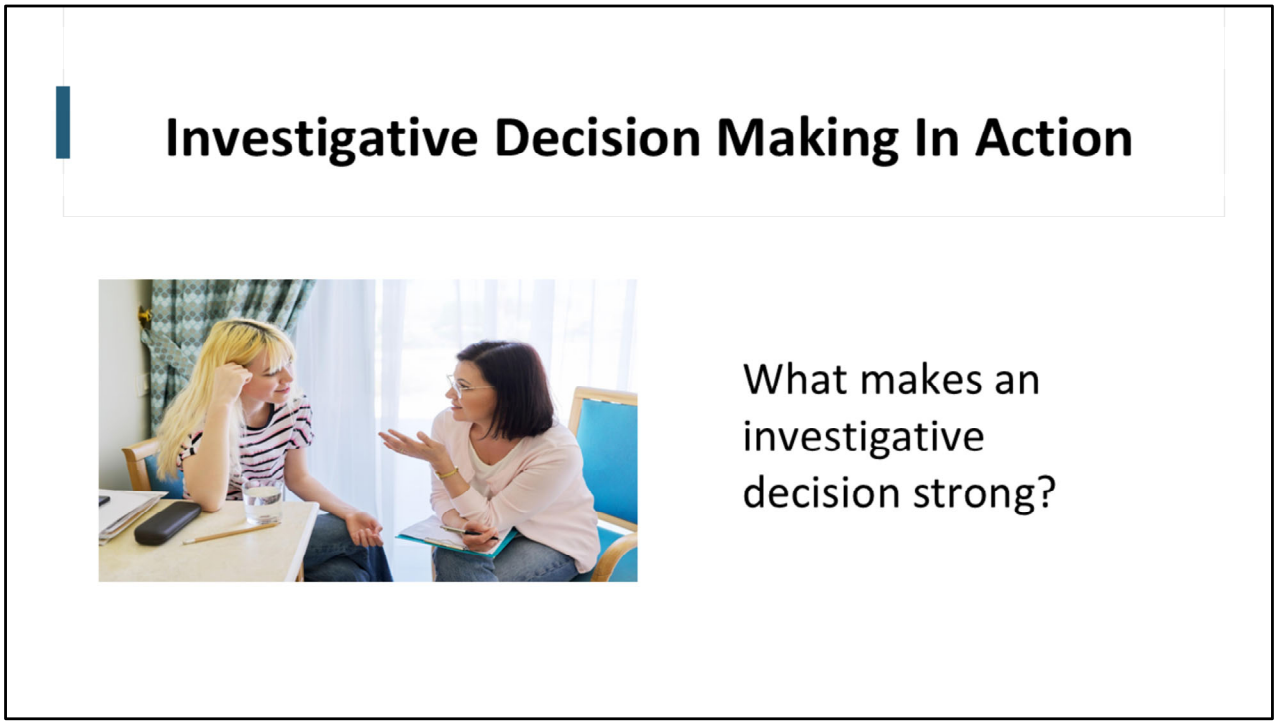
Facilitator Answers:

- Prioritizing actions.
- Deciding what is most important.
- Working with incomplete information.
- Reinforce to participants that these challenges are expected, common, and a part of the investigative process.

Key Points: (ensure the following are covered)

- Specialists must move from understanding the information they have gathered to their next action.
- Prioritization within an investigation is a key skill.
- Investigations require purposeful and organized steps.

INVESTIGATIVE DECISION MAKING IN ACTION



INVESTIGATIVE DECISION MAKING IN ACTION

Time: 5 minutes
Purpose: To welcome participants and connect to strengthening decision-making in the investigation

Say:
In the previous section, you identified what you would do next in the investigation and began prioritizing your actions. In this section, we are going to take that a step further.

Not all investigative decisions are equal. Two Specialists can have the same information and take very different approaches, and those decisions can lead to very different outcomes.

We will focus on strengthening how you make those decisions. You will begin to look more closely at why certain actions are stronger than others, how your choices impact what you learn, and how your decisions influence the direction of an investigation.

This is not about adding more steps. It is about improving the quality of the

decisions you are already making.

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

- What makes an investigative decision strong?

Facilitator Answers:

- Focused on key information.
- Helps clarify concerns.
- Moves understanding forward.
- Reinforce to participants that strong decisions improve investigation quality.

TARGET OUTCOMES

Time: 5 minutes
Purpose: To orient Specialists to the focus of section two and establish expectations for strengthening decision-making when determining next investigative actions

Say:
By the end of this section Specialists will:

- ***Establish expectations for strengthening decision-making when determining next investigative actions.***

DIFFERENT DECISIONS LEAD TO DIFFERENT OUTCOMES

Time: 10 minutes
Purpose: To demonstrate that different investigative decisions, even with the same information, can lead to different levels of understanding and different outcomes

Activity Instructions:

1. Present the following scenario:
   "Two Specialists receive the same case information."
2. Describe:
   - **Specialist A:**
     - Speaks with the caregiver first.
     - Accepts information at face value based on the caregiver's narrative.
     - Does not verify with other sources and collaterals.
   - **Specialist B:**
     - Engages multiple sources and collaterals.
     - Seeks clarification throughout the investigation.
     - Verifies information.
3. Ask participants:
   - What might each Specialist understand about the case?
   - How might their outcomes differ?

Say:
Even when Specialists start with the same information, the decisions they make next can lead to very different outcomes.

One Specialist may choose to speak with the caregiver first and accept the information provided without seeking additional perspectives. Another may choose to gather information from multiple sources, ask clarifying questions, and verify what they are being told.

These decisions impact not only what information is gathered, but how accurate and complete that understanding becomes. Over time, these differences can shape the direction of the investigation and the decisions that follow.

This is why the quality of your decisions matters. It's not just about taking action; it's about taking the right actions to build an accurate understanding of what is happening.

Facilitator Question: (ask the following question and validate responses)
- What might Specialist A miss?

Facilitator Answers:
- Specialist A may miss important details and rely on incomplete information.

Facilitator Question: (ask the following question and validate responses)
- What advantages does Specialist B have?

Facilitator Answers:
- Specialist B gains a broader understanding and verifies information.

Facilitator Question: (ask the following question and validate responses)
- How could these differences impact safety decisions?

Facilitator Answers:
- This impacts safety decisions by creating better-informed decisions and a more accurate understanding.

Key Points: (ensure the following are covered)
- Not all approaches lead to the same understanding.
- Decision-making impacts information quality.
- Strong decisions improve accuracy within the investigation.
- Investigations require multiple perspectives.

- Reinforce to the participants that investigative decisions directly impact outcomes of the investigation and the child's safety.

MOVING FROM ACTION TO INTENTIONAL ACTION

Time: 10 minutes
Purpose: To introduce clear criteria for evaluating investigative decisions and help Specialists distinguish between strong and weak actions

Activity Set Up:
Before class, post four signs in different corners of the room:

- Closes a Key Information Gap
- Increases Understanding
- Clarifies Concerns
- Reduces Uncertainty

Explain that each sign represents one characteristic of a strong investigative decision

Activity Instructions:

1. Ask participants to think about the investigative actions they prioritized during the previous activity.
2. Have participants stand and move to the corner representing the characteristic they believe is **most important** when determining whether an investigative decision is strong.

3. Once in their corner, participants will discuss:
    - Why they chose that characteristic.
    - How it strengthens an investigation.
    - An example from the Flowers case that supports their reasoning.
4. Invite one spokesperson from each corner to share the group's thinking.
5. After hearing each group's explanation, allow participants to move to a different corner if another group's reasoning changed their perspective.
6. Debrief by introducing the characteristics of both strong and weaker investigative decisions.

Say:
As we've discussed, not all investigative decisions are equal. As Specialists, making decisions isn't just about staying busy or checking tasks off a list. The question is, how do you know whether a decision is actually a strong one?

Strong investigative decisions move the investigation forward because they help you learn something you don't already know, clarify concerns, reduce uncertainty, or fill an important information gap. Other decisions may feel productive, but they don't improve your understanding.

They may simply confirm what you already believe, avoid difficult conversations, or fail to gather new or meaningful information. In this activity, you'll think about the decisions you identified in the previous exercise and determine what makes an investigative action strong.

As you move to a corner of the room, be prepared to explain why you selected that characteristic and how it helps move an investigation forward. Listen carefully to the reasoning shared by the other groups. You may find that another perspective changes your thinking, and if it does, you're encouraged to move.

Paraphrase:
Strong investigative decisions are intentional. They help you gather meaningful information, improve your understanding of the situation, and guide your next steps. The goal isn't simply to take action, it's to take the action that adds the greatest value to the investigation.

Activity Discussion:
- Review each characteristic of a strong investigative decision.
- Discuss how strong decisions:
    - Target a key information gap.
    - Increase understanding.

    - Clarify concerns.
    - Reduce uncertainty.
- Then contrast them with weaker decisions that:
    - Confirm assumptions.
    - Avoid difficult conversations.
    - Do not add meaningful information.
    - Delay understanding.

Facilitator Question: (ask the following question and validate responses)
- Why did your group choose that characteristic as the most important quality of a strong investigative decision?

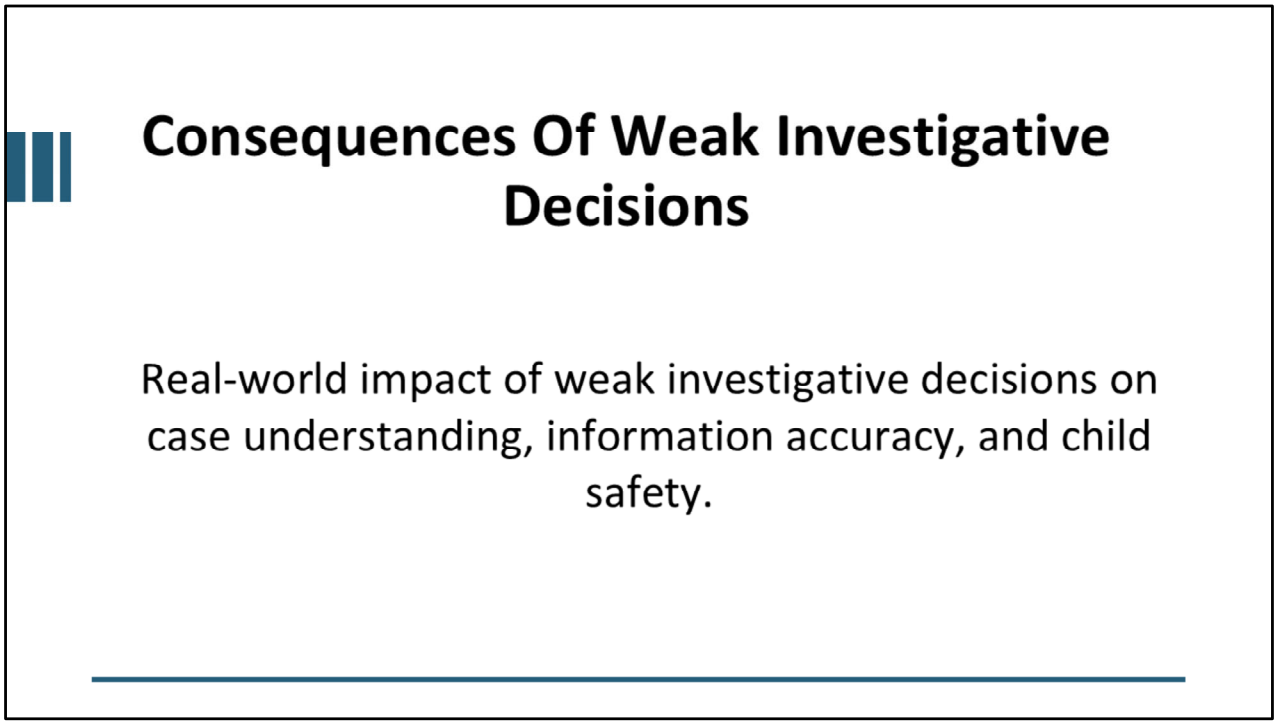
Facilitator Answer:
- Responses will vary. Participants should explain how their selected characteristic helps Specialists gather meaningful information and move the investigation forward. Reinforce that each characteristic contributes to stronger decision-making and that multiple perspectives can be valid.

Facilitator Question: (ask the following question and validate responses)
- How would choosing a weaker investigative action affect your understanding of the Flowers' case?

Facilitator Answer:
- Participants should recognize that weaker decisions may confirm existing assumptions, avoid important conversations, fail to gather meaningful information, or delay the investigation. Reinforce that Specialists should prioritize actions that improve understanding rather than simply completing tasks.

Say:
Just as investigations evolve when new information is gathered, your thinking should remain flexible as you consider different perspectives.

Key Points: (ensure the following are covered)
- Strong investigative decisions move understanding forward.
- Strong decisions target key information gaps, increase understanding, clarify concerns, and reduce uncertainty.
- Not all actions add value to an investigation.
- Specialists must be intentional when deciding what to do next.
- Decision-making directly impacts the quality of an investigation.



CONSEQUENCES OF WEAK INVESTIGATIVE DECISIONS

Time: 10 minutes
Purpose: To help Specialists understand the real-world impact of weak investigative decisions on case understanding, information accuracy, and child safety

Activity Instructions:
1. Ask participants:
    - What can happen if we make weak or poorly prioritized decisions in an investigation?
2. Capture responses on the board.
3. Expand using examples.

Say:
We've talked about what makes a strong investigative decision, but it's just as important to understand what happens when decisions are weak or poorly prioritized.

When decisions do not move the investigation forward, or when key steps are delayed, it can impact how accurately we understand what is happening. Important information may be missed, assumptions may go unchallenged, and

the overall picture of the case may remain incomplete.

In some situations, weak decisions can delay the identification of concerns or prevent Specialists from recognizing patterns important to understanding complicating factors and safety. This can affect not only the direction of the investigation but also the decisions that follow.

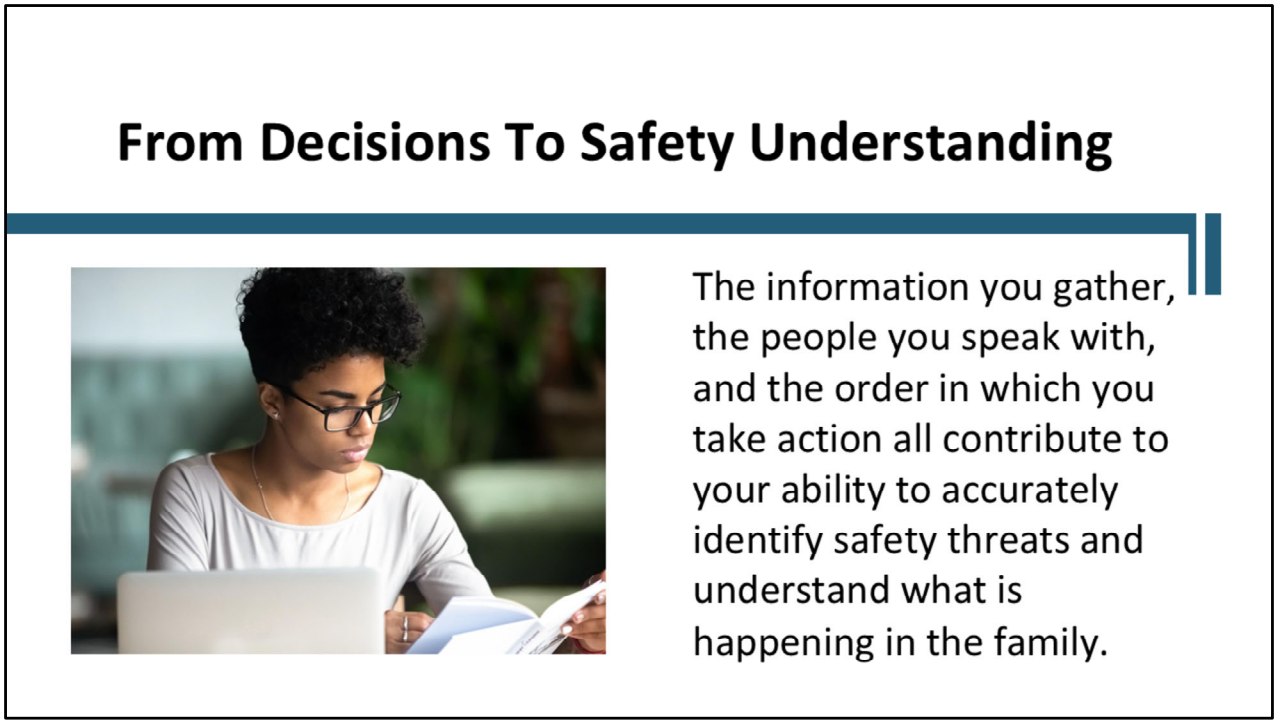
Activity Discussions:
Participants may identify:

- Missed or delayed information.
- Incomplete understanding of caregiving roles.
- Incorrect assumptions.
- Delayed recognition of concerns.
- Ineffective next steps.

Say:
This is why decision-making is such a critical part of the process. The steps you take and the order in which you take them directly impact what you learn and how you respond.

Key Points: (ensure the following are covered)

- Weak decisions can:
    - Delayed understanding.
    - Miss key information.
- Decision-making impacts the investigation's quality.
- Early actions shape later decisions.
- Specialists must be intentional and purposeful throughout the investigation.



FROM DECISIONS TO SAFETY UNDERSTANDING

Time: 5 minutes
Purpose: To connect investigative decision-making to the Structured Decision Making (SDM) framework, specifically how information gathered and prioritized supports identifying safety threats and completing the Safety Assessment

Activity Instructions:
1. Ask participants:
    - How do your decisions impact your ability to identify threats to safety?
2. Facilitate a brief discussion.

Say:
Up to this point, you've been focusing on how to make stronger investigative decisions, what actions to take, who to engage, and how to prioritize your next steps. Within the Structured Decision Making framework, these decisions are not separate from your assessment work; they directly support it.

The information you gather, the people you speak with, and the order in which you take action all contribute to your ability to accurately identify safety threats and understand what is happening in the family. If key information is missed or delayed, it can impact how clearly safety threats are identified and how decisions

are made moving forward.

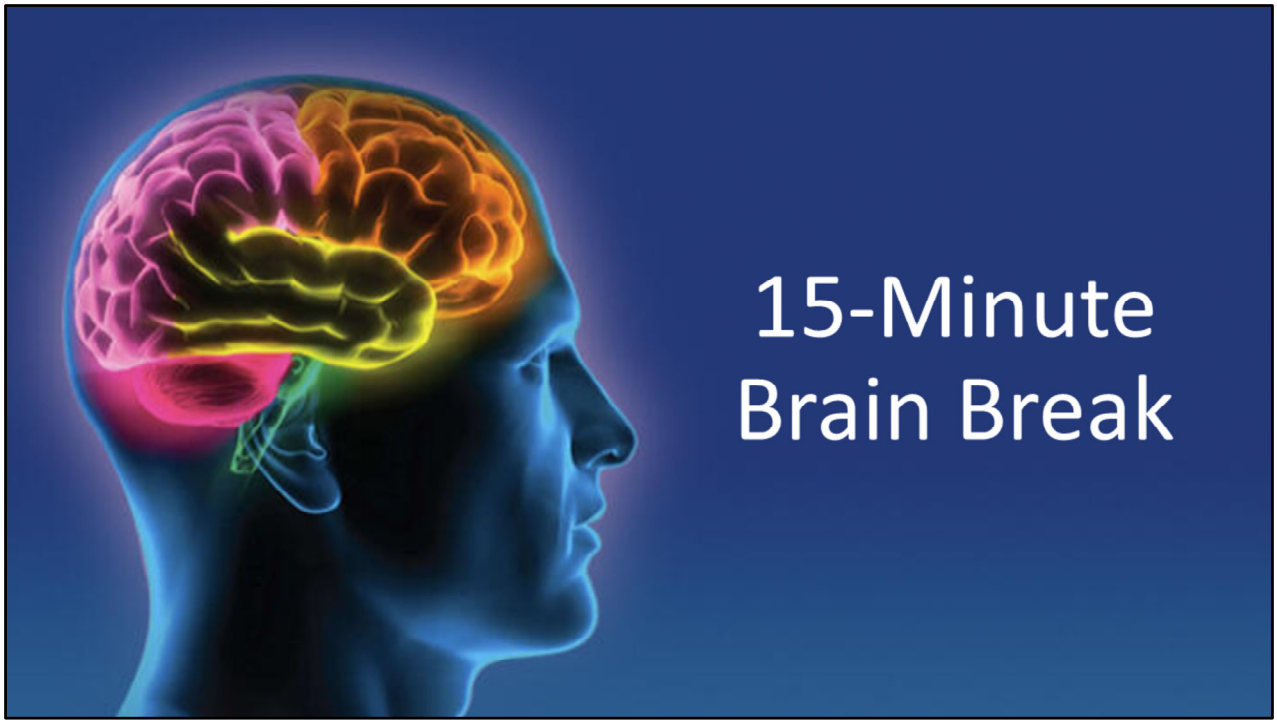
Activity Discussions:
Participants may identify:

- Missed interviews to missed safety threats.
- Limited information leads to an unclear understanding.
- Poor prioritization to delayed decision-making.

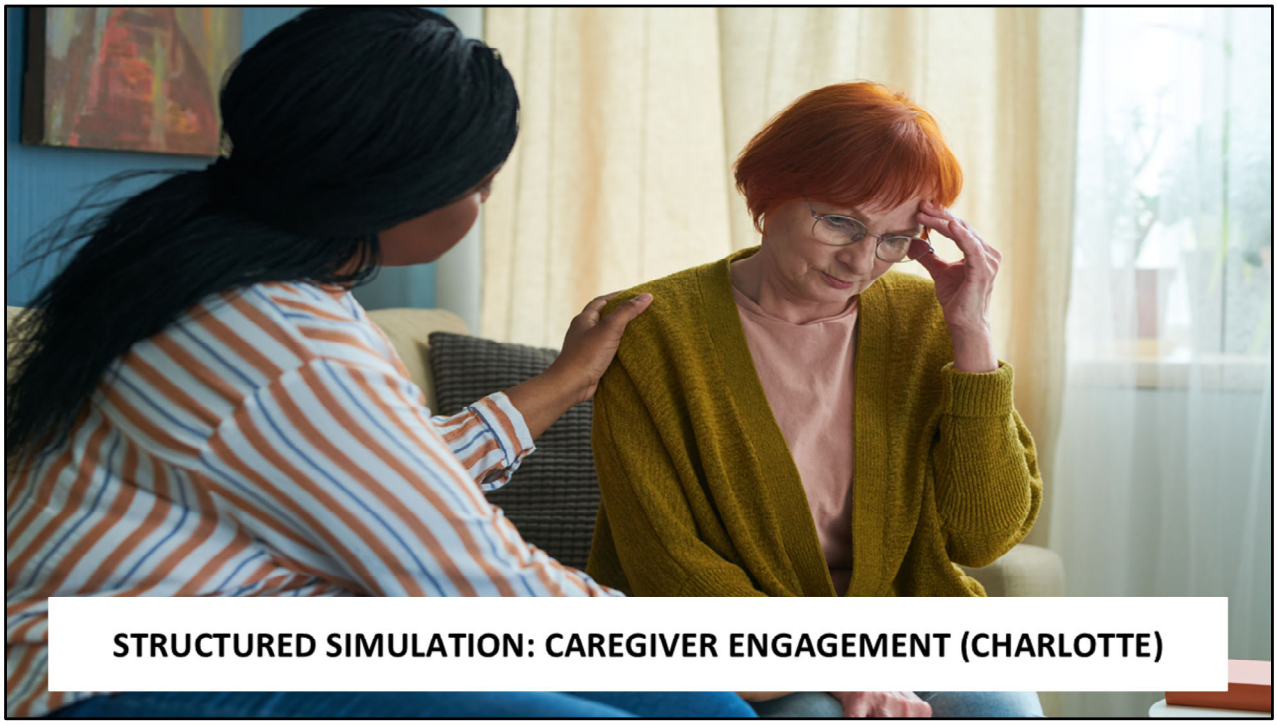
Say:
As we move into the next section, you will begin applying these decisions in real time through simulation. You will gather information, engage with different individuals, and begin building the understanding needed to support the Safety Assessment. This is where your decision-making begins to directly connect to identifying safety threats and informing your next actions within the SDM framework.

Key Points: (ensure the following are covered)

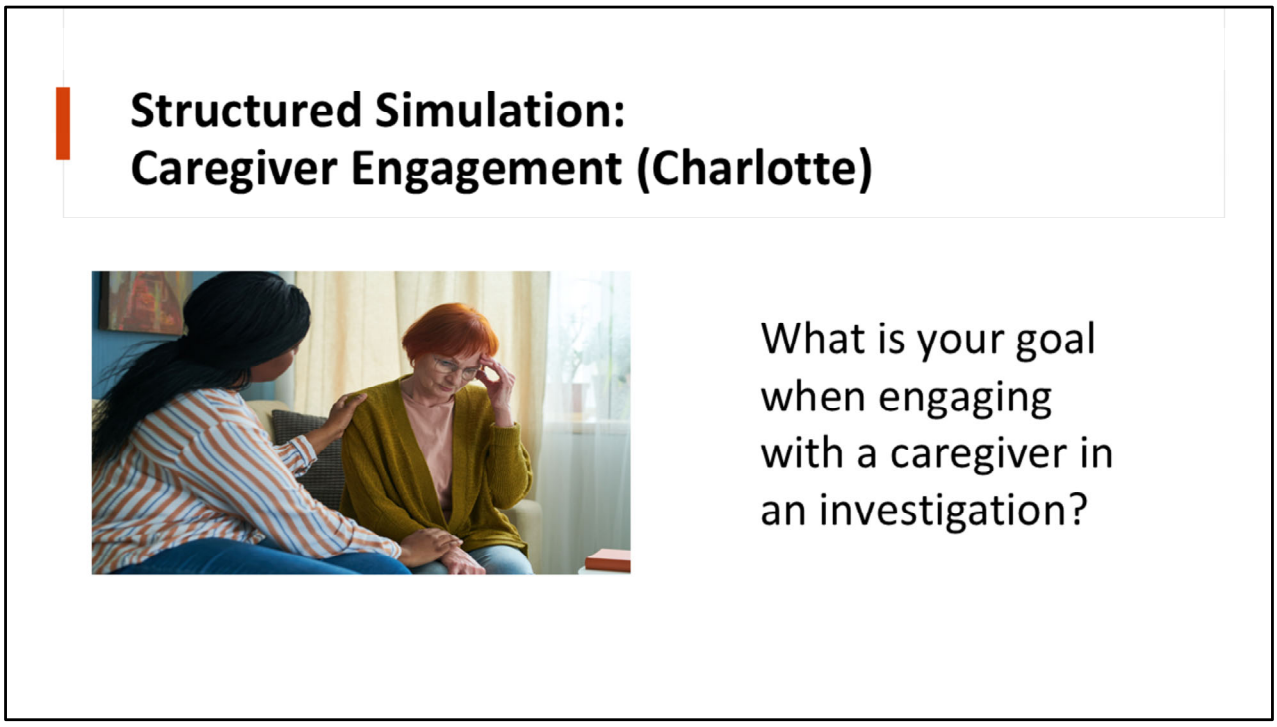
- Investigative decisions directly impact safety assessment.
- Information gathered supports identifying safety threats.
- Order and prioritization influence understanding.
- The SDM framework relies on accurate information.



BRAIN BREAK



STRUCTURED SIMULATION: CAREGIVER ENGAGEMENT (CHARLOTTE)



STRUCTURED SIMULATION: CAREGIVER ENGAGEMENT (CHARLOTTE)

Time: 3 Minutes
Purpose: To introduce the structured simulation to participants, emphasizing the role of engagement and information gathering

Say:
Now you will begin applying your investigative decision-making in a structured simulation with the caregiver within the Flowers' case. This is your opportunity to take what you've discussed so far and use it in real time.

As you engage with the caregiver, your goal is to gather information to better understand what is happening in the family. This includes understanding caregiver roles, supervision, daily functioning, and any concerns that may impact the child.

Throughout this simulation, you will not receive all the information at once. Just like in real investigations, information will develop over time. Some information may confirm what you think, and some may challenge it.

Your role is to ask questions, listen carefully, and adjust your understanding as

new information becomes available. The decisions you make during this interaction will directly impact how you understand the situation and identify potential safety threats moving forward.

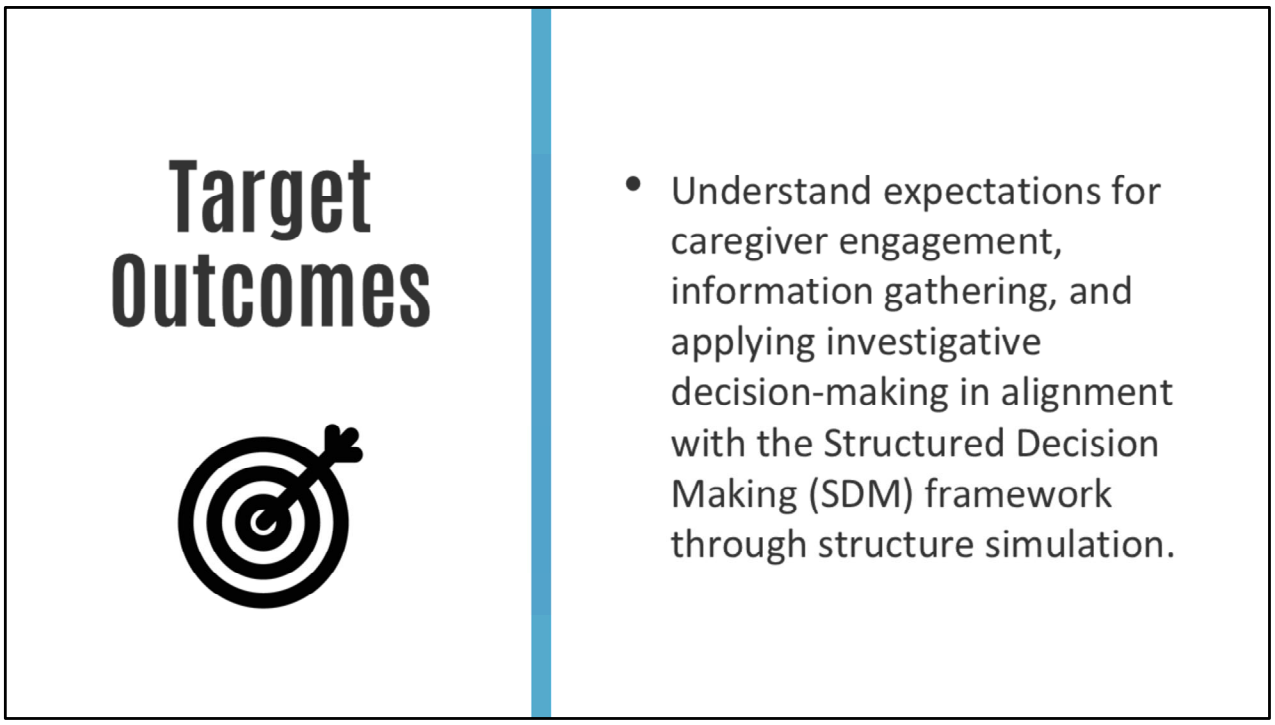
This is not about getting it perfect. It is about practicing how to engage, gather information, and make decisions based on what you learn.

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

- What is your goal when engaging with a caregiver in an investigation?

Facilitator Answers:

- Gather information.
- Understand caregiving and supervision.
- Identify concerns that may impact safety.
- Reinforce to the participants that engagement is purposeful and information-driven.

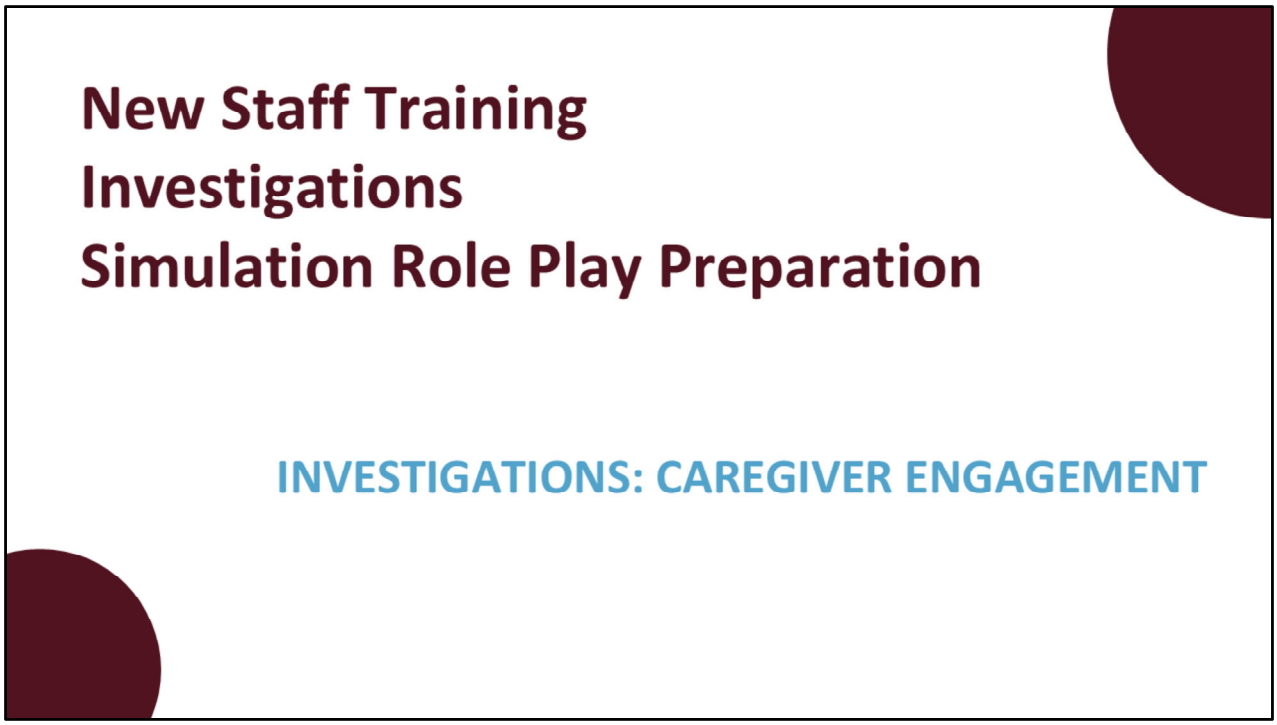


TARGET OUTCOMES

Time: 2 minutes
Purpose: To introduce the target outcomes for this section

Say:
By the end of this section Specialists will:

- ***Understand expectations for caregiver engagement, information gathering, and applying investigative decision-making in alignment with the Structured Decision Making (SDM) framework through structure simulation.***



SIMULATION PREPARATION

Time: 8 minutes
Purpose: To prepare Specialists for a scene-based simulation model by outlining expectations for participation, observation, and how information will be introduced throughout the day

Facilitator Resource: Facilitation Reminders - Caregiver Engagement (Charlotte), Charlotte's Information Guide, Charlotte's Role Card

Activity Set Up:
- A Lead Specialist and Secondary Specialist for each scene (i.e., Caregiver Simulation, Frankie (Sibling) Simulation, Grandmother Simulation).

Activity Instructions:
1. Explain the scene-based simulation structure.
2. The scene will take place in the classroom.
3. Review roles and expectations.
4. Set expectations for information release.

Say:

Today's simulation will be structured in a series of scenes. Each scene represents a part of the investigation, and as you move through the day, new information will be introduced.

Before each scene, you will take a moment to prepare. You will identify who is taking the lead, how you will work together, and what your goals are for that interaction.

During the simulation, one person will act as the Specialist and lead the interaction. The secondary Specialist may support as needed, and the rest of the class will observe the interaction and take notes throughout the simulation.

After each scene, you will stop and complete your observation form. This is a critical part of the process. The goal is to reflect on what happened during the interaction, including how information was gathered, how engagement occurred, and what may have been missed.

Your role is to continuously adjust your understanding as new information becomes available and begin identifying what that information may mean for child safety.

This process reflects how investigations occur in practice. Information develops over time, and your decisions must adapt as your understanding evolves.

Key Points (ensure the following are covered):

- The simulations are scene-based.
- Each scene includes:
    - Preparation
    - Interaction
    - Observation
    - Reflection
- Observation forms must be completed after each scene.
- Some information for the Flowers' case will be introduced gradually.
- Specialists must adjust their thinking throughout the case.

FACILITATION REMINDERS

Time **Goals** **Questions** **Coaching**

FACILITATION REMINDERS - CAREGIVER ENGAGEMENT (Charlotte)

Activity Set Up:

- A Lead Specialist and Secondary Specialist for each scene (i.e., Caregiver Simulation, Frankie (Sibling) Simulation, Grandmother Simulation).
- Have the participants turn to their Simulation Form in their Participant Manual.
- The interview is taking place at Georgia Weems' home, in the living room.

Activity Instructions:

1.Explain the scene-based simulation structure.
2.Review roles and expectations.
3.Set expectations for information release.

Scene Structure (NON-NEGOTIABLE)

Each scene includes:

1.Pre-brief (roles + goals)
2.Simulation
3.Observation form completion
4.Facilitated debrief

- Remember, we are not trying to have those engaged on stage complete the behaviors and skills listed on the observation form. The experience is about them getting up there and accomplishing their goals. These are identified with the coach and are stated before each scene.

- Time has been identified for each scene in the documents that follow. Try to stick to these. Remember that this experience is about them getting on stage and the audience identifying the skills they see.

- As a facilitator, you can move a scene forward during and after it has ended. If, after the scene, critical information is not obtained, you should move the scene forward, simply stating 'I am going to set the scene' or 'To move the case forward, **X** has happened, or **X** information was obtained in this scene.

- Note that during a scene, we are guiding them towards their goals, not towards what is on the observation form.

- You set the tone with positive energy and clarity.

- If the audience is asking questions about "what if" scenarios, you must give them a clear answer. You may want to ask them to 'Tell me more about what you are thinking," to get the full story.

- When a participant asks a question from the audience, direct the question back to the team, if possible. This encourages team discussion and interaction and helps team members discover their own answers together.

- Make sure to include the audience when engaging with those on stage.

- Avoid closed-ended questions.

- Try to use the SOP language and SDM® assessment skills we have learned in the practice model thus far to engage with participants in the audience and on stage. Solution-Focused Questions and Appreciative Inquiry Questions are provided in the participant manual as resources and examples for participants to draw on in their interviews.

- Do not immediately provide answers when participants do not promptly respond to your questions. Instead, give space for participant reflection, then try rewording,

rephrasing, or restating the questions. This will encourage space for critical thinking and processing.

- Use active listening to indicate you hear what participants are saying and to encourage continued participation.

- Tie all practice into the importance of quality documentation.

- A good way to encourage change or offer suggestions
    - Let's think about a couple of things…
    - I'm going to push back a little bit…
    - I want to put a pin in a couple of things…
    - I'd like to offer another perspective…

CHARLOTTE FLOWERS INFORMATION GUIDE

(For Participant Playing the Caregiver Role)

ROLE OVERVIEW

You are **Charlotte Flowers**, the biological mother of Frankie and Jasmine.

- You are currently at your mother's home (Georgia Weems).
- You are **frustrated and defensive**, but not completely shut down.
- You **do not fully understand** the seriousness of Jasmine's medical condition.
- You may become irritated if questioned too directly.
- You will respond more openly if the Specialist is respectful and clear.

IMPORTANT INSTRUCTIONS (READ FIRST)

- You are **NOT reading from a script.**
- You are responding naturally based on what you know.

DO NOT:

- Give all information at once.
- Volunteer everything immediately.

ONLY SHARE:

1. What you would **naturally say without being asked.**
2. Give additional information **ONLY if the Specialist asks the appropriate questions** to receive the answer.

GOAL OF THIS ACTIVITY

You are helping the Specialist practice:

- Engagement
- Asking effective questions
- Following up
- Identifying concerns related to **child safety**

YOUR TONE & BEHAVIOR

- Start:
    - Defensive
    - Slightly irritated
- You may:
    - Minimize concerns
    - Deflect responsibility
- If the Specialist:
    - Is respectful then you become more cooperative.
    - Is vague or rushed then you provide minimal information.

WHAT YOU WILL SHARE NATURALLY

(Information you are likely to say without being asked)

ABOUT YOUR LIVING SITUATION

- You live with your boyfriend, **Brad Hill**.
- You go back and forth between:
    - Brad's home
    - Your mother's home
- You are currently staying at your mother's home.
- You are upset because your mother gets into your business all the time.

ABOUT JASMINE

- You think the injuries are "Just bug bites".
- You do not think they are serious enough to cause "all this fuss".
- You believe the ant bites will go away on their own.
- You went to the hospital AFTER your mother pushed you to go.
- You do not see Jasmine as needing medical attention beyond that visit.

ABOUT CAREGIVING

- Frankie helps you:
    - Feed Jasmine most of the time.
    - Put her to bed when you're too tired.
- You believe Frankie is old enough to help (Frankie is 7 years old).
- You receive formula from WIC, but often run out so you have stretched the formula out by adding some extra water to the bottles.

GENERAL FUNCTIONING

- You do not like taking your medication.
- You think it makes you feel fat and stupid.

- You receive SSI.
- Your mother helped you get your housing.

WHAT YOU WILL ONLY SHARE IF ASKED DIRECTLY

(Do NOT share unless asked clear, specific, or follow-up questions)

MEDICAL / CARE CONCERNS

- You sometimes forget to give Jasmine her medication.
- Your mother usually gives it to him if you forget.
- Jasmine does not have a regular doctor.
- You were told to follow up, but you do not always remember.

SUPERVISION

- Frankie watches Jasmine for a little while when you're not able to.
- You believe that is okay, as she's old enough to help.

DOMESTIC VIOLENCE / RELATIONSHIP

- Brad has a temper and has hit you before.
- Police have been called multiple times.
- Brad was arrested recently.
- You did not want to press charges against him.
- You believe he is sorry afterward and that he didn't mean it.

PATTERN OF INSTABILITY

- You leave Brad when things get bad then come and stay with your mother.
- Then return to him shortly after.
- You believe you can fix things.

SUBSTANCE / DECISION-MAKING CONTEXT

- You drink alcohol occasionally.
- Brad has asked about selling your medication.

INJURY HISTORY

- Jasmine has had similar injuries before, but they weren't serious.
- You cannot always explain how they happened.

YOUR UNDERSTANDING OF JASMINE

- You think Jasmine cries for attention.
- You do not believe her condition is serious.

SPECIALIST OBSERVATION

(ONLY IF ASKED OR NOTICED)

If asked about your injuries:

- You have:
  - A fading black eye.
  - Bruises on arms (look like fingerprints).

You explain:

- "I fell" or minimize the situation.

WHAT YOU DO NOT KNOW

- Exact medical severity of Jasmine's injuries.
- Long-term risk to Jasmine's injuries.
- Full impact of supervision concerns.

HOW YOU SHOULD RESPOND DURING THE ACTIVITY

If the Specialist:

Uses good engagement:

- You open up more and give more details.
- You provide deeper information.

Is rushed / unclear:

- You:
    - Stay vague
    - Minimize
    - Do not expand

CHARLOTTE FLOWERS – ROLE CARD (SIMULATION USE)

(For Participant Playing the Caregiver)

ROLE:

You are **Charlotte Flowers**, mother of Frankie and Jasmine.

- You are currently at your mother's home.
- You are frustrated and feel judged.
- You do not believe Jasmine's condition is serious.

YOUR MINDSET:

- "They are just bug bites."
- "Everyone is overreacting."
- "My mom needs to stay out of my business."

HOW YOU PRESENT:

- Defensive, but not hostile.
- Easily irritated if questioned too directly.
- May shut down if you feel judged.

WHAT YOU SHARE NATURALLY

(You may say this without being asked)

- Jasmine's injuries are "just bug bites".
- You went to the hospital because your mom made you.
- You live with your boyfriend Brad but go back and forth between that home and your mother's.
- Frankie helps with Jasmine (feeding, putting him to bed).
- Frankie is 7 years old; she is old enough.
- You are tired of your mom interfering.

ONLY SHARE IF ASKED

(Do NOT offer this unless asked clearly)

Caregiving / Supervision

- Frankie watches Jasmine "for a little while" when you can't.
- You sometimes forget to give medication.
- Your mom helps when you forget.

Medical

- Jasmine does not have a regular doctor.
- You were told to follow up, but you haven't.

Relationship / Safety

- Brad has hit you before.
- Police have been called several times.
- He was arrested recently.
- You are not pressing charges.
- You believe he is sorry and didn't mean it.

Functioning

- You don't like taking your medication.
- You receive SSI.
- You get overwhelmed.

Injuries

- Jasmine has had injuries before.
- You cannot always explain how they happen.

IF ASKED ABOUT YOUR INJURIES

- You have bruises (eye, arms).
- You say:
    - "I fell"
    - OR minimize what happened

IMPORTANT RULES

DO NOT:

- Give all information at once.
- Tell the full story.
- Help the Specialist "get it right".

DO:

- Answer only what is asked.
- Stay vague unless they ask follow-up questions.
- Let their questions guide what they learn.

IF THE SPECIALIST…

Is respectful and clear:

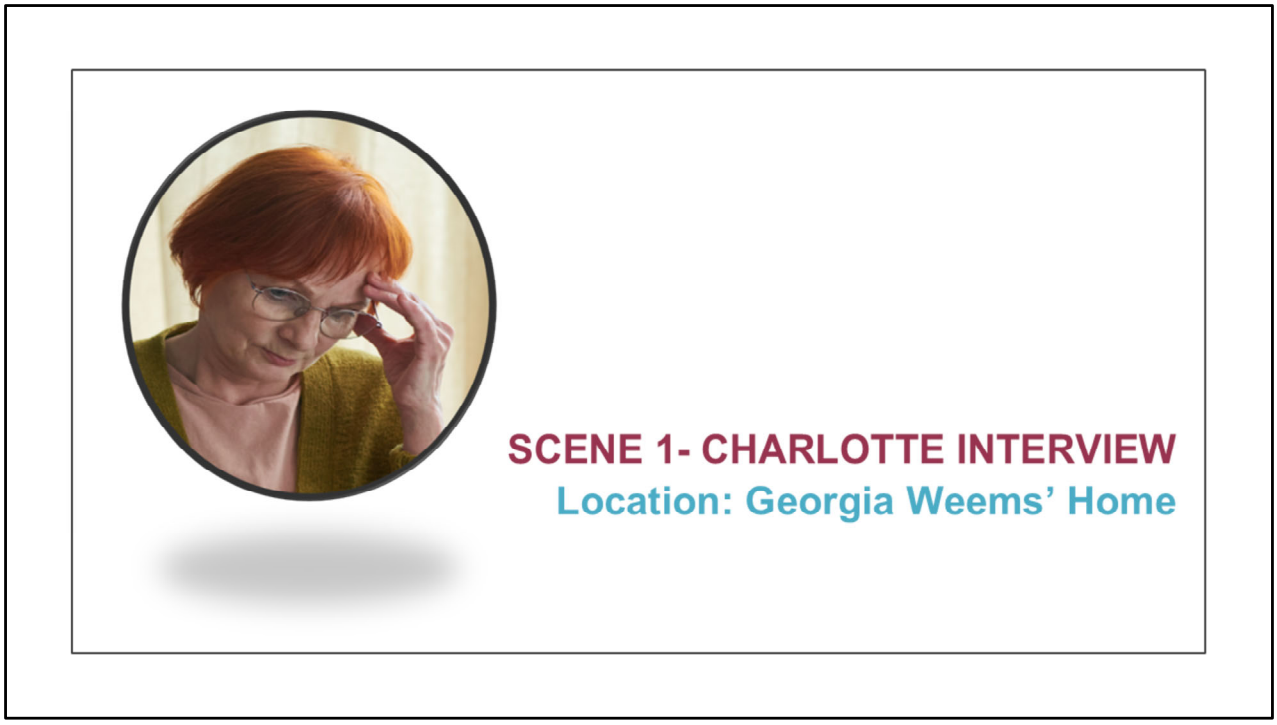
- You open up more

Is rushed or unclear:

- You stay vague
- You minimize concerns

REMEMBER:

- You do NOT think anything seriously wrong with the situation with Jasmine.
- You do NOT see yourself as doing anything unsafe.
- You believe others are overreacting.



SCENE 1 - CAREGIVER ENGAGEMENT (CHARLOTTE)

Characters: Charlotte; Jasmine (infant observation)
Type of Interview: In-person
Location: Georgia Weems' Home (Living Room)

Time: 20 minutes total

- Pre-Brief: 5 minutes
- Simulation: 20 minutes
- Location: Classroom (Set up as a Living Room)

Purpose: To begin the first simulation scene by guiding Specialists through structured preparation and initiating caregiver engagement to gather information related to caregiving, supervision, and potential safety concerns

Facilitator Resource: Facilitation Reminders - Caregiver Engagement (Charlotte), Charlotte's Information Guide, Charlotte's Role Card

Activity Set Up (CRITICAL)

- Select:
  - **1 Lead Specialist**

    - **1 Secondary Specialist**
    - **MidSOUTH Curriculum Team Member to play the role of Charlotte**
- Assign the remaining participants = **Observers**
- Ensure that the observing participants have their observation forms ready for after the simulation.
- Provide the person playing the Caregiver with Charlotte Flowers' Information Guide or Role Card to review during Pre-Brief (these can be found in your Facilitator Resources).

Activity Instructions

Step 1: Pre-Brief (5 min)

- Facilitator asks selected group for the Caregiver Simulation:
    - Who is the **Lead Specialist**?
    - Who is the **Secondary Specialist**?
    - How will you signal if you need help?
    - What are their **2 goals** for this interaction?
- **Step 2: Begin Simulation (15 - 20 min)**
- Start caregiver interaction (Charlotte).
- The facilitator supports role activation.

Say:

We are now moving into Scene 1 of the simulation. Before we begin, I want the selected group to take a moment to prepare. Identify who will take the lead as the Specialist, who will support as secondary, who will be the Caregiver, how you will communicate if you need assistance, and what your goals are for this interaction with the Caregiver.

Your focus in this scene is to engage with the caregiver and begin gathering information about caregiving, supervision, and daily functioning. As the interaction begins, remember that you are working with limited information. Your role is to ask questions, listen carefully, and begin building an understanding of what is happening in this family.

Observers, your role is to watch closely and document what you see using your observation form. Pay attention to how the Specialist engages, what information is gathered, and what opportunities may be missed. We will begin the simulation once the group is ready.

Simulation Scenario

- When the simulation begins, the facilitator says: ***You arrive at the home, the grandmother's home (Georgia Weems). Charlotte is present. The children are in***

the home. The environment appears safe and appropriate. Charlotte is watching television in the back room when you enter.

Controlled Information Release (Scene 1 – Charlotte)
Facilitator introduces ONLY if it needs to be reiterated to the group:

- **Caregiver Behavior:** Minimizes concerns and deflects responsibility.
- **Supervision:** Vague answers are given, and Grandmother's involvement is hinted.
- **Medical:** Jasmine has not consistently received medication.
- **Caregiver's Tone:** Defensive when questioned and avoids giving details.

Facilitation Questions: (Use the prompts below during the simulation, if needed)
(Use sparingly, do NOT interrupt flow unless necessary)

- What are you hoping to learn from that question?
- Is there anything you still need to clarify?

Facilitator Note:

- Focus the participants on information gathering, not conclusions.
- Engagement impacts information quality throughout investigations.
- Specialists must clarify, not assume.
- Early information may be incomplete or inconsistent.
- Review your Facilitator Cheat Sheet as needed throughout the Caregiver Simulation (available in your Facilitator Resources).

DO NOT:

- Give full information.
- Lead participants to answers.

DO:

- Let participants:
    - Struggle appropriately.
- Introduce subtle inconsistencies.
- Maintain realistic pacing.

SDM CONNECTION

- Information gathered here will later support:
    - Identification of safety threats.
    - Safety Assessment decision-making.

REFLECTING ON CAREGIVER ENGAGEMENT

Time: 15 minutes
- Observation Form: 5 minutes
- Debrief: 10 minutes

Purpose: To guide Specialists through structured reflection using the observation form and to reinforce learning through facilitated discussion of engagement, information gathering, and missed opportunities

Participant Manual: Charlotte Observation Form
Facilitator Resource: Charlotte Observation Form

Activity Set Up:
- Stop simulation
- Ensure all participants:
    - Have their Observation Form

Activity Instructions:

Step 1: STOP THE SCENE

Facilitator states: “We’re going to pause the scene here.”

Step 2: COMPLETE OBSERVATION FORM (5 MIN)

Participants:

- Independently complete:
    - Engagement
    - Empathy / Respect
    - Family Voice

INVESTIGATION OBSERVATION FORM

Charlotte Interview /Jasmine (infant) Observation

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

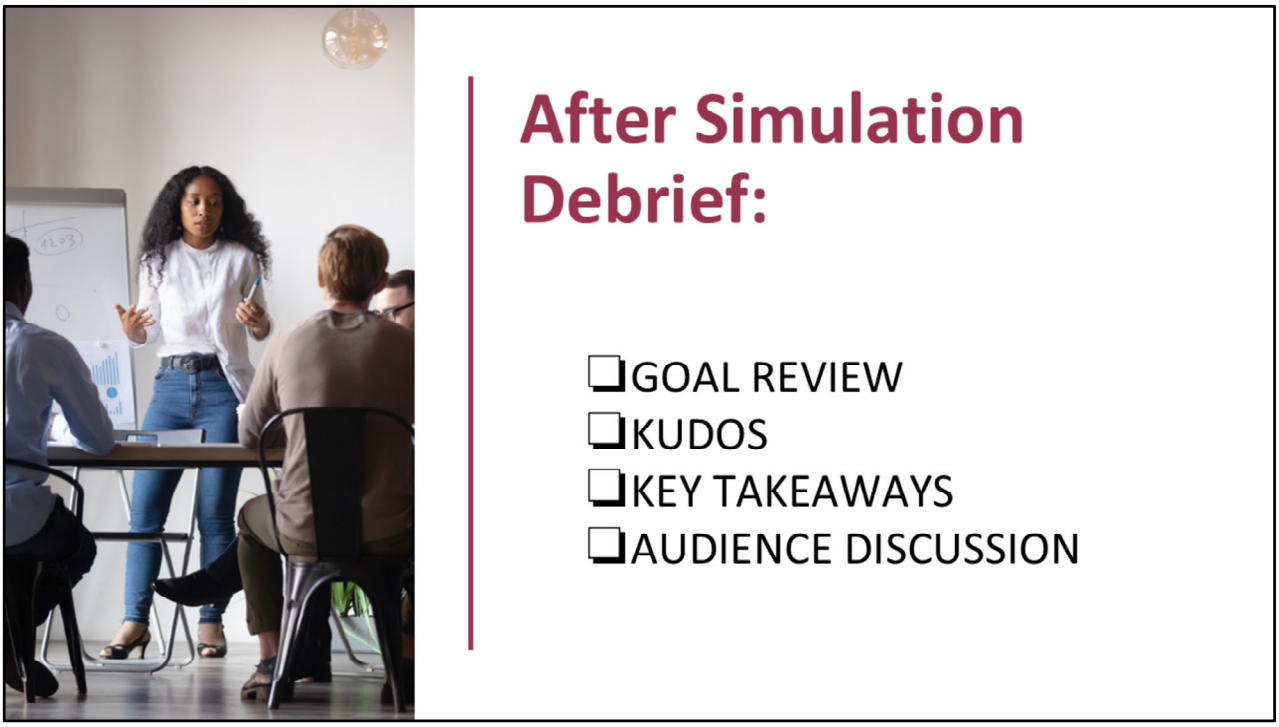
2._____

_____

Please start your observation form for this section

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

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



AFTER SIMULATION DEBRIEF

Time: 10 minutes
Purpose: Guide participants through a structured reflection on the simulation scene — reinforcing skill application, naming what went well, connecting observations to policy and documentation, and closing the learning loop before moving on

Step 3: DEBRIEF (10–15 MIN)
The facilitator leads the discussion using guided questions.

Say:
We're going to pause the scene here.

Take the next few minutes to complete your observation form. Focus on what you observed during the interaction, including how the Specialist engaged, what information was gathered, and what opportunities may have been missed.

Once you've completed your form, we will come back together and talk through what you observed.

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

- What did you observe during this interaction?

Then Focus on the following:
- **Engagement**
    - How did the Specialist introduce themselves and engage the caregiver?
    - What helped move the conversation forward?
- **Information Gathering**
    - What information did we learn?
    - What still feels unclear?
- **Missed Opportunities**
    - What could have been explored further?
    - Were there moments where follow-up questions could have helped?
- **Caregiver Behavior**
    - What did you notice about the caregiver's responses?
    - Were there any inconsistencies or concerns?

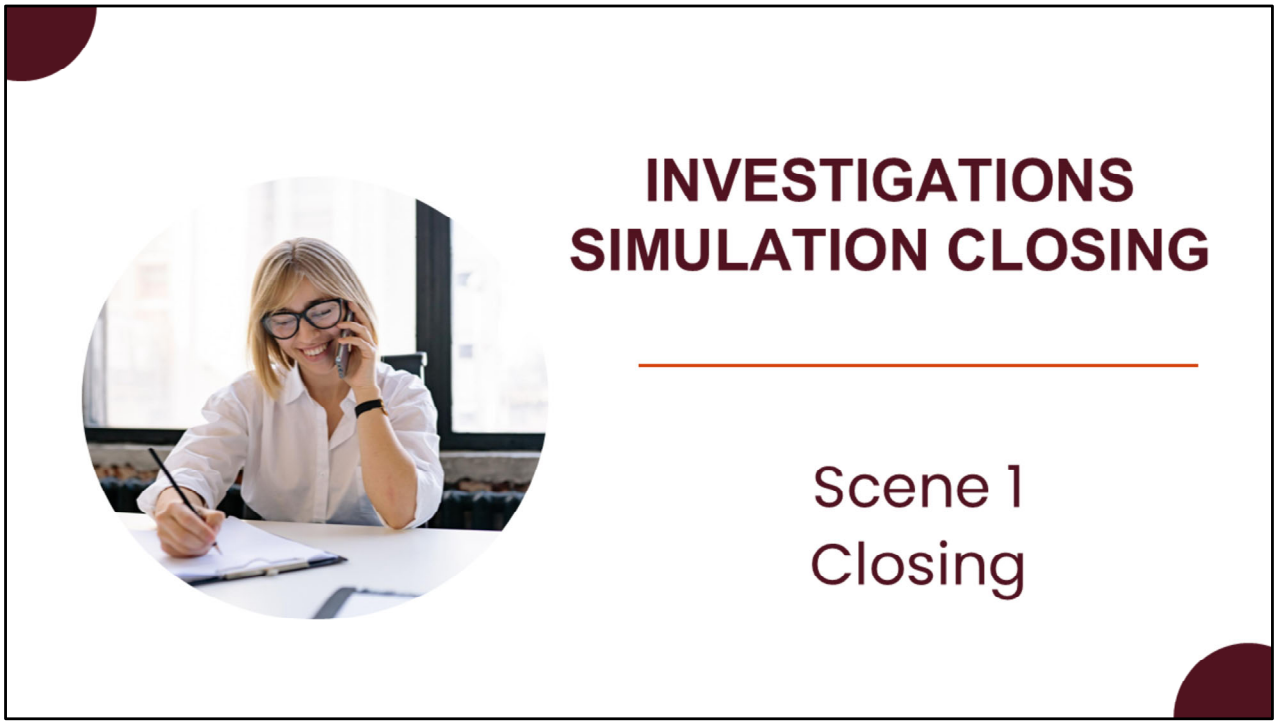
Facilitator Answers:
Participants should identify:
- Caregiver minimized concerns.
- Supervision unclear.
- Medication concerns present.
- DV indicators hinted.
- Reinforce to the participants that the information is partial and still developing.

Facilitator Notes:
- **DO NOT:**
    - Tell the Specialist what they "should have done".
    - Turn this into a lecture.
- **DO:**
    - Ask questions.
    - Let participants identify gaps.
    - Build learning through reflection.
- **Tie Back to Process:**
    - This is how understanding develops.
    - More information is coming.

SDM Connection:
- Information gathered here will later support the identification of safety threats.

Key Points: (ensure the following are covered)
- Engagement impacts information quality.

- Strong questions lead to better understanding.
- Early information may be incomplete.
- Specialists must clarify and follow up.



CLOSING AND TRANSITION TO BREAK

Time: 4 minutes
Purpose: To reinforce key learning from the caregiver simulation and provide a clear transition to the break before continuing the investigation process

Activity Instructions:
- Brief facilitator-led reflection.
- Transition to break.

Say:
In this section, you had the opportunity to engage with the caregiver and begin gathering information about what is happening in the family.

You practiced asking questions, following up, and identifying areas that may need further clarification. You also experienced how information can feel incomplete or unclear during initial contact.

At this point in an investigation, you are not expected to have all of the answers. Your role is to continue gathering information, asking questions, and building your understanding over time.

As we move forward today, you will continue to build on what you learned here by engaging with additional individuals in the home and expanding your understanding of the situation. We're going to take a 15-minute break. When we return, we will continue the investigation process.

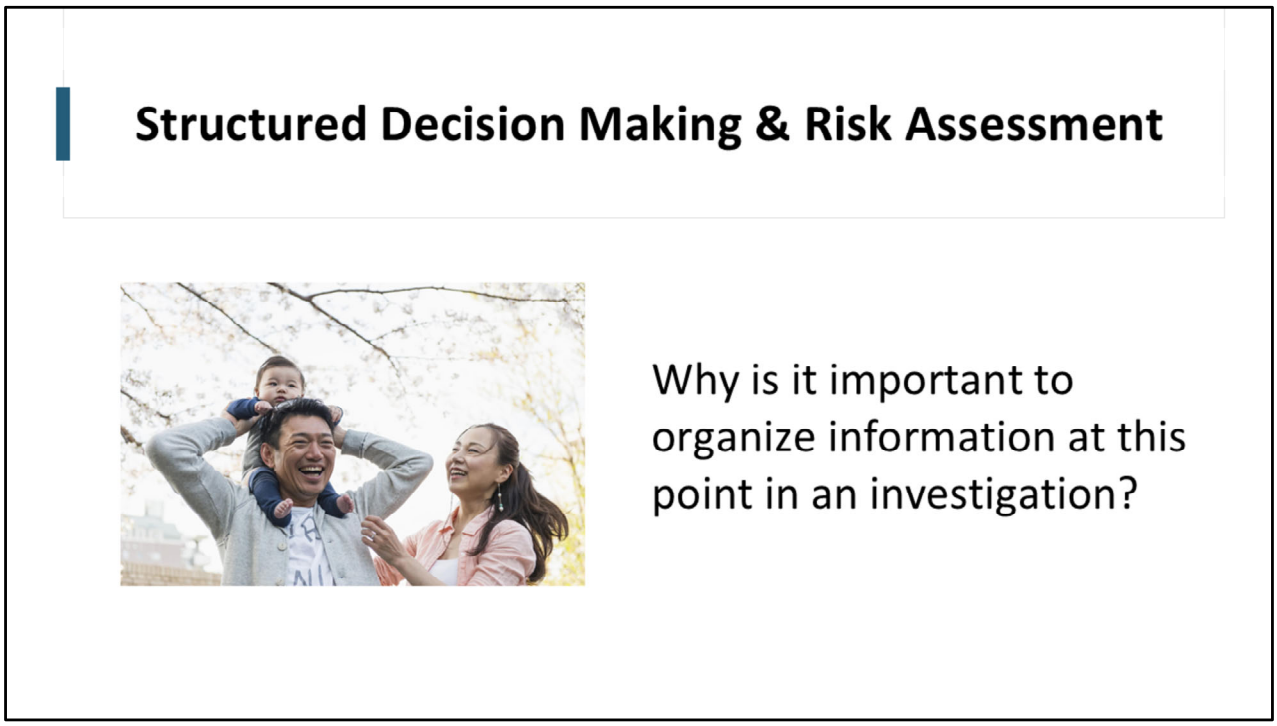
Facilitator Question: (optional, if time allows)
- What felt challenging during that interaction?

Facilitator Answers:
- Asking the right questions.
- Knowing what to follow up on.
- Working with limited information.

Say:
It's time to take a take a break. When we return from our break we will transition into harm and worry statements.

LUNCH BREAK

DEVELOPING HARM & WORRY STATEMENTS



STRUCTURED DECISION MAKING & RISK ASSESSMENT

Time: 5 minutes
Purpose: To transition to the next section and connect to engaging through interview practice and skill-building for SDM Risk Assessments

Say:
You have now gathered information through your interaction with the caregiver and began identifying areas that may need further clarification. At this point in an investigation, it's important to begin organizing what you've learned in a way that helps you clearly understand what is happening and what concerns may exist.

Harm and worry statements are tools that help you take the information you've gathered and turn it into clear, behavior-based statements. These statements focus on what has happened or what may happen, and how that impacts the child.

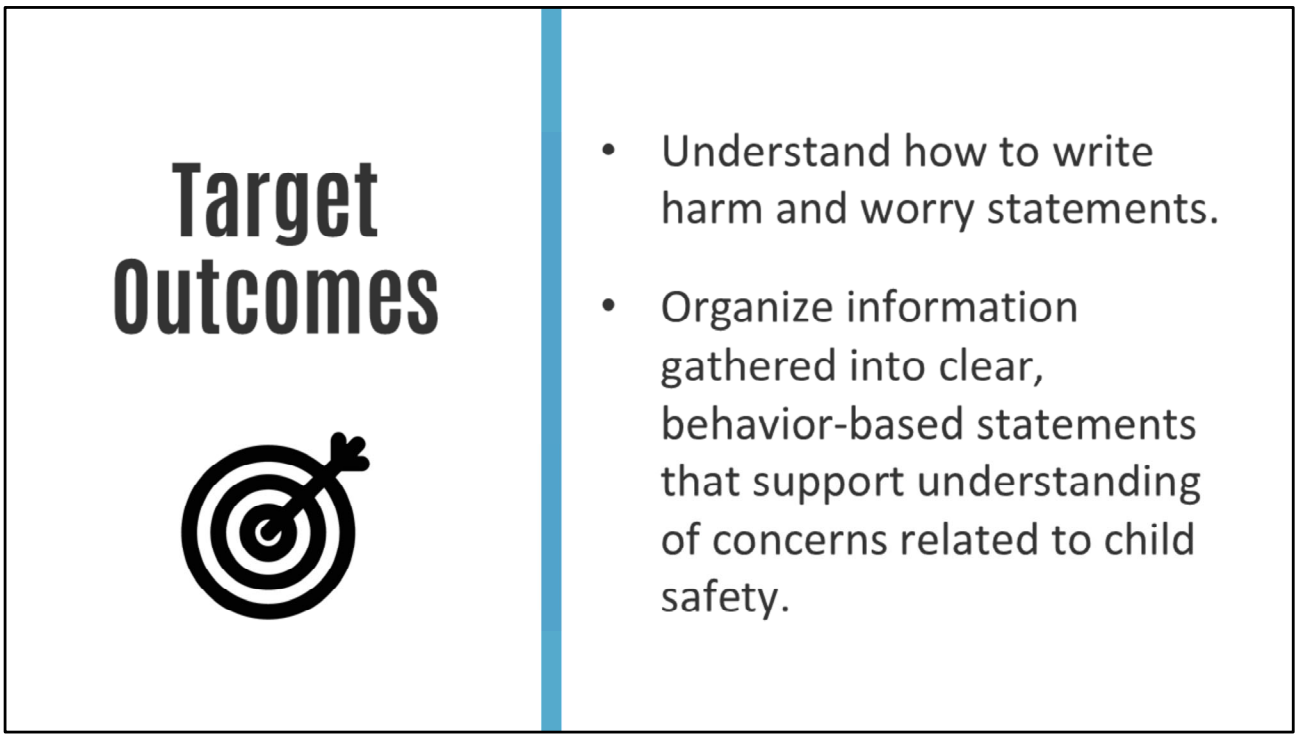
You will begin developing harm and worry statements using the information you have so far. This is not about having complete information; it's about starting to organize your thinking based on what you know at this point.

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

- Why is it important to organize information at this point in an investigation?

Facilitator Answers:

- Helps clarify understanding
- Identifies concerns
- Supports next steps
    - Reinforce to participants that organizing information supports decision-making.

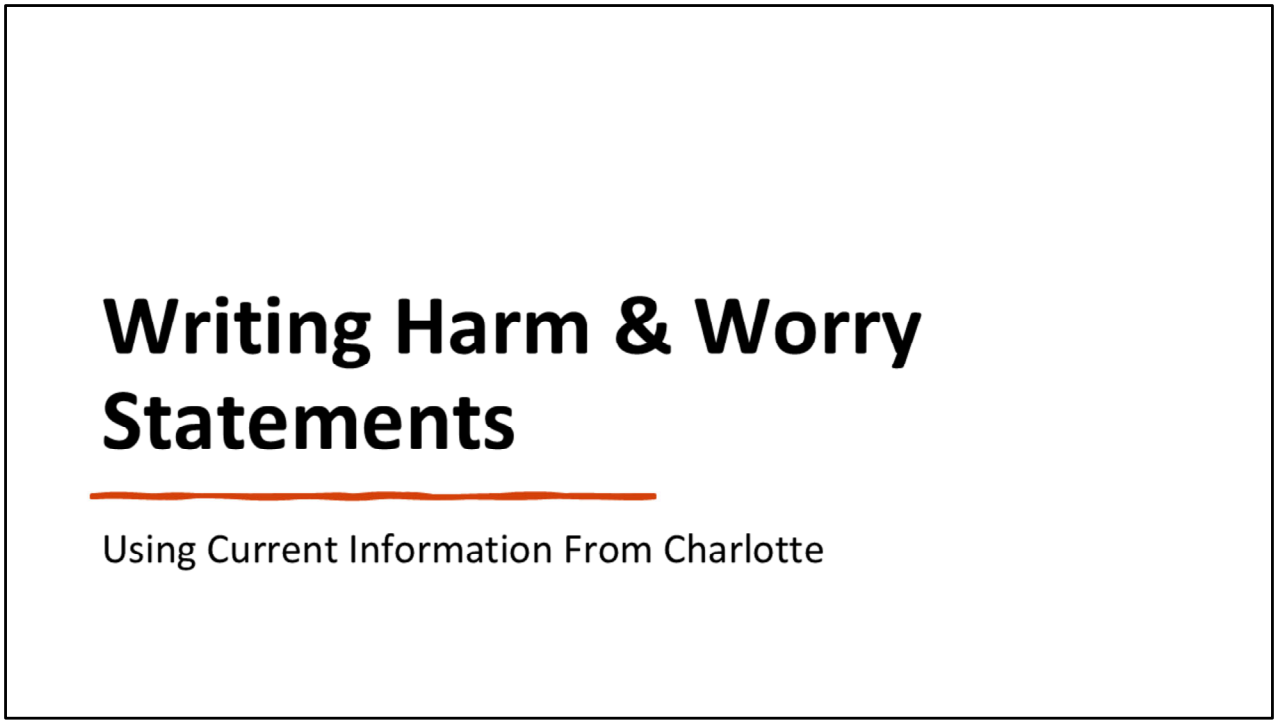


TARGET OUTCOMES

Time: 2 minutes
Purpose: To introduce Specialists to harm and worry statements and prepare them to organize information gathered so far into clear, behavior-based statements that support understanding of concerns related to child safety

Say:
Now let's start organizing what we've learned. Harm and worry statements help bring the information together by focusing on the caregiver's behavior and how it impacts the child. At this stage, you may not have every answer, and that's okay. The goal isn't to have a complete picture yet; it's to clarify what you know so far and identify what still needs to be learned.

By the end of this sections Specialists will:
- ***Understand how to write harm and worry statements.***
- ***Organize information gathered into clear, behavior-based statements that support understanding of concerns related to child safety.***



WRITING HARM & WORRY STATEMENTS USING CURRENT INFORMATION (CHARLOTTE)

Time: 20 minutes
Purpose: To provide Specialists with the opportunity to apply harm and worry statement structure using information gathered from the caregiver interaction

Participant Manual: Harm, Worry, and Goal Statements Form

Activity Set Up:
- Participants in groups.
- Materials:
    - Harm & Worry Statements form in Participant Manual
- Focus ONLY on:
    - Charlotte interaction
    - Observations from Scene 1 with Charlotte and the Specialist.

Activity Instructions:
1. In your groups, use the information gathered from the caregiver interaction.
2. Complete:
    - 1 Harm Statement

    - 1 Worry Statement
1. Use the structure from your form.
2. Be prepared to share.

Say:
Now you're going to apply what we just discussed. Using only the information you gathered from your interaction with the caregiver, you will begin writing harm and worry statements.
Focus on what you actually know at this point. You are not expected to have a complete understanding of the case yet.

Use your form to guide your thinking. Your harm statement should clearly describe what has happened, including caregiver actions and the impact on the child. Your worry statement should describe what you are concerned may happen if nothing changes, and the situation in which that concern exists.

Work with your group to develop one of each. Keep your statements clear, behavior-based, and focused on the child.

Activity Discussions (during share-out):

Participants may identify:
Harm:
- Missed medication
- Supervision concerns
- Minimization of medical condition

Worry:
- Child may not receive needed care
- Child may be left unsupervised
- Caregiver may not recognize the seriousness of the condition

Facilitator Notes (CRITICAL):
DO NOT:
- Introduce Frankie, Grandmother, or collaterals yet.
- Correct wording too heavily.
- Turn this into a writing lesson.

DO:
- Let participants:
    - Struggle with wording.

    - Refine through discussion.
- Reinforce:
    - Just the facts language.

Say:

As you complete this activity, remember that your understanding of the case will continue to evolve as you gather additional information. The statements you've developed today are based only on what you currently know. As Specialists, you'll revisit and revise these statements throughout the investigation as new information becomes available through interviews, observations, and collateral contacts. Allow the information you gather to shape your understanding of the case and refine your assessment over time.

Key Points: (ensure the following are covered)

- Statements are based on current information only.
- Harm statements focus on past or current behavior + impact.
- Worry statements focus on future concern(s).
- Do not add information not yet known.
- Statements should reflect known information and avoid assumptions.

From Information To Meaning

To reinforce the role of harm and worry statements in organizing information and preparing Specialists to gather additional information to refine their understanding.

FROM INFORMATION TO MEANING

Time: 5 minutes
Purpose: To reinforce the role of harm and worry statements in organizing information and preparing Specialists to gather additional information to refine their understanding

Participant Manual: Harm, Worry, and Goal Statements Form

Say:
In this section, you began organizing the information you gathered from the caregiver into harm and worry statements. At this stage in the investigation, your understanding is still developing. The statements you created are based on limited information and may change as you gather more details.

Harm and worry statements are not final; they are working statements. As you continue to engage with others involved in this case, you will refine and strengthen them.

Facilitation Discussion: (optional)
- What felt challenging about writing these statements?

Facilitation Answers:

- Limited information.
- Knowing what to include.
- Writing clearly and without assumptions.

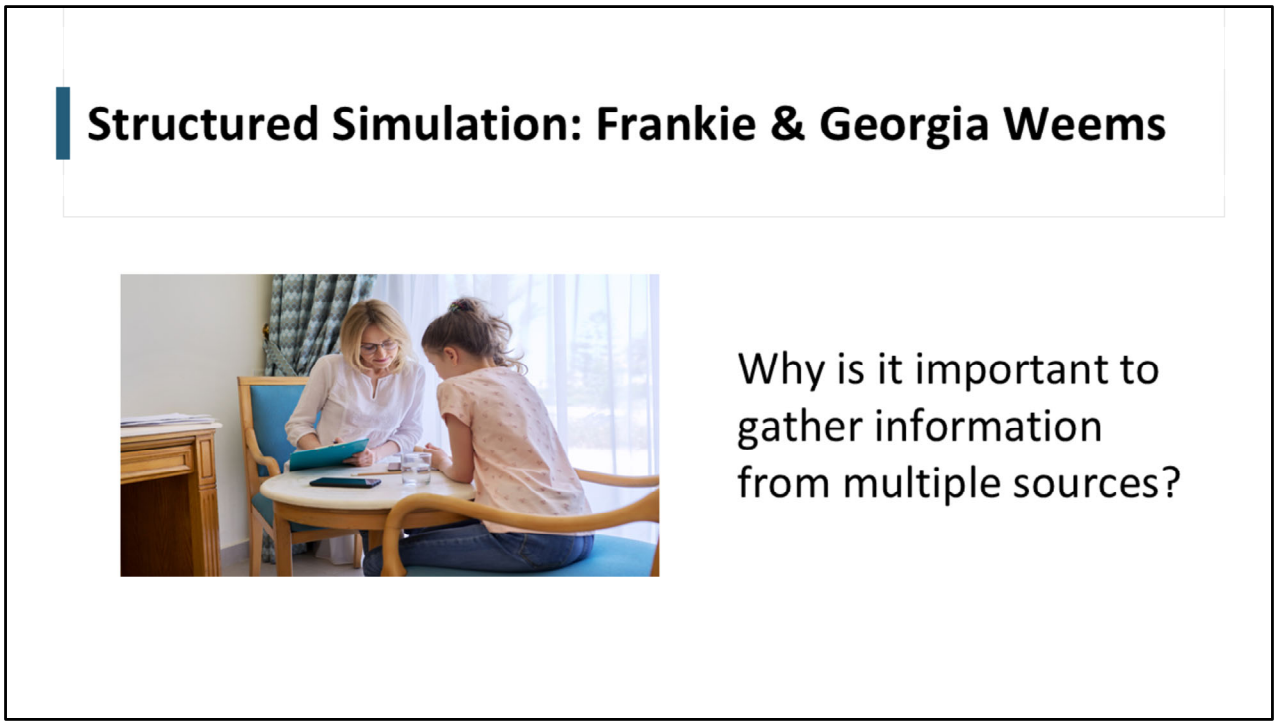
Say:

In the next section, you will continue gathering information by engaging with additional individuals in the home. As you do, pay attention to how new information either supports or challenges what you have already written.

Key Points: (ensure the following are covered)

- The current harm and worry statements are not final.
- Information will continue to develop.
- Statements should be revised as new information is gathered.
- The purpose of the statements is to support understanding of child safety concerns.

STRUCTURED SIMULATION: FRANKIE & GEORGIA WEEMS



STRUCTURED SIMULATION: FRANKIE & GEORGIA WEEMS

Time: 3 Minutes
Purpose: To introduce participants to the structured simulation, with a focus on information-gathering and pattern recognition

Say:
You will continue the investigation by engaging with additional individuals in the home. You will have the opportunity to gather information from a child and a caregiver, using structured tools to support your engagement and understanding.

As you move through this simulation, your goal is to build on what you already know, identify new information, and begin recognizing patterns across different sources. You will use the Three Houses and Safety House tools to support your interaction with the child (Frankie). These tools are designed to help you gather information in a developmentally appropriate way that allows the child to share their experience.

During the simulation, each of you will use your own blank copies of these tools to document what you are learning from the child, even if you are not in the active role. This ensures that everyone practices gathering and organizing information

using these tools.

At the end of the simulation, we will review a completed version of these tools developed by the SOP team and compare it to what you created. This will help you identify what you captured, what you may have missed, and how to strengthen your use of the tools moving forward. You will also engage with the caregiver to better understand daily functioning, supervision, and caregiving roles.

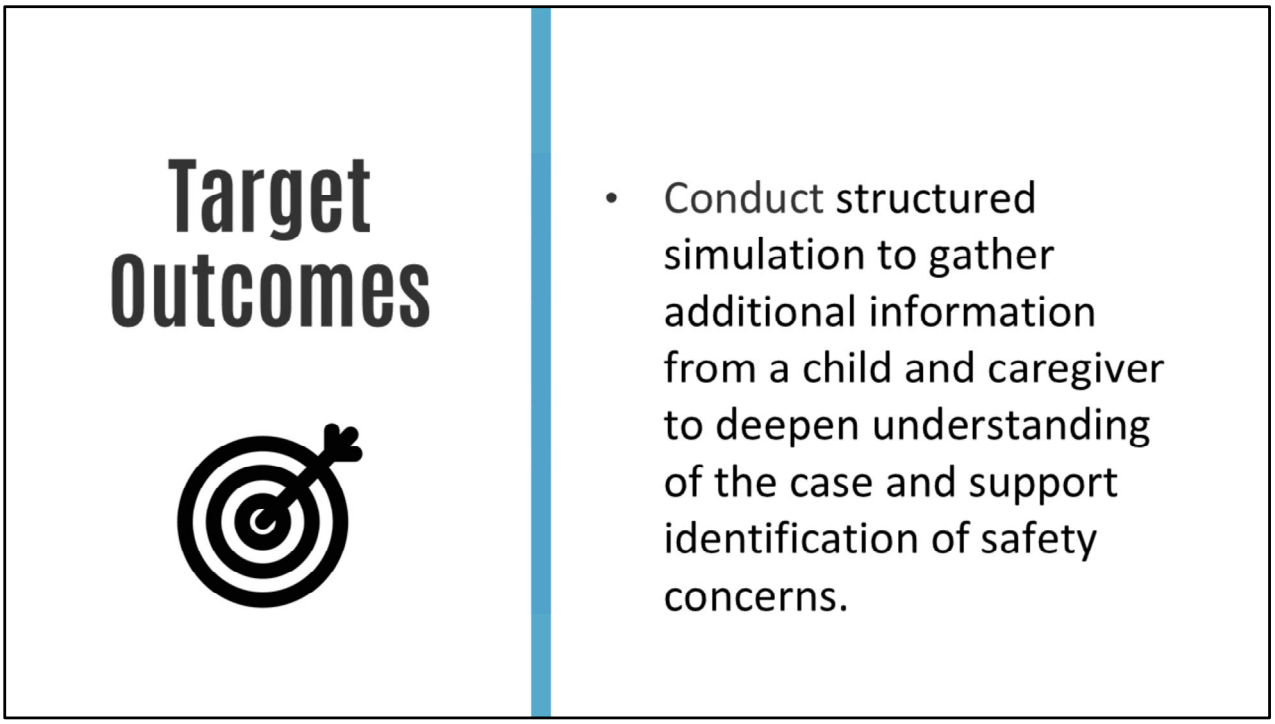
As new information is gathered, continue thinking about how it connects to what you have already learned and how it may impact your understanding of child safety.

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

- Why is it important to gather information from multiple sources?

Facilitator Answers:

- Provides a fuller picture.
- Helps identify inconsistencies.
- Supports better decision-making.
- Reinforce to the participants that no single source tells the full story.



TARGET OUTCOMES

Time: 2 minutes
Purpose: To prepare Specialists for a structured simulation where they will gather additional information from a child and caregiver to deepen their understanding of the case and support identification of safety concerns

Say:
As you gather information, remember that no single source tells the whole story. You'll collect information from multiple people and observations, engage children in ways that fit their age and development, and use SOP tools like the Three Houses and Safety House to help guide those conversations. As you do, pay attention to patterns and inconsistencies, they often point to areas that need further exploration.

By the end of this section Specialists will:

- ***Conduct structured simulation where they will gather additional information from a child and caregiver to deepen their understanding of the case and support identification of safety concerns.***

SIMULATION PREPARATION

Time: 10 minutes
Purpose: To prepare Specialists for a structured simulation by clearly defining roles, expectations, and the use of the Three Houses and Safety House tools during the interaction

Participant Manual: Three Houses (Blank) and Safety House (Blank)
Facilitator Resources: Frankie's Information Guide & Role Card, Georgia Weems' Information Guide & Role Card

Activity Set Up:

- **Select:**
  - 1 Lead Specialist
  - 1 Secondary Specialist
  - Frankie - Played by Curriculum Team Member
  - Georgia - Played by Curriculum Team Member
- **Assign:**
  - The remaining participants are observers
- **Ensure ALL participants have:**
  - Blank Three Houses tool
  - Blank Safety House tool

- **Observer's Focus:**
    - Use of tools during interaction
    - How the Specialist:
        - Engages the child
        - Uses developmentally appropriate language
    - Information gathered from:
        - Frankie
        - Georgia (caregiver)

Activity Instructions:

Step 1: Pre-Brief (10 min)
Facilitator asks:

- Who is the **Lead Specialist (Interview 1 – Frankie, Interview 2 - Grandmother)**?
- Who is the **Secondary Specialist**?
- How will you signal if you need help?
- What are your **2 goals** for the interaction?

Step 2: Simulation Structure (EXPLAIN CLEARLY)
Facilitator explains:

- There will be **two separate interview scenes**:
    - Frankie (child)
    - Grandmother (caregiver)
- After the first interview:
    - Two new Specialists will be the Lead Specialist and Secondary Specialist

Step 3: Tool Use Expectations (ALL PARTICIPANTS)

- ALL participants, including observers, complete the Three Houses/Safety House tool during the simulation.
- **Focus:**
    - Capturing a child's voice.
    - Documenting information.
    - Utilizing the Safety House or Three Houses

Say:
In the next simulation, you will conduct two separate interview scenes as part of the same investigation. You will begin by engaging with Frankie using the Three Houses and/or Safety House tools. After that interview, you will transition to speaking with the grandmother to gather additional information about caregiving and supervision.

All participants, including observers, will complete the tools during the child

interview. Your goal is to capture what Frankie shares and begin organizing that information. As you move into the caregiver interview, begin thinking about how the information you gather compares to what you heard from the child and how it contributes to your understanding of threats to safety.

Remember, these are two separate interviews, but they are connected. Your role is to carry forward what you learn from one interaction into the next.

Facilitator Notes:

Simulation Structure:

- Do NOT blend the interviews. Treat them separately:
    - Interview 1 - Frankie
    - Interview 2 - Grandmother Georgia Weems
- Do NOT over-direct.

Role Balance & Rotation:

- Allow the child's voice to lead the interview. Ensure grandmother's simulation adds context.

Learning Focus:

- Frankie provides the child's experience using the SOP tools.
- The Grandmother provides reality, along with confirmation or contradictions to Charlotte's interview.

Integration:

- Push participants to:
    - Compare interviews
    - Identify inconsistencies
    - Build understanding of threats to safety

Important:

- Completed tools in the Facilitator Resources are not yet shown.
- They are used only during the debrief stage.

Key Points: (ensure the following are covered)

- All participants should complete the tools during the simulation.
- The tools help capture the child's voice and organize information.
- The information gathered supports the identification of safety threats.
- There will be two separate interview scenes: the child first, then the caregiver second.

- Information must carry forward between the two interviews.

FRANKIE – INFORMATION GUIDE

(For participant playing Frankie)

ROLE OVERVIEW

You are **Frankie Flowers (age 7)**.

- You are shy at first because the Specialist is a stranger.
- You want your grandmother nearby.
- You will **not start sharing much until you feel comfortable.**

IMPORTANT INSTRUCTIONS

- Do NOT give information right away.
- Wait for the Specialist to:
    - Engage you
    - Reassure you
- Answer simply and like a child.

HOW YOU COMMUNICATE

- Short answers.
- Simple language.
- You may need:
    - Reassurance
    - Repeating of questions

WHAT YOU WILL SHARE NATURALLY

- You live in **two houses**.
    - House 1 - With Mama, Jasmine, Daddy Brad
    - House 2 - With Mama, Jasmine, and Granny
- You like being at **Granny's house.**
- You like school and your teacher (Ms. Anne).
- Your favorite thing is when **Mama sings to you**.

WHAT YOU WILL SHARE IF ASKED

FAMILY & HOME LIFE

- Mama and Daddy Brad **fight a lot**.
- Mama cries a lot.
- Police come to the house sometimes.
- You feel **scared when they yell**.

FAMILY PICNIC INCIDENT

- Mama and Daddy Brad got into a fight.
- You saw Daddy Brad **hit Mama.**
- Police came after the fight happened.

ANT BITE INCIDENT (CRITICAL)

- You were at April's house (Mama's friend).
- There were lots of ants.
- Mama made you go outside.
- Jasmine got a lot of bites.
- Her finger got red and "stuff" came out.
- Mama:
    - Did NOT take Jasmine to the doctor.
    - Did NOT give medicine.
    - Told her to stop crying.

SUPERVISION / CAREGIVING (CRITICAL)

- You:
    - Feed Jasmine.
    - Put her to bed.

    - Change his diapers.
- When Mama and Daddy Brad go out you take care of Jasmine.
- Sometimes:
    - Jasmine is dirty.
    - Diapers have not been changed.

HOME CONDITIONS

- You sleep on the floor at Brad and Mama's house.
- Mama forgets things.
- Mama sometimes doesn't understand Jasmine.

SAFETY / FEAR

- You get scared when mama and Daddy Brad fight.
- You are told to "Be a big girl".

MEDICATION / ADULT FUNCTIONING

- Mama takes medicine to "act right".
- When she doesn't she talks to herself.
- Daddy Brad sometimes asks for Mama's medicine.

DIFFERENCE BETWEEN HOMES

- At Granny's:
    - You don't have to take care of Jasmine.
    - You feel more comfortable.

BEHAVIORAL GUIDANCE

- If Specialist is calm and kind, you share more.
- If Specialist is confusing or not engaging, you shut down.

FRANKIE – QUICK GLANCE ROLE CARD

YOU ARE:

Frankie, a 7 year old child in the home.

HOW YOU ACT:

- Quiet and shy at first.
- Answers simply.
- Shares more if asked clearly.

WHAT YOU SHARE NATURALLY:

- You have two homes.
- You like being at grandma's.
- You like school and your teacher.

ONLY SHARE IF ASKED:

- You are left alone when you are at your mom and Daddy Brad's house.
- There is fighting in the home.
- You take care of Jasmine when your mom cannot, or when she is not around.
- You have concerns about Daddy Brad.
- You saw Daddy Brad hit Mama.
- Jasmine's ant bites & infections.

IMPORTANT:

- Do not give all answers.
- Let the Specialist guide the conversation.

GRANDMOTHER – INFORMATION GUIDE

(FULL VERSION)

ROLE OVERVIEW

You are **Georgia Weems (maternal grandmother)**.

- You are concerned about the children.
- You provide a lot of their care.
- You are frustrated with Charlotte.

IMPORTANT INSTRUCTIONS

- Do NOT give everything immediately.
- Answer based on what is asked.

WHAT YOU WILL SHARE NATURALLY

RECENT INCIDENT

- Family gathering (August 14th).
- Charlotte and Brad were drinking.
- They got into a fight.
- Charlotte said she wouldn't press charges.
- You took the children to your home.

LIVING PATTERN

- Children stay with you frequently.
- After fights, Charlotte returns to Brad.
- Kids get moved back and forth.

GENERAL CONCERN

- You are worried about the children's stability and the impact on Frankie.

JASMINE'S CONDITION (CRITICAL)

- You noticed while giving Jasmine a bath:
    - Jasmine was extremely dirty.
    - Infected sores
    - Dirty condition
    - Slight fever.
    - No diaper rash (unusual), this was a past issue of bad diaper rashes due to her diaper not being changed.
- Jasmine cried when the area was touched and you attempted to clean the area.
- Jasmine had an old bruise on her head that Charlotte could not explain, not her first unexplained bruise.

WHAT YOU WILL SHARE IF ASKED

MEDICAL / ACTIONS TAKEN

- You took Jasmine to ER
- Charlotte minimized concerns
- Charlotte got upset

SUPERVISION INCIDENT (CRITICAL)

- Charlotte left Frankie alone at your home when you brought Jasmine to the ER.
- You did not know initially.
- Frankie was asleep.
- You returned quickly once you realized Frankie was left alone.

CHARLOTTE FUNCTIONING (CRITICAL)

- Developmental delays
- Bipolar diagnosis
- Mood swings
- Does well on meds, but:
    - Doesn't take consistently
- When off meds:
    - Hallucinates
    - Impulsive
    - Poor decision-making

CAREGIVER CAPACITY

- Charlotte:
    - Gets overwhelmed
    - Does not follow through
    - Needs reminders

DOMESTIC VIOLENCE

- Brad:
    - Has hit Charlotte
    - Has criminal history
- Police are frequently involved.

RELATIONSHIP INSTABILITY

- Charlotte goes back to Brad.
- You worry she will leave your home again soon.

FINANCIAL / EXPLOITATION

- Brad uses Charlotte for SSI.
- Concerns about manipulation.

PATERNITY / INSTABILITY

- Unsure who Frankie's father is.
- Charlotte reported multiple partners.

MEDICAL NEGLECT CONCERNS

- Charlotte refuses antibiotics for Jasmine.
- Charlotte minimizes Jasmine's condition.
- You are concerned she will not follow through with her medical care.

GRANDMOTHER – QUICK GLANCE ROLE CARD

YOU ARE: Georgia Weems (grandmother)

HOW YOU ACT:

- Concerned
- Direct
- Protective

WHAT YOU SHARE NATURALLY:

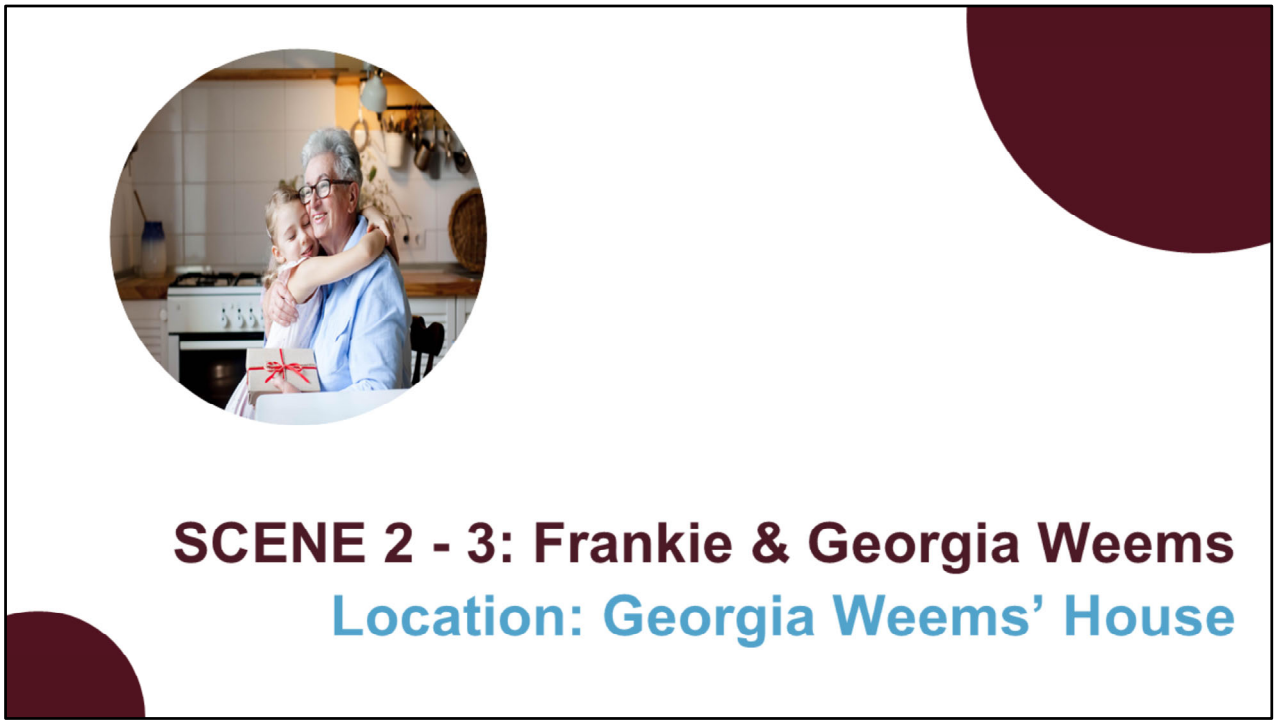
- Fight at family gathering between Brad & Charlotte.
- You took children home with you.
- Children stay with you often.

ONLY SHARE IF ASKED:

- Frankie is left alone often, and was left alone when you brought Jasmine to the ER.
- Jasmine's infected sores.
- Charlotte's mental health.
- Medication inconsistency.
- Domestic violence.
- Concerns about Brad and the domestic violence in the home.
- ER visit details.

IMPORTANT:

- Do NOT give full story
- Let Specialists guide conversation.



SCENE 2 & 3: FRANKIE & GEORGIA WEEMS

Characters: Frankie, Georgia Weems
Type of Interview: In-person
Location: Georgia Weems' Home (Bedroom)

Time: 45 minutes total
- Frankie Interview: 20min
- Transition: 5 min
- Grandmother Interview: 20 min

Purpose: To guide facilitators and participants through two connected but separate interviews, allowing Specialists to gather information from the child and caregiver while applying tools and adjusting understanding in real time.

Participant Manual: Three Houses (Blank), Safety House (Blank)
Facilitator Resource: Facilitation Reminders - Frankie & Georgia Weems, Frankie's Information Guide & Role Card, Georgia Weems' Information Guide & Role Care

Activity Set Up
- Lead Specialist and Secondary Specialist identified.

- Observers ready with tools.
- Frankie role and Grandmother role - Curriculum Team Members
- All participants have:
    - Blank Three Houses
    - Blank Safety House

Activity Instructions
SCENE 2: INTERVIEW WITH FRANKIE (CHILD): 20–25 minutes

Say:
We will begin with the child interview. You will be speaking with Frankie, who is at her grandmother's home as well.

Your focus during this interaction is to engage Frankie using developmentally appropriate language and to use the tools to help her share her experiences. Pick which tool you plan to use between the Three Houses and the Safety House.

Allow Frankie to guide the conversation as much as possible. Your role is to listen, ask simple, clear questions, and create space for her to share what matters to her.

Everyone should be documenting what Frankie shares using the Three Houses or the Safety House tool.

Say:
We are going to pause here.
- ***At this point, you will switch roles. The Lead Specialist will now move into a supporting role, and the Secondary Specialist will take the lead for the next interview.***
- ***Take a moment to reset and reflect on what you learned from Frankie and what you need to clarify going into the next conversation.***

SCENE 3: INTERVIEW WITH GRANDMOTHER (CAREGIVER): 20–25 minutes

Say:
In this part of the simulation, you will be speaking with Frankie & Jasmine's grandmother. Keep in mind that while Charlotte and the children are currently staying here with Georgia under the Immediate Safety Plan following the recent conflict, Brad's house is the family's primary residence. Georgia's home is a temporary arrangement.
- ***Your role is to gather information about caregiving, supervision, and daily***

functioning.

- ***Use what you learned from Frankie to guide your questions. Focus on understanding what is happening in the home, who is responsible for care, and how needs are being met.***
- ***As you gather information, begin thinking about how this aligns with or differs from what the child and Charlotte shared.***

Key Points: (ensure the following are covered)

- These are two separate interviews; they must remain separate.
- Information should carry forward throughout the interviews.
- The SOP tools are used to capture the child's voice.
- Specialists must compare information across sources.
- New information supports identifying threats to safety later on.

Ensure that everyone completes one of the SOP tools during Frankie's interview.

FRANKIE HILL AND GEORGIA WEEMS' OBSERVATION FORM

Time: 15 minutes
Purpose: To guide Specialists through structured reflection on the simulation, compare participant tool use to completed SOP tools, and support integration of information across interviews to strengthen understanding of the case

Participant Manual: Georgia Observation Form, Frankie Observation Form
Facilitator Resource: Georgia Observation Form, Frankie Observation Form

Activity Set Up

- The simulation has ended.
- All participants:
  - Have an Observation Form.
  - Have completed tools.

Activity Instructions

STEP 1: COMPLETE OBSERVATION FORM (5–7 MIN)
Participants independently complete:

- Engagement
- Empathy / Professional approach
- Family voice
- Information gathered

Say:
We're going to pause here. Take the next few minutes to complete your observation form.
Focus on what you observed across both interactions, including how information was gathered, how engagement occurred, and what may have been missed.

Once you've completed your form, we will come back together to discuss what you observed.

INVESTIGATION OBSERVATION FORM

Frankie (Child) Interview

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

2._____

_____

Please start your observation form for this section

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

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

INVESTIGATION OBSERVATION FORM

Georgia Weems (Grandmother) Interview

Who is the lead?

How will they know you need help?

Two Goals participants want to accomplish:

1._____

_____

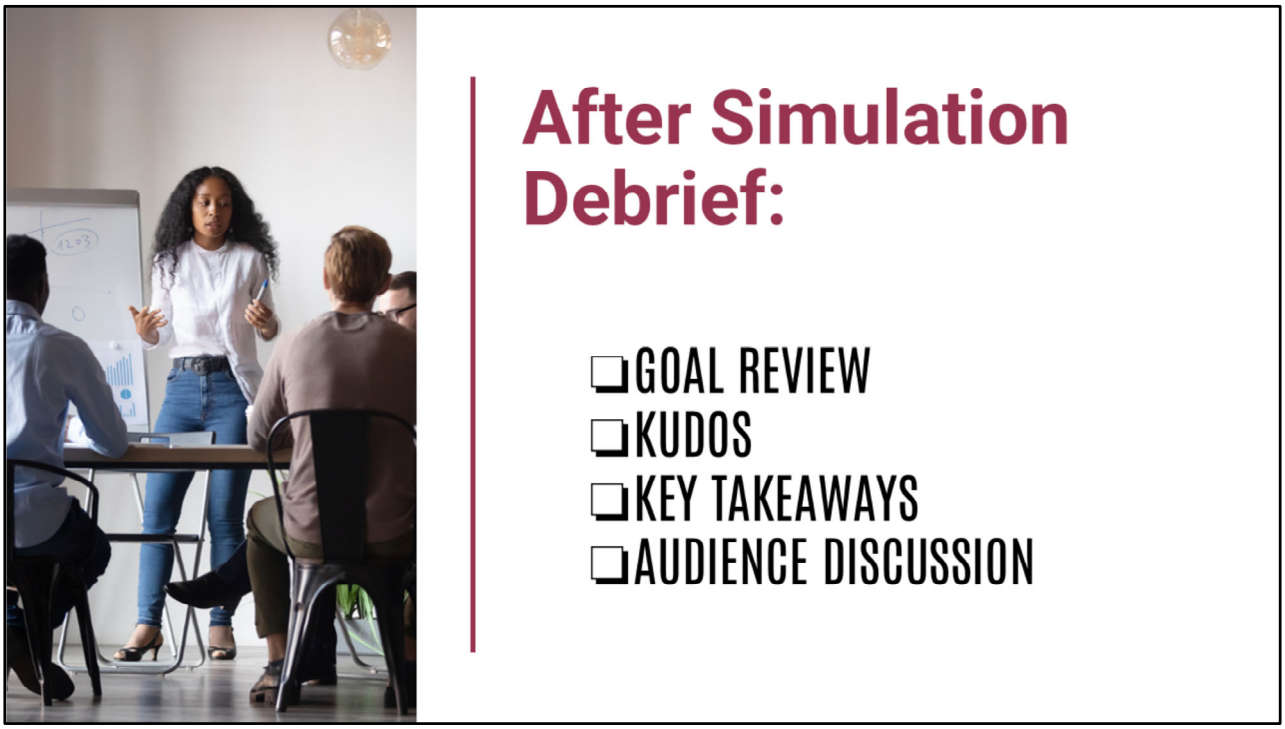
2._____

_____

Please start your observation form for this section

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

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



AFTER SIMULATION DEBRIEF

Time: 10 minutes
Purpose: Guide participants through a structured reflection on the simulation scene. Reinforcing skill application, naming what went well, connecting observations to policy and documentation, and closing the learning loop before moving on

Participant Manual: Completed (by the participant) Three Houses (Frankie), Completed (by the participant) Safety House (Frankie)
Facilitator Resource: Completed Three Houses (Frankie), Completed Safety House (Frankie).

STEP 2: DEBRIEF – REFLECTION FIRST (12 MIN)
Facilitator Questions: (ask the following questions and validate responses)

- **Start broad:**
    - What stood out to you across these two interviews?
- **Then move to Child Interview**
    - What did you learn from Frankie?
    - What did she communicate about her experiences?
- **Caregiver Interview**
    - What did the grandmother confirm or add?

    - What information became clearer?
- **Integration**
    - What changed in your understanding after the second interview?
    - What connections are you making between the two?
- **Missed Opportunities**
    - What else could have been asked?

Facilitator Answers:
Participants should identify:
- Caretaking role of Frankie.
- Supervision concerns.
- Medical neglect concerns.
- Domestic violence exposure.
- Caregiver inconsistency.

STEP 3: TOOL COMPARISON (SOP ALIGNMENT) (8 MIN)

Say:
Now we're going to look at a completed version of the SOP tools that were used in the simulation. As part of this process, it's important to not only practice using the tools but also to compare your work to a completed version.

I'm going to share the completed Three Houses and Safety House tools, developed using the same information. As we review these, think about:
- ***What you captured.***
- ***What you may have missed.***
- ***What stands out to you about how the child's experience is represented.***

Facilitator Actions: Display completed: Three Houses (Frankie) and Safety House (Frankie).

Facilitation Questions: (ask the following questions and validate responses)
- What do you notice in this version?
- What did you capture that aligns?
- What is different from what you documented?
- What feels important about how this is written?

Say:
Based on everything you've gathered so far, what concerns are becoming clearer?

Facilitator Notes:

- Guide toward patterns, behaviors, and the impact on the child.

Say:
This information will help identify potential safety threats in the remainder of the day.

Key Points: (ensure the following are covered)
- The child's voice provides critical information.
- The SOP tools help organize and clarify the information that the Specialist receives.
- Information must be integrated across sources.
- Understanding develops over time.
- Patterns matter more than individual statements.

Frankie Flowers
Age 7

Live in 2 Houses
1) Mama
Jasmine
Frankie
Daddy Brad
2) Granny
Mama
Jasmine
Frankie

HOUSE OF GOOD THINGS

Mama Sings!!

My own Room at Granny's House.

School and Ms. Anne

when at Daddy Brads House

Granny Helps with Jasmine when we are there.

PB

Peanut butter!

I take care of Jasmine, she is heavy

I'm a Big Helper!

I'm a Big Girl!

HOUSE OF WORRIES

Yelling, hitting, Police, fights.

Missing School.

Mama's pills.

Daddy Brad Drinks

Mama forgets to feed us, diapers for Jasmine Medicine

Bug Bites!!

Ice cream

Being alone at home!

Daddy Brad Yells at Me.

Mama Cries.

Jasmine smells

Smelly Diaper

HOUSE OF DREAMS

No Body is Mad, Yells, Hits.

School Always!

Mama takes her meds to "act right"

Mama and Granny Cook.

Jasmine Learns to walk so we can play.

Everyone is happy.

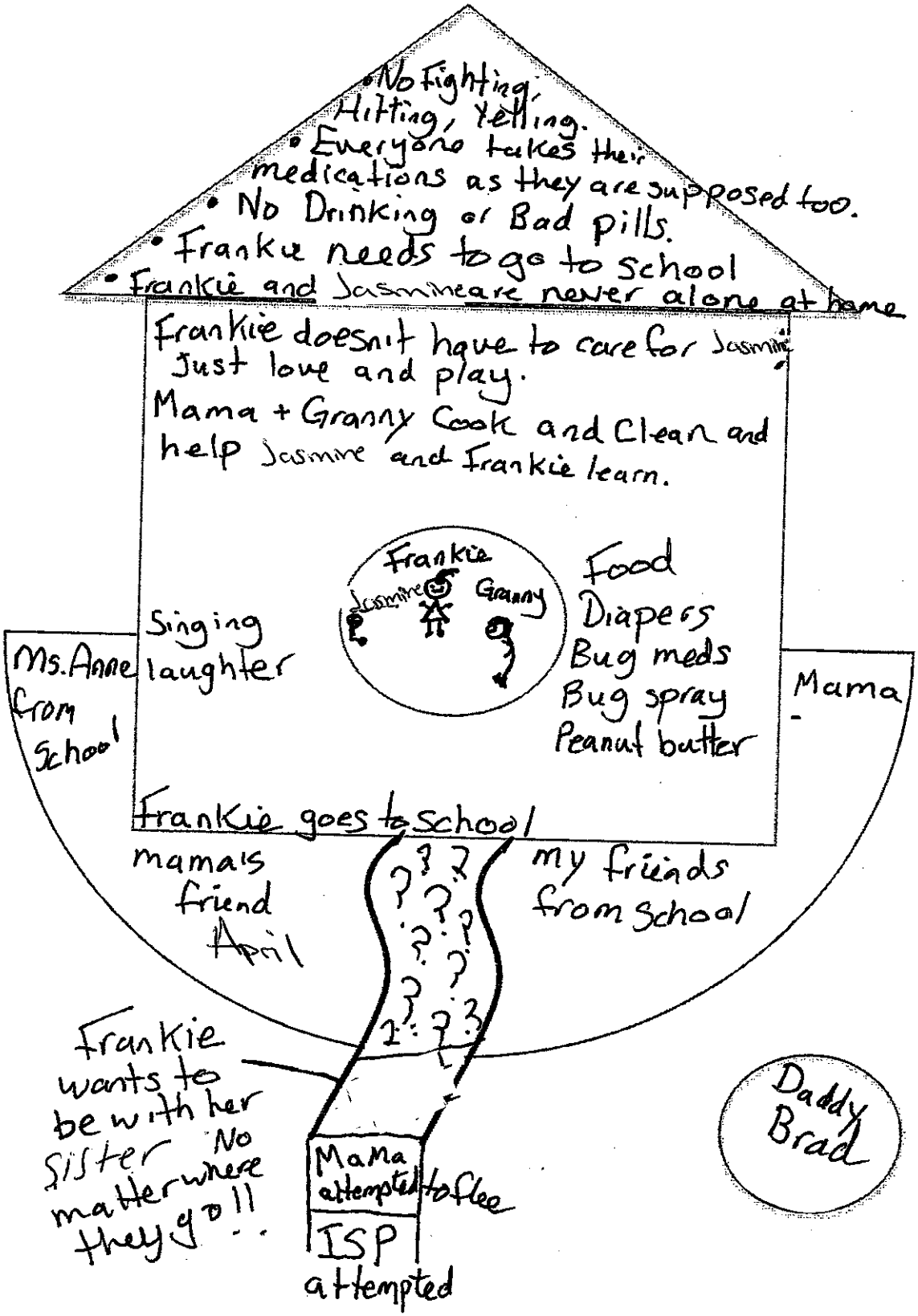
Granny is close by.

Not having to take care of Jasmine so much of the time.

www.SocialWorkersToolbox.com

Frankie

My Safety House



BRINGING THE INFORMATION TOGETHER

Time: 5 minutes
Purpose: To close out the structured simulations, reinforce key learning from both interviews, and transition participants to lunch before continuing the investigation process

Facilitation Discussion: (optional)
- What is one thing that became clearer to you during these interviews?

Facilitation Answers:
- Differences between sources.
- The child's experience.
- The caregiver's functioning.
- Supervision and caregiving concerns.

Say:
You have now conducted two separate interviews and began to build a more complete understanding of what is happening in this family. You gathered information from the child and the caregiver and had the opportunity to compare what was shared in both interactions. You also used the tools to capture the

child's voice and organize what you were learning in real time.

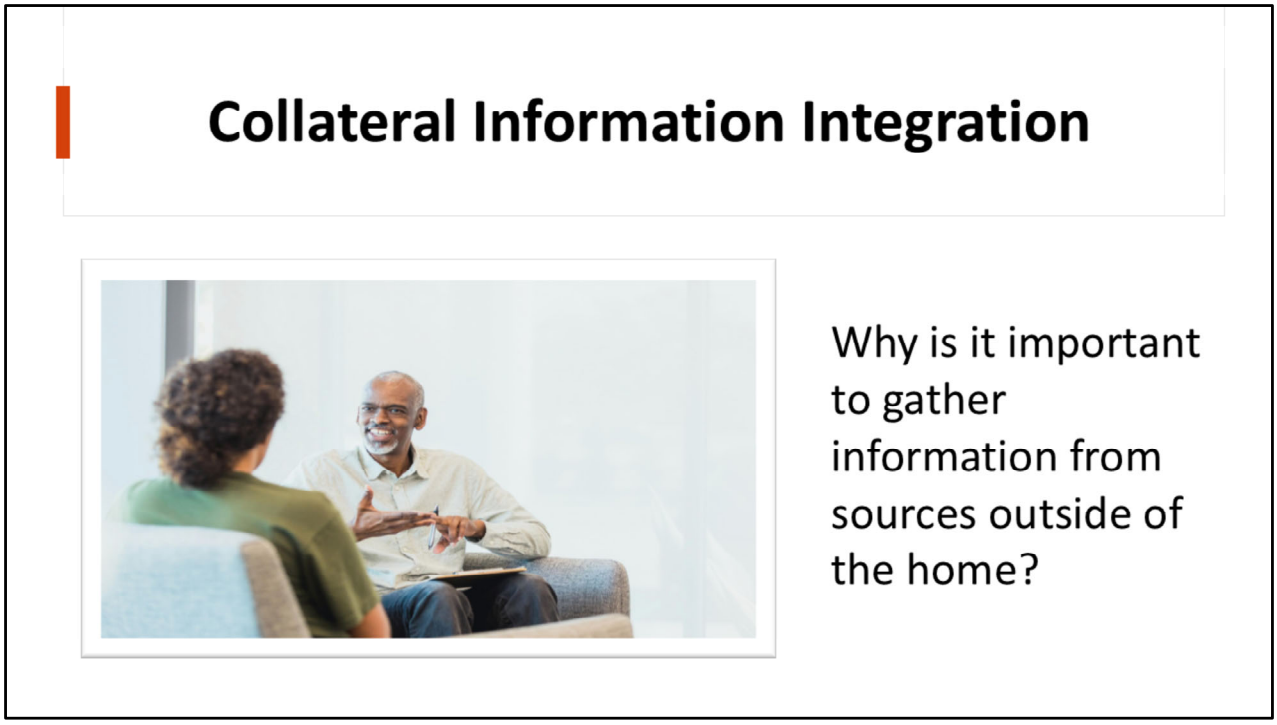
At this point in the investigation, you should be starting to see patterns and connections across the information you have gathered. Your understanding is developing but remains incomplete. You will continue the investigation by receiving additional information and reassessing what you know so far. As you move forward, continue thinking about how all the information fits together and what it may mean for the children's safety.

Key Points: (ensure the following are covered)

- Information comes from multiple sources.
- Understanding develops over time.
- Patterns are beginning to emerge.

The SOP tools support the organization of information received throughout the investigation

COLLATERAL INFORMATION INTEGRATION



COLATTERAL INFORMATION INTEGRATION

Time: 3 Minutes
Purpose: To emphasize information gathering with collateral contacts, focusing on evaluating the information for decision-making

Say:
In the previous sections, you gathered information directly from individuals in the home and began developing an understanding of what is happening in this family.

At this point in an investigation, the next step is to gather information from additional sources. These sources may provide information that confirms what you have already learned, or they may introduce new details that change your understanding.

In this section, you will receive information from collateral contacts connected to this case. This information will not come all at once. It will be introduced in parts, as information is gathered during an actual investigation.

As you receive each piece of information, your role is to reassess what you know,

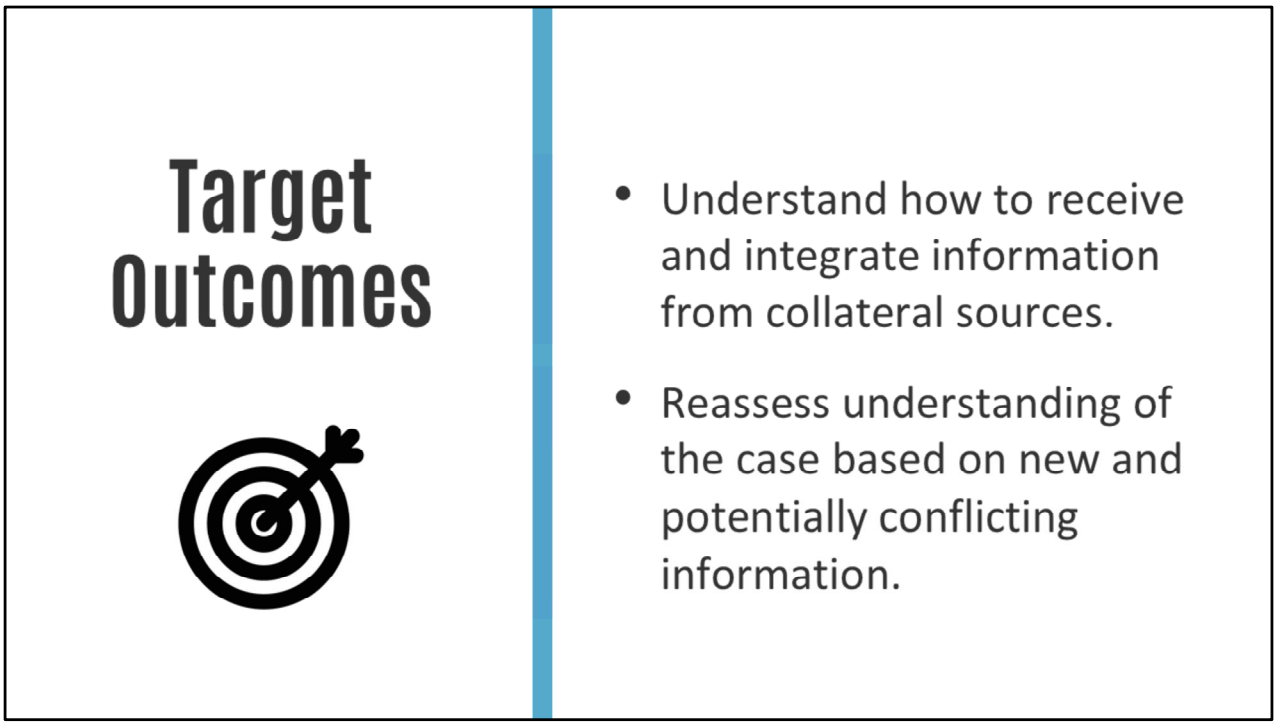
identify any inconsistencies, and continue building a clearer understanding of what is happening. This is where your thinking shifts from gathering information to organizing and evaluating it to support decision-making.

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

- Why is it important to gather information from sources outside of the home?

Facilitator Answers:

- Provides additional perspectives.
- Confirms or challenges information already received.
- Supports more accurate decision-making.
- Reinforce to the participants that no single source provides the full picture for the investigation.



TARGET OUTCOMES

Time: 5 minutes
Purpose: To introduce the target outcomes for this section

Say:
By the end of this section Specialists will:

- ***Understand how to receive and integrate information from collateral sources.***
- ***Reassess understanding of the case based on new and potentially conflicting information.***

REASSESSING THE CASE WITH NEW INFORMATION: LAW ENFORCEMENT

Time: 7 minutes
Purpose: To introduce law enforcement information and allow participants to begin identifying patterns related to violence and instability

Say:
You follow up with law enforcement and learn they have responded to multiple domestic violence calls at the home.

Facilitator Questions: (ask the following questions and validate responses)
- What does that suggest to you?
- How does this connect to what you already know?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:
You learn that there have been approximately 7 calls to the residence over the past 2 years, with the most recent from a neighbor.

In one of those incidents, officers observed visible injuries on Charlotte, including

bruising to her face, neck, and arms. Brad was arrested at that time.

Facilitator Question:
- What concerns does this raise?

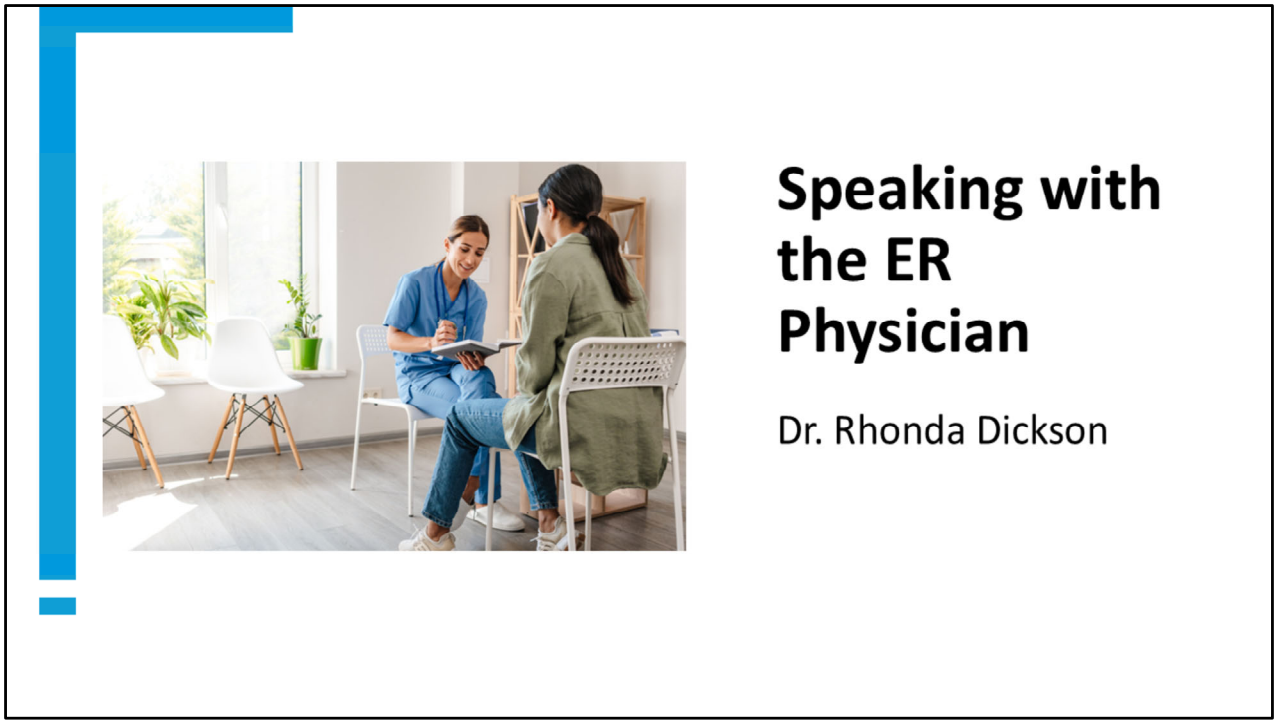
Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:
You also learn that Brad has a prior conviction for battery against a previous partner. He was released shortly after the arrest because Charlotte chose not to press charges, although the prosecutor is considering charges independently.

Facilitator Questions:
- What stands out to you now?
- What is becoming clearer?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Key Points: (ensure the following are covered)
- Pattern of domestic violence between Brad Hill and Charlotte.
- There has been an escalation over time.
- Charlotte has been minimizing the incidents rather than protecting.



REASSESSING THE CASE WITH NEW INFORMATION: ER PHYSICIAN

Time: 7 minutes
Purpose: To introduce medical information and highlight concerns related to the delay in treatment and caregiver response

Say:
You follow up with the ER physician (Dr. Rhona Dickson), who treated Jasmine in the emergency room and learned he had several infected sores and a fever.

Facilitator Question: (ask the following question and validate responses)
- What concerns does that raise, or does it confirm something that you already know?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:
The physician reports that Jasmine appeared very small for his age and had multiple infected blisters, including on his head and finger. He also had an elevated white blood cell count.

Facilitator Question:

- What does that tell you about his condition?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:

The physician shares concern that the infection had worsened due to a delay in treatment and that a reasonably prudent caregiver would have sought care sooner.

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

- What does that suggest about caregiver actions?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:

The physician reports that without treatment, the infection could have spread and may have required more serious medical intervention. There are also concerns about whether the caregiver understands the seriousness of the condition and will follow through with treatment.

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

- What is becoming more clear about this situation?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Key Points: (ensure the following are covered)

- Delay in medical care for Jasmine.
- That his condition is a serious health risk.
- The caregiver (Charlotte) lacked follow-through for medical attention.

Speaking with Charlotte's Psychiatrist

Dr. Jackson Farley

REASSESSING THE CASE WITH NEW INFORMATION: DR. FARLEY

Time: 7 minutes
Purpose: To introduce caregiver functioning information and create intentional contradiction for analysis

Say:
You follow up with Charlotte's psychiatrist and learn she has a diagnosis of bipolar disorder and requires medication to function.

Facilitator Question: (ask the following question and validate responses)
- How does that fit with what you've seen?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:
The psychiatrist reports that when Charlotte is taking her medication as prescribed, she is able to function. Without it, she struggles with daily activities, mood instability, and impulse control.

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

- What does that suggest about her ability to parent consistently?

Allow participants to answer openly in class; there is no right or wrong answer at this stage.

Say:
You learn that when Charlotte stopped taking her medication in the past, her behavior became erratic and she required intervention to stabilize.

Facilitator Question: (ask the following question and validate responses)
•What concerns does that raise?

(Allow participants to answer openly in class; there is no right or wrong answer at this stage.)

Say:
At this time, the psychiatrist reports no current concerns regarding Charlotte's ability to parent, based on the available information.

Facilitator Question: (ask the following question and validate responses)
- What stands out to you about that?
- Does anything not align with what you've learned today?

(Allow participants to answer openly in class; there is no right or wrong answer at this stage.)

Say:
You now have information from multiple sources. The next step is to take what you know and begin identifying conditions that correlate with threats to the child's safety.

Key Points: (ensure the following are covered)
- Dependence on medication for mood stability and functioning.
- Inconsistent functioning.
- Direct contradiction with observed behavior.

Wrap-Up & Key Takeaways

From Information To Analysis

FROM INFORMATION TO ANALYSIS

Time: 4 minutes
Purpose: To reinforce how collateral information strengthens understanding of the case and prepares specialists to move into identifying conditions that may place the child in danger

Say:
In this section, you received information from multiple collateral sources and began reassessing your understanding of the case. Each source added a different perspective. Some information confirmed what you had already learned, while other information introduced new details or did not fully align with what you expected.

At this stage in an investigation, your role is to begin organizing all of the information you have gathered and identifying patterns across sources. You are no longer just collecting information; you are now analyzing it.

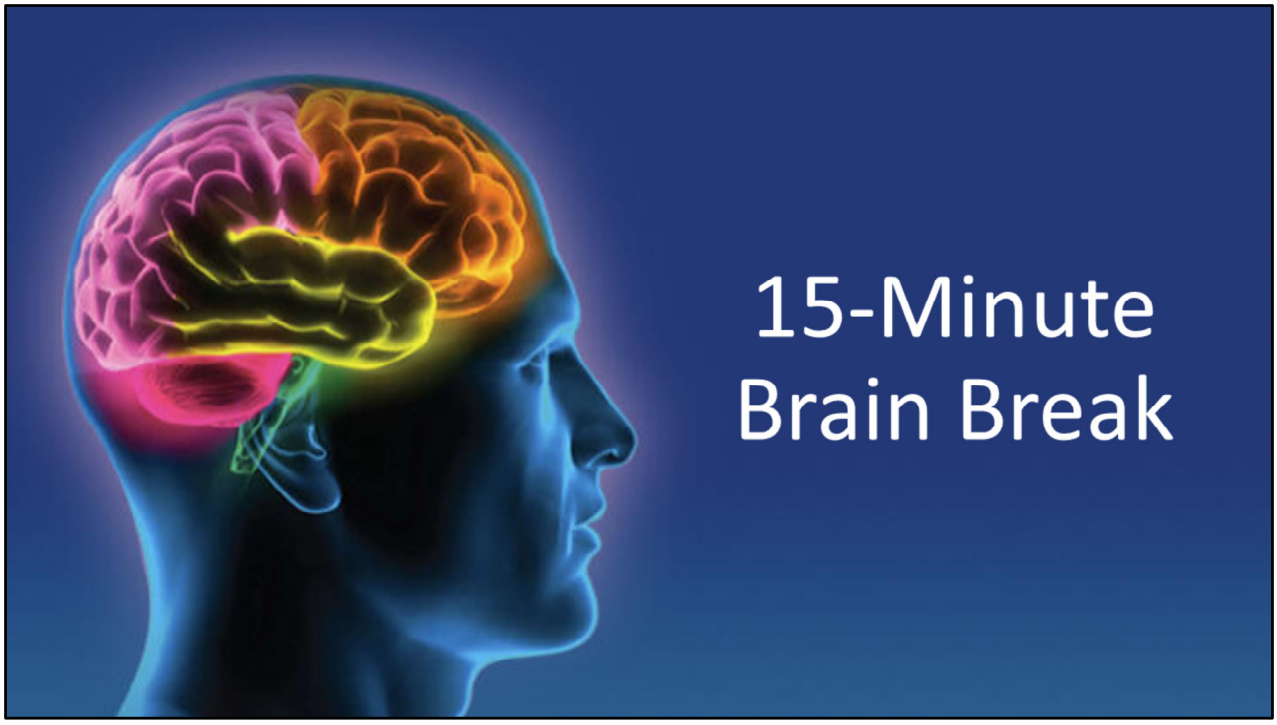
Facilitator Question: (ask the following question and validate responses)
- What piece of information changed your understanding the most?

Facilitator Answers:

- Domestic violence pattern.
- Medical severity.
- Caregiver functioning.
- Conflicting information.

Say:
As you move into the next section, you will begin identifying specific conditions that may place the child in danger based on everything you now know.

Key Points: (ensure the following are covered)
- Information comes from multiple sources.
- Understanding develops through the comparison of information received.
- Patterns are becoming clearer.
- Specialists must analyze, not just collect information.
- This leads to the identification of conditions that threaten the child's safety.



BRAIN BREAK

IDENTIFYING SAFETY THREATS

IDENTIFYING SAFETY THREATS

Time: 3 Minutes
Purpose: To have participants begin thinking critically about the differences between concerns and safety threats

Say:
In the previous sections, you gathered information from multiple sources and began identifying patterns across what you learned.

At this point in the investigation, your role shifts from gathering and organizing information to identifying specific conditions that may impact the child's safety. Safety threats are not general concerns. They are specific conditions or behaviors that create immediate risk to a child's safety.

You will use all of the information you have gathered from the caregiver, the child, and collateral sources to begin identifying these threats. This is a critical step in the investigation process because it directly informs the decisions you will make about the child's safety.

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

- What is the difference between a concern and a threat to safety?

Facilitator Answers:

- Concerns are usually general or developing.
- Threats to safety are immediate conditions that require action.
- Reinforce to the participants that not all concerns are threats to the child's safety.

TARGET OUTCOMES

Time: 2 minutes
Purpose: To prepare Specialists to identify threats to safety using all information gathered and to begin applying structured decision-making to determine conditions that cause threats to a child's safety

Say:
As you work through this section, remember this isn't about guessing or making assumptions. Base your decisions on the information you've gathered throughout the investigation. When identifying threats to safety, stay focused on specific, observable caregiver behaviors and how those behaviors impact the child

By the end of this section Specialists will:

- ***Understand how to identify threats to safety using all information gathered.***
- ***Begin applying structured decision-making to determine conditions that cause threats to a child's safety.***

SAFETY THREATS

Time: 15 minutes
Purpose: To provide Specialists with the opportunity to identify safety threats using all information gathered and apply structured decision-making to determine conditions impacting child safety

Participant Manual: Safety Assessment Tool

Activity Set Up
- Participants in table groups.
- Materials:
    - SDM Safety Assessment Tool
    - Notes from:
        - Charlotte
        - Frankie
        - Grandmother
        - Collaterals

Activity Instructions
1. Review all information gathered so far.

2. Identify:
    - **Safety threats present in this case based on the information gathered.**
3. Be prepared to:
    - Share your reasoning.
    - Explain what information supports each identified threat to safety.

Say:
Now you are going to take everything you have learned so far and begin identifying safety threats. This includes information from your interviews with the caregiver, the child, the grandmother, and the collateral information you received.

As you work through this, focus on identifying specific behaviors and conditions that impact the child's safety. These should be based on what you know, not assumptions or information you do not yet have. Work with your group to identify the safety threats in this case, and be prepared to explain the information that supports your decisions.

Facilitator Notes:
DO NOT:
- Tell them the answers.
- Allow vague statements.
- Accept unsupported conclusions.

DO:
- Push for:
    - Specificity.
    - Evidence.
- Ask participants to explain their reasoning for selecting a particular safety threat.

EXPECT:
- Some groups over-identify, while others under-identify. That is part of the learning process.

Say:
You've identified the threats to safety. Next, you will use those to complete the Safety Assessment and determine if immediate safety threats are identifiable.

Key Points: (ensure the following are covered)
- Threats to safety must be based on behavior and conditions.
- Must be supported by information gathered.

- Not all concerns meet the criteria for being a threat to safety.
- Focus on the impact on the child's safety.

DETERMINING THE CHILD'S SAFETY

Time: 20 minutes
Purpose: To guide Specialists in completing the Safety Assessment using identified threats to safety and determining whether the child is Safe, Safe with a Plan, or Unsafe

Participant Manual: SDM Safety Assessment Tool (Blank)

Activity Set Up:
Post three large signs across the front (or around the room):

- SAFE
- SAFE WITH A PLAN
- UNSAFE

Participants remain in their table groups initially.

Materials:

SDM Safety Assessment Tool
Previously identified threats to safety

Activity Instructions:

1. Working in table groups, participants will use the previously identified safety threats to complete the following sections of the **SDM Safety Assessment Tool:**
    - Child Vulnerability
    - Threats to Safety
    - Safety Determination
2. Once each group reaches a determination, they will stand and move to the sign that represents their decision:
    - Safe
    - Safe with a Plan
    - Unsafe
3. Groups standing at the same sign will briefly compare their reasoning and identify the information that supports their decision.
4. Each group will select one spokesperson to explain:
    - Why did they select that safety determination?
    - What information from the case supports their decision?
5. After hearing all of the reasoning, participants may move to a different sign if another group's evidence changes their thinking.
6. Facilitate a debrief emphasizing that safety determinations must always be supported by the information gathered, not assumptions.

Say:

You've identified the threats to safety based on the information you've gathered. Now it's time to apply that information by completing the Safety Assessment and determining Jasmine's current safety status.

As Specialists, the Safety Assessment helps you organize the information you've already collected and apply it in a structured way. This activity is not about adding new information. It's about using what you already know to support an evidence-based decision.

Begin by considering Jasmine's vulnerability, including her age, her ability to protect herself, and her level of dependence on her caregiver. Next, review the safety threats you've already identified and determine whether those conditions are present and how they affect Jasmine's safety. Once your group has completed the assessment, decide whether Jasmine is Safe, Safe with a Plan, or Unsafe. When you've reached your decision, move to the area of the room that matches your determination. Be prepared to explain how your group reached that decision and identify the specific information that supports it.

As you listen to the reasoning of the other groups, remain open to new perspectives. Just as your decisions in an investigation may change as additional information is gathered, your thinking may also evolve as you hear evidence from

others.

Paraphrase:
The Safety Assessment helps you apply the information you've gathered to determine the child's current safety status. Your decision should be based on identified safety threats, child vulnerability, and the information available, not assumptions.

Facilitator Question: (ask the following question and validate responses)
- What information from the Safety Assessment most influenced your group's determination?

Facilitator Answer:
- Participants should reference Jasmine's vulnerability, identified threats to safety, caregiver functioning, concerns related to medical neglect, domestic violence exposure, supervision concerns, and any other documented safety threats.
- Reinforce that safety determinations must be supported by information gathered during the investigation.

Facilitator Question: (ask the following question and validate responses)
- If another group reached a different determination, what additional information or interpretation influenced their decision?

Facilitator Answer:
- Responses may vary. Reinforce that Specialists may initially reach different conclusions when working with limited information. The important factor is that every determination is supported by evidence, documented safety threats, and use of the SDM Safety Assessment Tool rather than assumptions or personal opinion.

Facilitator Notes:
Do NOT:
- Tell participants the correct answer.
- Skip the reasoning process.
- Allow unsupported decisions.

Do:
- Ask, "What information supports that decision?"
- Push participants to reference evidence from the case.
- Reinforce consistent use of the SDM Safety Assessment Tool.
- Encourage respectful discussion when groups disagree.

Expect:

- Different groups may reach different safety determinations.
- Participants may change their decisions after hearing additional evidence and reasoning.
- Productive discussion and disagreement are part of the learning process and reinforce evidence-based decision-making.

Say:
Now that you've determined Jasmine's current safety status, the next step is to consider what actions are needed to ensure her safety. Determining whether a child is safe, safe with a plan, or unsafe is only one part of the process. As Specialists, you must also decide what needs to happen next to address the identified safety threats and support the child's ongoing safety.

Key Points: (ensure the following are covered)
- Safety decisions must be based on identified safety threats.
- Child vulnerability is critical to safety decision-making.
- Decisions must be supported by the information gathered during the investigation.
- Specialists should focus on conditions that directly impact the child's safety.
- The Safety Assessment Tool provides a structured process for making evidence-based safety determinations.

WRAP-UP & KEY TAKEAWAYS: FROM DECISION TO ACTION

Time: 5 minutes
Purpose: To reinforce the process of identifying threats to safety and determining child safety status, and to transition Specialists toward planning for how safety will be addressed

Participant Manual: Safety Assessment Tool

Say:
You used the information gathered throughout the investigation to identify safety threats and complete the SDM Safety Assessment. You moved from understanding what is happening in the family to making a structured decision about the child's safety. This is a critical point in the investigation process.

At this stage, the focus is no longer just on identifying concerns, but on determining what those conditions mean for the child and whether action is needed.

In the next section, you will begin focusing on what comes next, how to use available supports and resources to address the conditions you identified and

ensure the child's safety.

Facilitator Question: (ask the following question and validate responses)
- What was most challenging about making your safety decision?

Facilitator Answers:
- Applying information to the tool.
- Determining the level of safety.
- Balancing multiple concerns.
- Identifying what rises to a threat to safety.

Say:
We're going to take a break. When we return, we will begin focusing on how to address the safety threats you identified through safety planning and support networks.

Key Points: (ensure the following are covered)
- Threats to safety drive decision-making.
- Safety determination must be supported by information gathered during the investigation.
- The SDM Safety Assessment organizes thinking and decision-making.
- The next step is action planning for the child's safety.

SAFETY PLANNING & SUPPORT NETWORK

SAFETY PLANNING AND SUPPORT NETWORKDS

Time: 3 Minutes
Purpose: To introduce participants to determining how safety threats will be addressed, with a focus on utilizing support networks

Say:
In the previous sections, you identified safety threats and determined the child's safety status. The next step in the process is to determine how those safety threats will be addressed.

Safety planning focuses on identifying immediate actions to manage conditions that impact the child's safety. This includes identifying who can support the child and what needs to happen right away.

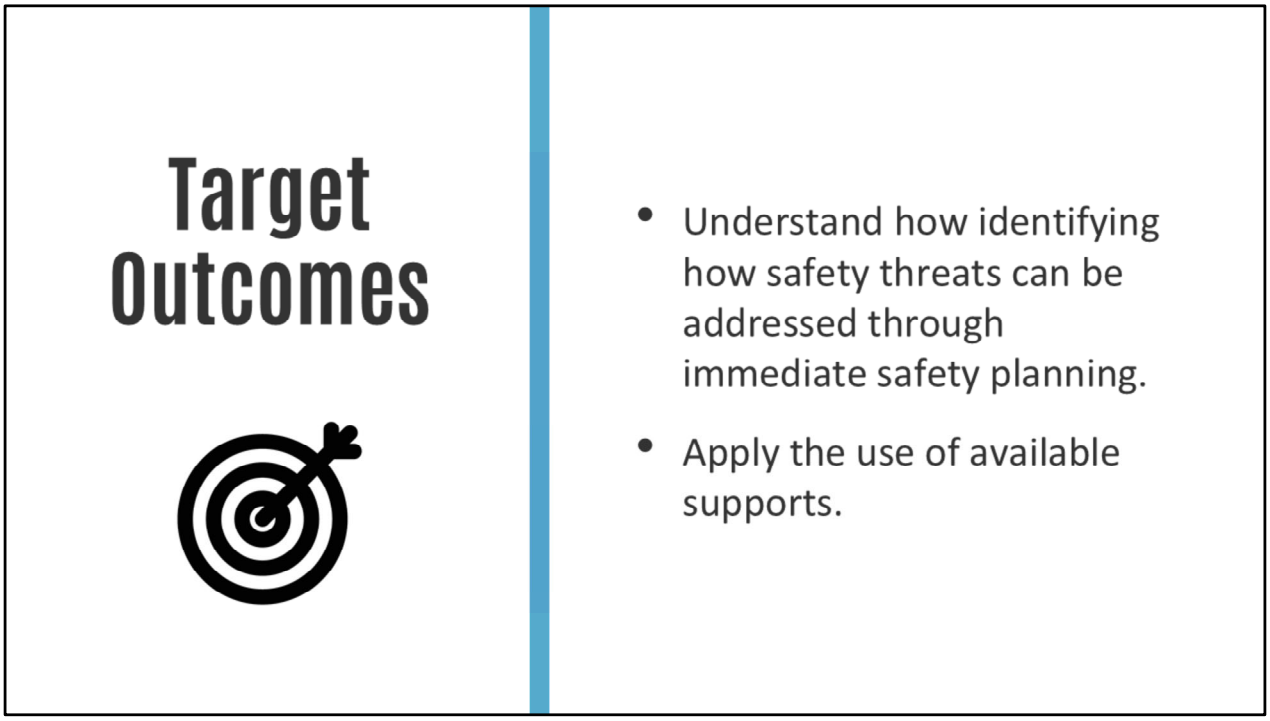
In this section, you will begin thinking about how to use available supports, including family and other individuals, to help ensure the child's safety. This is not about long-term services. It is about what needs to happen immediately to address the safety threats you identified.

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

- What is the purpose of a safety plan?

Facilitator Answers:

- To manage threats to safety.
- To protect the child immediately.
- To identify who will support safety.

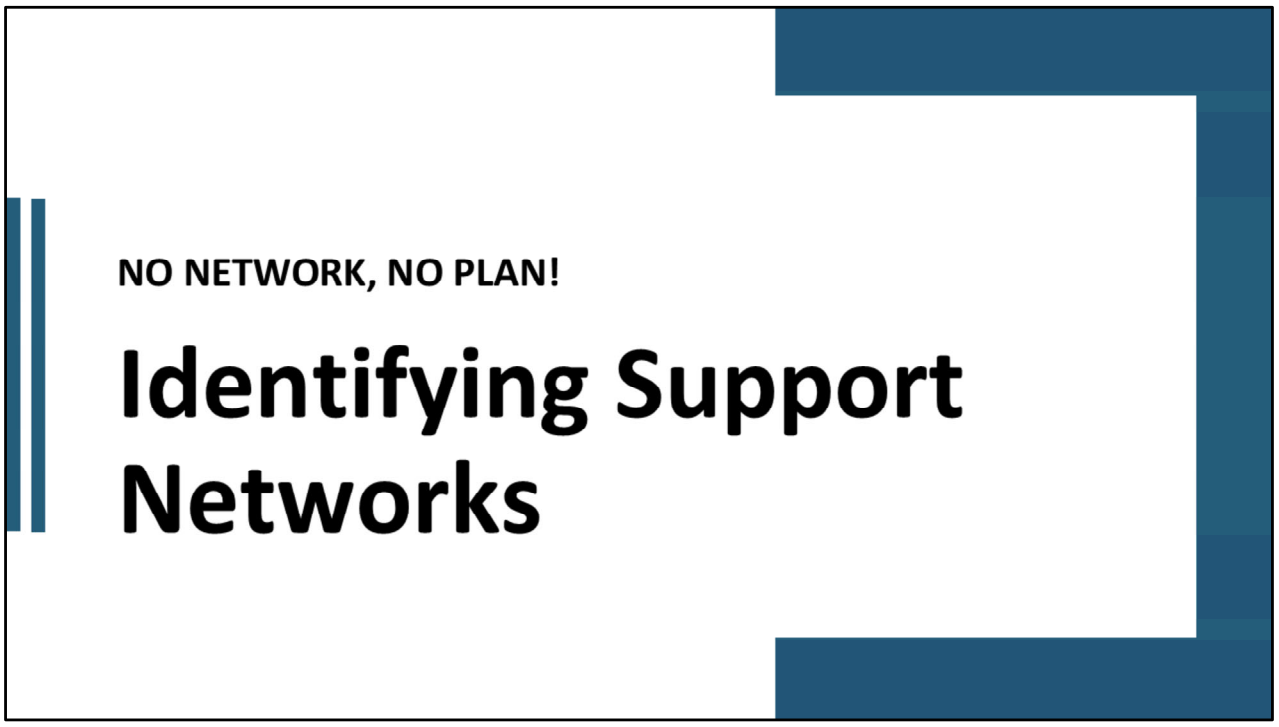


TARGET OUTCOMES

Time: 2 minutes
Purpose: To introduce the target outcomes for this section

Say:
By the end of this section Specialists will:

- ***Understand how identifying how safety threats can be addressed through immediate safety planning.***
- ***Apply the use of available supports.***



IDENTIFYING SUPPORT NETWORKS

Time: 20 minutes
Purpose: To provide Specialists with the opportunity to identify support networks and begin developing immediate safety actions to address identified threats to safety

Participant Manual: Support Network Grid, SDM Safety Assessment Tool, Immediate Safety Plan
Facilitator Resources: Flowers Support Network Grid, Flowers Safety Assessment Tool, Flowers Immediate Safety Plan

Activity Set Up
- Participants remain in groups.
- Materials:
    - Support Network Grid
    - Safety Assessment Tool
    - Case notes

Activity Instructions
1. Review the safety threats identified in section seven.
2. Identify:

- Individuals who could be part of a support network (family, relatives, other supports)

1. For each threat to safety, determine:
   - What needs to happen immediately to manage that condition.
2. Begin outlining:
   - Specific, actionable safety steps.
   - Who is responsible for each step?
3. Be prepared to:
   - Share your plan.
   - Explain how it addresses the threats to safety.

Say:

You've identified the safety threats and determined the child's safety status. Now, you will begin thinking about how to manage those safety threats.

Start by identifying who in this family or who is connected to it could be part of a support network. These are individuals who can help ensure the child's safety. Then, for each safety threat, determine what needs to happen right now to address that condition.

Your plan should focus on immediate, specific actions. This is not about long-term services. It is about what needs to happen today or in the very near future to ensure the child's safety.

As you build your plan, be clear about:

- ***What needs to happen?***
- ***Who will do it?***
- ***How does it directly address the threats to safety?***

Facilitator Notes:

DO NOT:

- Let plans become:
  - Vague
  - Service-based (therapy, referrals).

DO:

- Push for what needs to happen today?
- Ask the participants who will be responsible for each action?
- Reinforce to the participants that the plan focuses on immediate safety.

EXPECT:

- Participants may:
  - Default to services

    - Struggle with specificity

Redirect to:

- Immediate actions
- Real people who can help in the case immediately.

Say:

We've identified how to address safety. Next, we'll close out the day by reflecting on what you've learned and how this applies moving forward

Key Points (ensure the following are covered):

- Safety plans must address threats to safety directly.
- Actions must be:
    - Immediate
    - Specific
- Support networks play a key role in safety.
- ***No support network, no plan!***
- Plans are practical, not theoretical.

SUPPORT NETWORK GRID

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

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

SDM SAFETY ASSESSMENT
IMMEDIATE SAFETY PLAN

Arkansas State Police and Division of Children and Family Services

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

Worker Name: Participant Name

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

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

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

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

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

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

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

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

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

AGREEMENT TO IMPLEMENT IMMEDIATE SAFETY PLAN

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

Legal custodians or guardians

Charlotte Flowers - legal custodian

Worker/supervisor

Participant Name - DCFS Specialist

Training Supervisor

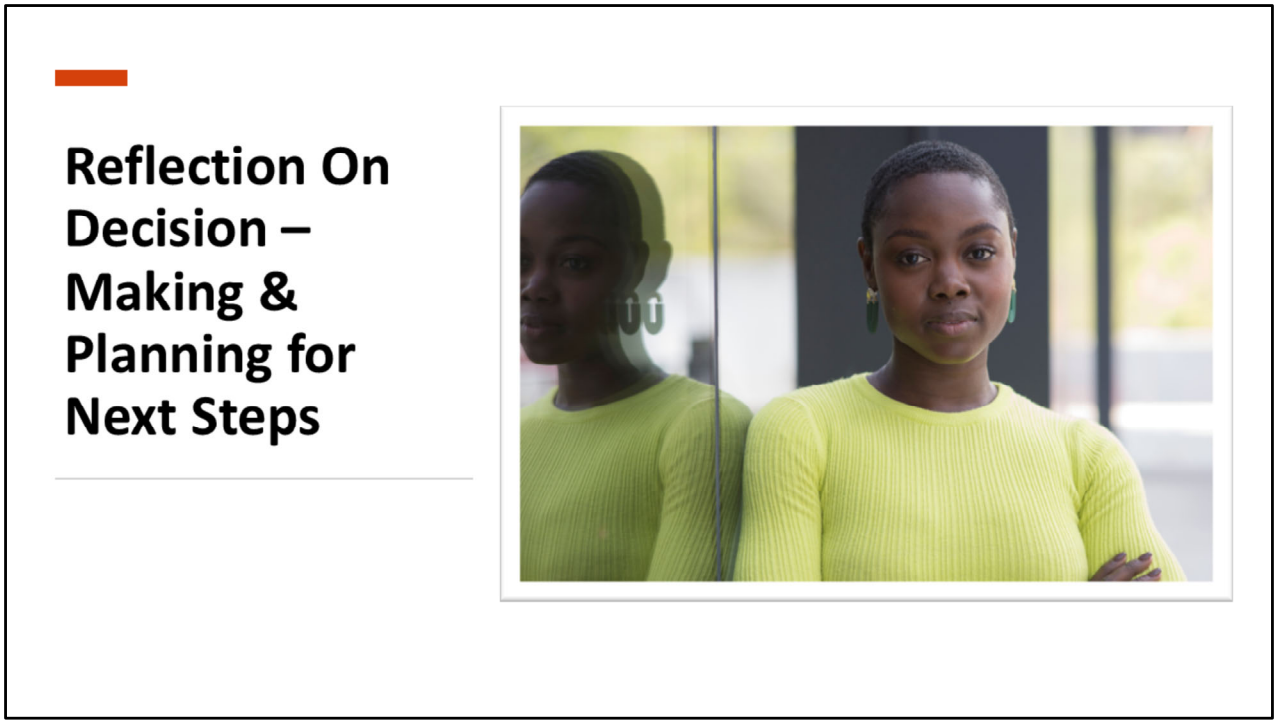
Children

Frankie Flowers - age 7, verbal review only

Jasmine Hill - age 7 months, too young to sign

Network members

Georgia Weems - grandmother/network



REFLECTING ON DECISION-MAKING & PLANNING FOR NEXT STEPS

Time: 15 minutes
Purpose: To provide structured reflection on decision-making and safety planning, reinforce key concepts from the day, and prepare participants for continued investigation work on Day 4

Facilitator Notes:
- Keep the tone reflective and encouraging.
- Do not introduce new instructional content.
- Reinforce participants' confidence in the investigative process rather than arriving at the "right" answer.
- Highlight growth in participants' thinking throughout the day.
- End the day with a clear transition into Day 4.

Set Up:
Post six reflection posters around the room with one question on each:
- **What part of today's process felt most challenging?**
- **What part of the process felt most clear?**
- **How did identifying threats to safety impact your thinking?**
- **What helped you make your safety decision?**

- **What was challenging about creating immediate safety actions?**
- **How did the support network influence your plan?**

Provide each participant with six sticky notes and a marker.

Activity Instructions:

1. Participants will begin by standing and moving freely around the room.
2. At each reflection poster, participants will write one response on a sticky note and place it on the chart.
3. Participants should rotate until they have responded to each reflection question.
4. Once everyone has finished, participants will return to their seats.
5. The facilitator will review common themes from each poster and lead a brief whole-group discussion highlighting key learning from the day.

Say:

Today, you've worked through the investigation process from gathering information to making decisions and beginning to plan for safety. As Specialists, you gathered information from multiple sources, including the child, caregiver, and collateral contacts. You used that information to identify safety threats and determine the child's safety status.

From there, you began identifying how those threats could be addressed through immediate actions and support networks. This is how investigations develop over time. You are not expected to have every answer at once. Instead, your responsibility is to use the information you have to make informed decisions, continue gathering additional information, and take actions that support child safety.

Before we end for the day, we're going to take a few minutes to reflect on today's learning. As you move around the room, think about how your understanding developed throughout the day, what challenged your thinking, and what helped strengthen your decision-making.

Activity Discussion:

Review responses from each reflection poster.
Facilitate discussion around:

- The parts of the investigation process participants found most challenging.
- The concepts that became clearer throughout the day.
- How identifying threats to safety influenced decision-making.
- The information participants relied on when determining safety.
- Challenges associated with developing immediate safety actions.

- How support networks strengthened or influenced safety planning.

Encourage participants to recognize that different perspectives and approaches are a normal part of investigative work.

Say:
As the investigation continues, you'll continue gathering information and reassessing what you know. Investigations are not static. Every interview, observation, and collateral contact has the potential to strengthen your understanding or change your perspective.
Tomorrow, you'll have the opportunity to engage with another individual connected to the Flowers' case. As you do, you'll build on what you've already learned, ask additional questions, gather new information, and reassess your understanding as the investigation continues to evolve.

Key Points: (ensure the following are covered)
- Investigations develop over time.
- Information comes from multiple sources.
- Threats to safety drive investigative decisions.
- Safety planning focuses on immediate actions that address identified threats to safety.
- Decisions may change as new information is gathered.

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.