CHILD PROTECTIVE SERVICES

POLICY

West Virginia Department of Health and Human Resources
Bureau for Children and Families
Office of Social Services

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1.1 Introduction and Overview

This policy sets forth the philosophical, legal, practice and procedural issues which currently apply to Child Protective Services (CPS)in West Virginia. This material is based upon a combination of requirements from various sources, including but not limited to: social work standards for practice; the statutes contained in Chapter 49 of the Code of West Virginia; the amended consent decree entered in the case of Gibson v. Ginsberg; the Rules of Procedure for Child Abuse and Neglect Proceedings issued by the Supreme Court; the CPS decision-making model known as the West Virginia Child Protective Services System (WVCPSS); case decisions made by the West Virginia Supreme Court; and, the Child Abuse Prevention and Treatment Act and the Adoption and Safe Families Acts, both enacted by the U. S. Congress. The West Virginia Child Protective Services System is a Risk and Safety Based Decision-Making Model adopted and implemented in West Virginia in 1992. The model is adapted from the Child at Risk Field System, developed by ACTION for Child Protection, a non-profit child welfare agency with headquarters in Charlotte, North Carolina and Placitas, New Mexico. A considerable portion of this material is adapted from "Child Protective Services Risk Management: A Decision Making Handbook" authored by Wayne Holder and Michael Corey, 1986, revised edition 1995, which was adopted and implemented as part of the policy and procedures for Child Protective Services in West Virginia in 1992. This handbook and the accompanying "Forms and Instructions Book" continue to serve as a supplement to this Child Protective Services Policy as guidelines for best practice standards. All DHHR employees who have any responsibility for any part of Child Protective Services must be familiar with and have immediate access to the CPS Policy, the Handbook, the Forms and Instructions Book, Chapters 48 and 49 of the Code of West Virginia and the (Court) Rules of Procedure for Child Abuse and Neglect Proceedings.

Child Protective Services is a specialized component of a broader public system of services to children and families. The abuse and neglect of children moved from being largely a private matter to one of public concern in the late 19th century. During the first half of the 20th century, the protection of children was initiated through the efforts of local, private, non-profit societies for the prevention of cruelty to children. There were more than 250 such societies in the 1920's acting as a catalyst to bring resources to families and protection through the courts to the children involved in abuse and neglect. In West Virginia, Societies for the Prevention of Cruelty to Children were organized in Wheeling and Charleston in the late 1800's and eventually a chapter was established in each county. Gradually, public social services agencies began to take on more of this responsibility. During the 1960's and 1970's, major developments in child protection began to take place. Reporting laws were passed in every state, including West Virginia, which requires certain professionals to report child abuse or neglect to local child protection departments. The overall trend in public child protection has been in the direction of providing social services so that families

can ultimately become able to protect and effectively parent their children. Yet, there are situations when family preservation is not possible and the safety needs of the child require another alternative.

On November 19, 1997, the President signed into law the Adoption and Safe Families Act of 1997 (ASFA). This legislation, passed by Congress with overwhelming bipartisan support represented an important landmark in child welfare law. It established unequivocally that the national goals for children in the child welfare system are **safety, permanency and well-being**. The law reaffirmed the need to forge linkages between the child welfare system and other systems of support for families, as well as between the child welfare system and the courts, to ensure the safety and well-being of children and their families. The Child Protection system of the 21st century is emerging as one in which there will be a greater emphasis on collaboration between CPS, Courts, Law Enforcement, Health and Mental Health and community services agencies as well as a greater emphasis on timely outcomes for children and their families.

1.2 Philosophical Principles

Philosophical beliefs about child maltreatment and their effects on families are the single most important variable in the provision of quality CPS. Thoughts about families, interactions with them, the decisions made independently and with families, and how the community is involved to assist them are determined in advance by what is believed.

The most basic and powerful influence of helping in CPS is expressed by consistently applying professional beliefs and values. The following philosophical principles represent the social work orientation to CPS. These principles are fundamental to the social work discipline and may not apply to other disciplines or agencies.

- Inadequate parenting and child maltreatment are ecological phenomenon influenced by personal, social, and societal factors. Most often they represent examples of failure and despair, rather than willful premeditated behaviors.
- Punishing parents will do little to resolve the causes of the problem and such action is not the responsibility of CPS staff.
- CPS is child-centered and family-focused. The aim is to strengthen the functioning of the family unit, while assuring adequate protection and safety for the child.
- Effective intervention requires that CPS respond in a non-punitive, noncritical manner and offer help in the least intrusive manner possible.
- All of CPS intervention should be directed by helpfulness.
- CPS should collaborate and coordinate with the family and other disciplines, while it maintains its unique roles and functions.
- Child abuse and neglect are multi-faceted problems which affect the entire community. A coordinated, multi disciplinary effort which involves a broad range of community agencies and resources is essential for an effective child abuse and neglect response system.

- Most CPS families and family members can change their behavior if provided sufficient help to empower them.
- It is best to keep children with their parents when safety can be controlled.
- Families should be involved in the casework process.

1.3 Mission

West Virginia's Department of Health and Human Resources (DHHR), Bureau for Children and Families (BCF) is dedicated to providing and assuring accessible quality services for individuals and families to achieve their maximum potential and improve their quality of life. The Office of Social Services (OSS) is committed to collaborate in providing a social service delivery system that assures safety and promotes the health, stability and well-being of vulnerable adults, children and families.

1.4 Purpose

There are two primary purposes for CPS intervention;

- to protect and control the safety of children who are at risk of maltreatment, and;
- to provide services to alter the conditions which created the risk of maltreatment.

1.5 Roles

The CPS worker has the following roles;

- **Problem Identifier** - The social worker gathers, studies and analyzes information about the child and the family. The worker also offers help to families in which risk is identified, secures the safety of the child, justifies the need for CPS intervention and evaluates the causes of risk.
- **Case Manager**- In this capacity the social worker assesses family problems and dynamics which contribute to risk of maltreatment and plans and devises strategies to eliminate risk and to effect change in the family. The worker orchestrates all planning, report, and follow-up activities related to the case and facilitates the use of agency and community systems to assist the child and family. The worker also reviews client progress, maintains accurate documentation and records, and advocates for the client by supporting, creating, and promoting the helping process.
- **Treatment Provider**- The social worker works directly with families in helping them to stop the maltreatment and to learn new ways of relating to and being responsible for their children. The worker also serves as a role model, encourages client motivation and facilitates problem solving and decision making on the part of families.

The CPS supervisor has the following roles:

- **Administrator** - The supervisor makes decisions on specific case activities, case assignments and on relevant personnel matters. The supervisor also regulates the practice of social workers with child protection cases and ensures the quality of practice. The supervisor serves as a link between workers and community resources and with administrative staff.
- **Educator** - The supervisor plans and carries out activities related to the professional development of employees.
- **Coach** - The supervisor motivates and reinforces employees in the performance of their duties.

1.6 Legal Basis

CPS stems from both a social concern for the care of children and from a legal concern for the rights of children. Child abuse and neglect are legally recognized and legally defined terms. The DHHR is legally required to provide CPS. The legal basis of CPS is contained in Chapter 49 of the Code of West Virginia. The Rules of Procedure for Child Abuse and Neglect Proceedings issued by the Supreme Court of West Virginia and opinions entered by the Court in various cases also provide further interpretation and clarification of the statutes. Excerpts from Chapter 49 regarding the specific role and duties of CPS are included here, however, reference should be made to the entire Chapter and to the Rules and opinions of the Court. Other parts of the West Virginia State Code relevant to Child Protective Services are Chapters 27, 48 and 61, which contain the statutes for Mentally Ill Persons, Domestic Relations and Crimes and Punishment. The statutes may be found within FACTS (go to FACTS, Help, Court/Legal, WV Code) or on the internet at www.legis.state.wv.us. The Rules of Procedure for Child Abuse and Neglect Proceedings and Court Opinions may be found on the internet at www.state.wv.us/wvsca.

49-1-1 Purpose (Provides the framework for the Child Protection system in WV.)

(a) The purpose of this chapter is to provide a comprehensive system of child welfare throughout the state which will assure to each child such care and guidance, preferably in his or her home, and will service the spiritual, emotional, mental and physical welfare of the child; preserve and strengthen the child's family ties whenever possible with recognition of the fundamental rights of parenthood and with recognition of the state's responsibility to assist the family in providing necessary education and training and to reduce the rate of juvenile delinquency and to provide a system for the rehabilitation or detention of juvenile delinquents and the protection of the welfare of the general public. In pursuit of these goals it is the intention of the Legislature to provide for removing the child from the custody of parents only when the child's welfare or the safety and protection of the public cannot be adequately safeguarded without removal; and, when the child has to be removed from his or her family, to secure for the child custody, care and discipline consistent with the child's best interests and other goals herein set out.

49-2-16 State responsibility for child care (Empowers the DHHR to accept custody of children.)

The state department is hereby authorized and empowered to provide care, support and protective services for children who are handicapped by dependency, neglect, single parent status, mental or physical disability, or who for other reasons are in need of public service. Such

department is also hereby authorized and empowered in its discretion to accept children for care from their parent or parents, guardian, custodian or relatives and to accept the custody of children committed to its care by courts exercising juvenile jurisdiction. The department.....or any county office of such department is also hereby authorized and empowered in its discretion to accept temporary custody of children for care from any law-enforcement officer in an emergency situation.

49-6A-9 Establishment of child protective services; general duties and powers; cooperation of other state agencies. (Mandates the DHHR to establish CPS.)

(a) The state department shall establish or designate in every county a local child protective services office to perform the duties and functions set forth in this article.

(b) The local child protective service shall investigate all reports of child abuse or neglect: Provided, that under no circumstances shall investigating personnel be relatives of the accused, the child or the families involved. In accordance with the local plan for child protective services, it shall provide protective services to prevent further abuse or neglect of children and provide for or arrange for and coordinate and monitor the provision of those services necessary to ensure the safety of children. The local child protective service shall be organized to maximize the continuity of responsibility, care and service of individual workers for individual children and families: Provided, however, that under no circumstance may the secretary or his or her designee promulgate rules or establish any policy which restricts the scope or types of suspected abuse or neglect of minor children which are to be investigated or the provision of appropriate and available services.

Each local child protective service office shall:

(1) Receive or arrange for the receipt of all reports of children known or suspected to be abused or neglected on a twenty-four hour, seven-day-a-week basis and cross-file all such reports under the names of the children, the family, any person substantiated as being an abuser or neglecter by investigation of the department...,with use of such cross-filing of such person's name limited to the internal use of the department;

(2) Provide or arrange for emergency children's services to be available at all times;

(3) Upon notification of suspected child abuse or neglect, commence or cause to be commenced a thorough investigation of the report and the child's environment. As a part of this response, within fourteen days, there shall be : A face-to-face interview with the child or children, and the development of a protection plan, if necessary for the safety or health of the child, which may involve law-enforcement officers or the court;

(4)Respond immediately to all allegations of imminent danger to the physical well-being of the child or of serious physical abuse. As a part of this response, within seventy-two hours, there shall be: A face-to-face interview with the child or children and the development of a protection plan which may involve law-enforcement officers or the court; and

(5) In addition to any other requirements imposed by this section, when any matter regarding child custody is pending, the circuit court or family court judge may refer allegations of child abuse and neglect to the local child protective service for investigation of the allegations as defined by this chapter and require the local child protective service to submit a written report of the investigation to the referring circuit court or family court judge within the time frames set forth by the circuit court or family court judge.

©) In those cases in which the local child protective service determines that the best interest of the child require court action, the local child protective service shall initiate the appropriate legal proceeding.

(d) The local child protective service shall be responsible for providing , directing or coordinating the appropriate and timely delivery of services to any child suspected or known to be abused or neglected, including services to the child's family and those responsible for the child's care.

(e) To carry out the purposes of this article, all departments, boards, bureaus and other agencies of the state or any of its political subdivision and all agencies providing services under the local child protective service plan shall, upon request, provide to the local child protective service such assistance and information as will enable it to fulfill its responsibilities.

1.7 Definitions

1.7.1 Terms defined by law:

Child: means any person under eighteen years of age. *(49-1-2)*

Abandoned: means to be without supervision or shelter for any unreasonable period of time in light of the child's age and the ability to care for himself or herself in circumstances presenting an immediate threat of serious harm to such child. *(49-6-9(g)(1))*

Abused child: means a child whose health or welfare is harmed or threatened by a parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict or knowingly allows another person to inflict, physical injury or mental or emotional injury, upon the child or another child in the home; or sexual abuse or sexual exploitation; or the sale or attempted sale of a child by a parent, guardian or custodian... In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment. *(49-1-3)*

Neglected child: means a child whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or who is presently without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or guardian. *(49-1-3)*

Child abuse and neglect services: means social services which are directed toward: protecting and promoting the welfare of children who are abused or neglected; identifying, preventing and remedying conditions which cause child abuse and neglect; preventing the unnecessary removal of children from their families by identifying family problems and assisting families in resolving problems which could lead to a removal of children and a breakup of the family; in cases where children have been removed from their families, providing services to the children and the families so as to restore such children to their families; placing children in suitable adoptive homes when restoring the children to their families is not possible or appropriate; and assuring the adequate care

of children away from their families when the children have been placed in the custody of the department or third parties. *(49-1-3)*

Custodian: a person who has or shares actual physical possession or care and custody of a child regardless of whether such person has been granted custody of the child by a contract, agreement or legal proceedings. *(49-1-5)*

Family Violence or abuse (Domestic Violence): means the occurrence of one or more of the following acts between family or household members: (1) attempting to cause or intentionally, knowingly or recklessly causing physical harm to another with or without dangerous or deadly weapons; (2) placing another in reasonable apprehension of physical harm; (3) creating fear of physical harm by harassment, psychological abuse or threatening acts; (4) committing either sexual assault or sexual abuse as those terms are defined in articles eight-b and eight-d, chapter sixty-one of this code; and (5) holding, confining, detaining or abducting another person against that person's will. "Family or household member" means current or former spouses, persons living as spouses, persons who formerly resided as spouses, parents, children and stepchildren, current or former sexual or intimate partners, other persons related by blood or marriage, persons who are presently or in the past have resided or cohabited together or a person with whom the victim has a child in common. (*48-2A-2)*

Imminent danger: An emergency situation in which the welfare or the life of the child is threatened. Such emergency exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home:

(1) Non accidental trauma inflicted by a parent, guardian, sibling or a babysitter or other caretaker; or
(2) A combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or
(3) Nutritional deprivation; or
(4) Abandonment by the parent, guardian or custodian; or
(5) Inadequate treatment of serious illness or disease; or
(6) Substantial emotional injury inflicted by a parent, guardian or custodian; or
(7) Sale or attempted sale of the child by the parent, guardian or custodian.

Serious physical abuse: bodily injury which creates a substantial risk of death, which causes serious or prolonged disfigurement, prolonged impairment of health or prolonged loss or impairment of the function of any bodily organ. *(49-1-3)*

Sexual abuse: means (A) as to a child who is less than sixteen years of age, any of the following acts which a parent, guardian or custodian shall engage in, attempt to engage in, or knowingly procure another person to engage in, with such child, notwithstanding the fact that the child may have willingly participated in such conduct or the fact that the child may have suffered no apparent physical injury or mental or emotional injury as a result of such conduct: sexual intercourse or sexual intrusion or sexual contact (B) as to a child who is sixteen years of age or older any of the

following acts which a parent, guardian or custodian shall engage in, attempt to engage in, or knowingly procure another person to engage in, with such child, notwithstanding the fact that the child may have consented to such conduct or the fact that the child may have suffered no apparent physical injury or mental or emotional injury as a result of such conduct: sexual intercourse, or sexual intrusion or sexual contact, or ©) Any conduct whereby a parent, guardian or custodian displays his or her sex organs to a child, or procures another person to display his or her sex organs to a child, for the purpose of gratifying the sexual desire of the parent, guardian or custodian, of the person making such display, or of the child, or for the purpose of affronting or alarming the child. *(49-1-3)*

Sexual Exploitation: means (1) an act whereby a parent, custodian or guardian, whether for financial gain or not, persuades, induces, entices or coerces a child to display his or her sex organs for the sexual gratification of the parent, guardian, custodian or a third person, or to display his or her sex organs under circumstances in which the parent, guardian or custodian knows such display is likely to be observed by others who would be affronted or alarmed. *(49-1-3)*

1.7.2 Terms defined for casework purposes(Operational Definitions)

Abandonment: Child left for extended periods of time without adequate supervision or provision of basic needs. Parent has disappeared and it is not known when he/she may return. No long-term provisions have been made for care of child. May also include situations in which the parent may be physically present, but in a condition that prevents him/her from caring for the child.

Battered Child Syndrome: A medical condition, primarily of infants and young children, in which there is evidence of repeated inflicted injury to the nervous , skin, or skeletal system. Frequently the history as given by the caretaker does not adequately explain the nature of occurrence of the injuries.

Child Maltreatment: When a child is physically, emotionally, or sexually treated by caretakers in such a manner that the child's emotional, cognitive, and/or physical development is or will be impaired, and the caretakers are unwilling or unable to behave differently.

Child Protective Services: A specialized Department service extended to families o n behalf of children who are abused or neglected, or at risk of being abused or neglected by their parents, guardians or custodians having responsibility for their care.

Corporal punishment: Physical punishment inflicted directly upon the body.

Emotional or mental maltreatment : Verbal assault, intimidation, constant berating, continual scapegoating or rejection of a child. Parent does not allow child physical contacts and minimizes or avoids functional contacts. Declines to help and support child when he/she is in trouble. Child is confined to room for several days or more, or is confined in any cramped or dark enclosure for any period of time. Child is not allowed outside for a week or more. Any sensory deprivation or placement in frightening situation. Child is harnessed, tied or bound. Child left alone for extended

periods of time on short notice with persons who are unfamiliar to the child and do not normally care for him/her, without preparation. Child has been shifted from one home to another, or child has been deserted or abandoned and there is no indication that parent intends to return. Child has witnessed domestic violence within the home.

Excessive corporal punishment: Physical punishment inflicted directly upon the body which results in an injury to the child. This includes lacerations, broken bones, bruises, welts, burns, bites, or internal injuries.

Failure or inability to supply necessary clothing: Basic and essential items of clothing are not provided. There are so few clothes, or so few of the right kinds of clothes to protect the child from the elements, that he/she is sometimes unable to perform normal and necessary activities, such as going outdoors or going to school. Clothes are soiled or stained and are not washed regularly. Peers may not play with child because of odor.

Failure or inability to supply necessary education: A school-aged child is not enrolled in school, or attends school irregularly or not at all for weeks at a time. Parent makes no effort to correct issue of truancy. Parent does not participate in planning for education of special needs child.

Failure or inability to supply necessary food: Meals have not been provided at all for several days and there is almost no food in the home and/or child is unable to feed self. Child is hungry and may eat non-food items or spoiled food. In more extreme forms, the child may suffer from some clinical symptoms of malnutrition, dehydration, food poisoning, such as weight loss or failure to thrive, and medical attention and/or hospitalization may be required.

Failure or inability to supply necessary medical care, including hygiene : Child does not regularly bathe or wash even when dirty. Hair is visibly dirty. Untreated lice may be a problem. May emit body or mouth odor. Teeth encrusted with green or brown matter. Complaints have been made about hygiene. Peers will not play with child due to poor hygiene. Medical care for an injury or illness that usually should receive treatment has not been provided and the medical treatment would reduce risk of complications, relieve pain, speed healing or reduce risk of contagion. Child could benefit from mental health treatment and is not receiving such services. Recommendation that child have a mental health evaluation and no action has been taken by the parent. In more extreme forms, medical care, mental health treatment nor a diagnostic assessment has been obtained for an illness or disability that interferes with normal functioning or may be life-threatening or may result in permanent impairment or may be a serious threat to public health. Child may present a danger to the safety of self or others and is not being provided mental health care.

Failure or inability to supply necessary shelter: Essential utilities such as water, heat or fuel for cooking have not been available at all for several days and are not expected to be restored. Alternate sources are not available or not used. Hazardous conditions exist in the home, such as leaking gas from a stove or heating unit, peeling lead-based paint, hot water steam leaks from radiators, dangerous substances or objects stored in unlocked lower shelves or cabinet, no guards on open windows or broken or missing windows. Trash and junk are piled up and layered on the

floor so that it is difficult to get around. Dishes are rarely washed and child eats off dirty dishes. Perishable foods are found spoiled and are not discarded. Heavy infestation of rodents or insects; including lice. Creeping vermin have "taken over". Child sleeps on dirty mattresses, or on linens black with dirt and soil. Carpet, tile, doors, bathroom fixtures are layered with encrusted dirt, debris, food wastes, human or animal excrement. Home smells overwhelmingly of urine, feces or spoilage.

Failure or inability to supply necessary supervision: Parent exercises little supervision over younger child, under age 12, either inside or outside the home. Child has been found playing at home with objects that could hurt him/her, or in unsafe circumstances. Parent often does not know where the child is. Child wanders to unfamiliar areas and sometimes needs stranger's help to return home. In general, child is given far too much responsibility for own safety. Parent has few, if any, rules for older child, over age 11, and rarely enforces any. Child often stays out all night without parent knowing where he/she is or when he/she may return. Parent usually has no idea what child is doing and makes no attempt to find out. Parent may say they are helpless to control child, or may defend child's independence. Child left in care of an incapable person, (another young child, incapacitated adult) when the parent goes out. Child left alone at home and is unable to handle basic needs, such as getting something to eat or calling for help in an emergency. Child is denied access to or expelled from his or her own home and has no place to go.

Failure to Protect: Another person inflicts physical or sexual injury or mental or emotional injury upon a child and a parent has knowledge that this has occurred and has not yet taken any action to intervene or to ensure the child's safety.

Physical abuse: Non-accidental trauma to the body, such as bruises, welts, scratches, cuts, scars, burns or fractures.

Risk: The likelihood that a child will be maltreated.

Safety: the current well-being of a child who has been assessed to be at risk of maltreatment in consideration of the controllability of risk influences, the immediacy of the risk of maltreatment, and the likely severity of the potential maltreatment.

Sexual abuse: Contact or interaction between a child and a parent, guardian or custodian, which is of a sexual nature and may include sexually suggestive verbal remarks and/or requests, intimate kissing or touching, fondling of genitals or breasts, intercourse, digital penetration, sodomy, oral sex, exhibitionism, and exploitation or sexual coercion through prostitution or the production of pornographic materials, whether for money or not.

Threat of harm: Verbal threats of abuse or harm are made against a child, but there has been no attempt to carry them out. Attempts have been made to inflict physical, mental or emotional injury, but child has not yet been injured. Child has been placed in a dangerous or hazardous situation, but no actual harm has yet occurred. Due to a physical, mental-emotional, or behavioral problem, including substance use or abuse, parent has no current capacity to care for the child, and no change is expected in the near future.

1.8 Target Population

The target population for CPS agency intervention is a family in which a child (age 0-17) has been suspected to be abused or neglected or at risk of abuse or neglect (as defined in Chapter *49-1-3* legal definitions and DHHR operational definitions) by their parent, guardian or custodian. The term parent, guardian or custodian is extended to include parent substitutes, non-custodial parents, extended family members, step-parents, unrelated persons living in the same household, paramours or any other intra-familial or quasi-familial situation, foster parents, adoptive parents, day care providers, day care centers, residential facilities and school personnel. CPS shall be extended to children who have been or are suspected to be abused or neglected, or at risk of being abused or neglected by a;

- parent or guardian
- non-custodial parent
- parent substitute
- step-parent
- extended family member who provides care to the child
- unrelated person living in the same household
- paramour of parent
- employees of child-placing agencies and residential facilities
- employees of day care centers
- family day care facilities or homes
- in-home day care provider
- any unlicensed group care situation, for 1-6 children, in a non-home setting
- in-home child care
- foster family care parents, specialized foster family care parents, or emergency shelter care parents
- school personnel

Please note: In the interest of brevity, the term "parent" is used throughout this policy to refer to the child's caretaker(s), but may also be construed to refer to a guardian or custodian.

1.9 Risk of Child Abuse or Neglect

CPS is extended to children who are suspected of being at risk of abuse or neglect, in addition to children who have already been abused or neglected. The term "risk" is defined as "*the likelihood that a child will be maltreated."* Chapter *49-1-3* defines an abused child as one " whose health or welfare is harmed or **threatened** by a parent, guardian or custodian who knowingly or intentionally inflicts, **attempts to inflict** ....." and a neglected child as one "whose physical or mental health is harmed or **threatened** by a present refusal, failure or inability of the child's parent....". The statutes contemplate that protection will be provided to children who are being subjected to conditions that will likely result in abuse or neglect, regardless of whether an incident of abuse or neglect has yet occurred. "Risk" is a condition which suggests that various negative forces and elements within the environment are present and are interacting and will likely result in abuse or neglect to a child.

Risk, in itself, implies an uncertainty about what might happen. Even in the most obvious situation, one cannot "know" that maltreatment will continue, occur, or reoccur. It is necessary, therefore, to assume (when information suggests) that there is the possibility of detriment to a child's welfare and that there will be maltreatment to the child without intervention.

1.10 Reporting

The protection of abused and neglected children depends on the prompt identification of children at risk of maltreatment. Chapter 49 contains a detailed series of reporting requirements which can be found in Article 6A, "Reports of children suspected to be abused or neglected."

Certain persons whose occupation brings them into contact with children on a regular basis are mandated to report suspected child abuse or neglect. Those who are required to report include;

- medical, dental or mental health professionals
- Christian Science practitioners
- religious healers
- school teachers or other school personnel
- social service workers
- child care or foster care workers
- emergency medical services personnel
- peace officers or law-enforcement officials
- members of the clergy
- circuit court judges, family law masters or magistrates

Any other person, including a person who wishes to remain anonymous, may make a report if such person has reasonable cause to suspect that a child has been abused or neglected in a home or institution or observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect.

The duties of mandated reporters include;

- When a mandated reporter has reasonable cause to suspect that a child is abused or neglected or observes the child being subjected to conditions likely to result in abuse or neglect, the person must immediately, and not more than forty-eight hours after suspecting the abuse or neglect, report the circumstances or cause a report to be made to the DHHR. Reports of child abuse or neglect shall be made immediately by telephone to the local DHHR. A report made to the statewide toll-free Hot Line for child abuse and neglect is considered to be acceptable. At their discretion, CPS staff may request that a mandated reporter also submit a written report within forty-eight hours.

- In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter must also immediately report, or cause a report to be made to law- enforcement. The report must be made to the State

Police **and** to any law-enforcement agency having jurisdiction to investigate the report, which would either be municipal police or the county sheriff's department. This report is **in addition** to the report made to CPS.

- A mandated reporter who is a member of the staff of a public or private institution, school, facility or agency must immediately notify the person in charge of such institution, school, facility or agency or a designated agent thereof, who shall report or cause a report to be made. Nothing in the law precludes individuals from reporting on their own behalf.

- Any person or official who is included in the list of mandated reporters, including employees of the department, and who has reasonable cause to suspect that a child has died as a result of child abuse or neglect, shall report that fact to the coroner or medical examiner.

Any person, whether mandated or permitted to report, has certain legal protections. These protections are extended so that persons will not hesitate to report for fear of future legal difficulties. Chapter *49-6A-6* states that any person who reports in good faith shall be immune from any civil or criminal liability.

As an aid in the detection of child abuse or neglect, as well as to gather physical evidence which can be used to protect an abused or neglected child, the law permits mandated reporters to take photographs or order x-rays. Radiological examinations (x-rays) are used to determine the scope of present and past injuries. A series of old fractures may indicate a repeated pattern of battering. The DHHR is responsible for payment of expenses incurred in taking the photographs or x-rays, when requested to do so. Photographs and reports of the findings from x-rays should be made available to the local DHHR/CPS office.

A mandated reporter of suspected child abuse or neglect, who fails to report, or knowingly prevents another person acting reasonably from doing so, is guilty of a misdemeanor, and if convicted, may be confined in the county jail, fined, or both.

1.11 CPS Casework Process

The CPS casework process is based on an analytical model for problem-solving. This includes assessment of risk throughout the life of a case, choosing among alternative treatment strategies, and continuously evaluating the effectiveness of selected strategies. The process is based on several principles:

- it is sequential, activities are ordered and continuous.
- the process is logical, based on reason and inference.
- it uses a unified approach, reflecting coherence.
- the process is progressive, based on step-by-step procedures.

- there is interconnectedness between the steps of the process based on progression.
- flexibility is critical due to the dynamic nature of worker-client interaction; flexibility allows the worker to respond spontaneously to the client's needs.

The casework process in CPS consists of eight basic steps:

- intake
- initial assessment
- safety evaluation and plan
- family assessment
- treatment planning
- service provision
- case evaluation
- case closure

1.12 Notification of Parent's and Children's Rights During Child Abuse and Neglect Proceedings

Child protective services (CPS) has always had legal and moral duties to notify clients of the allegations against them and their legal rights during CPS proceedings. However, there is now greater consensus among law makers and social workers as well as their community stake holders that clients have an inalienable right to be as educated and involved as possible in the decisions being made about their families. A recent amendment to the Child Abuse Prevention and Treatment Act (CAPTA) entitled Keeping Children and Families Safe Act of 2003 has placed into effect higher standards of notification.

Studies show that the more knowledgeable and invested families are, the better they do during CPS intervention. The worker is entrusted with the responsibility to share information with the family during key points throughout the intervention process, not just those concerning the investigation. It is also important to keep in mind that the way in which information is disclosed is important. A worker must balance the right of notification with concern for not compromising any criminal proceedings that may be initiated as a result of the maltreatment. Some of the rights shared by our clients about which we must inform them include:

- The right to be free from warrantless search and seizure.
- The right to be free from intrusion into one's home except upon lawful consent.
- The right to have information collected and maintained in the course of an investigation and delivery of services held in confidence in accordance with WV Code 49-7-1.
- The right to be allowed access to one's personal file in accordance with WV Code 49-7-1.
- The right to appeal the exclusion or inclusion of a parent or child from any service program and the right to request a grievance hearing with regard to either the manner in which the parents and the child are treated by agency personnel or any other concern related to the service programs of the agency.

- The right to refuse child protective services as well as the right to be advised of the consequences when individuals refuse said services.
- The right to be free from discrimination for reasons of age, race, color, sex, mental or physical disability, religious creed, national origin or political belief.
- The right to auxiliary aids to individuals with disabilities, at no additional cost, where necessary to ensure effective communication with individuals with hearing, vision or speech impairments.
- The right to be informed of complaints or allegations made against an individual in a manner that is consistent with law protecting the rights of the reporter.
- The right to be informed of the findings of child abuse and neglect investigations and how the findings will affect the family, as well as the individual.
- The right to be made aware of all actions taken in regard to the family throughout the life of the case and the reasons for such action.

The duties of the CPS worker include:

- Sharing the allegations within the referral with the family at the point of initial contact, which is usually the first face to face visit with the adults. Information must be disclosed to all adult participants (parents, adult caretakers) in the home and/or all adults who are listed as participants in the allegations, not just the biological parents. This would also include any out-of-home perpetrators who are listed in the allegations.
- Notifying families of their rights using the handout "Your Rights During the CPS Process."
- Educating the family about the CPS process by using the booklet, "A Parent's Guide to Working with Child Protective Services."
- Involving families throughout the CPS Process.
- Thoroughly explaining the reasons behind each action taken by the worker before the action is taken.

CHILD PROTECTIVE SERVICES
SECTION 2

2.1 Intake

Intake involves the identification of cases of child abuse and neglect. Intake refers to all of the activities and functions which lead to a decision about whether or not to conduct an initial assessment. **Risk assessment begins at intake**. The primary purposes of intake are;

- to assist the reporter in providing information;

- to identify possible maltreatment;
- to interpret to the community what child maltreatment is;
- to gather sufficient information to make necessary decisions; and,
- to refer families and children to appropriate agencies/services when indicated.

In relation to the process of intake the supervisor will:

- be available to provide the worker with support, guidance and case consultation and to regulate the quality of casework practice.

2.2 Intake Process

The primary purpose of intake is to identify cases of child abuse or neglect. During this process the worker will attempt to explore with the reporter, insofar as possible, the allegations being made in order to determine whether or not there is reasonable cause to suspect that child abuse or neglect exists. The worker will document this activity in FACTS, within the intake function.

When gathering information from the reporter, in general, the worker will:

- complete the intake screens completely, and where information is unknown to the reporter, indicate that.

- interview the reporter, probing for information in all areas and clarifying information and attitude conveyed by the reporter, and whenever possible, recording exactly what the reporter says.

- interview the reporter in non-leading ways.

- listen for tone of voice, voice level, rushed speech, contradictions in information and attitude conveyed by the reporter (helpful vs. harmful).

- use feeling, support, educational and reality-orienting techniques to elicit information from the reporter.

When interviewing the reporter, the worker will attempt to specifically gather information in the following areas:

- demographic information about the family (adult's and children's names, family address, phone, relationships, dates of birth, sex, race, schools, day care, other persons living in the home, absent parents). Family refers to the family setting in which the children in question are being maltreated or are at risk of maltreatment. This should not include people who do not reside in the family home most of the time.

- other sources of information about the family such as teachers, doctors, ministers, etc.

- the types of maltreatment apparent and the surrounding circumstances accompanying the suspected maltreatment.

- how the child(ren) function including pervasive behaviors, feelings, intellect, physical capacity and temperament.

- each adult caretaker's parenting practices, disciplinary approaches, general functioning, mental health functioning, use of substances and childhood history.

- who is the suspected maltreater.

- where the child(ren) is at the time of the intake.

- where the parent's are at the time of the intake.

- who is the reporter (name, address, phone).

- relationship of the reporter to the family and how the reporter came to know about the concerns.

- why the reporter is reporting the situation at this time.

- whether the family knows the report is being made.

- whether the reporter has notified the family of the concerns.

- the reporter's opinion about needed actions and child's safety.

Following the information gathering process with the reporter, the worker will:

- check to determine if there is prior or current agency involvement with the family and document this at intake.

- indicate whether the allegations of maltreatment are abuse, neglect, sexual abuse, emotional maltreatment or other.

- review the intake for thoroughness and then transmit the report to the supervisor for review and decision making regarding acceptance and response time.

2.3 Screening Process

This is a process used to determine the acceptance of the report for initial assessment. Part of the screening process may be performed by the intake worker alone or in conjunction with a supervisor. All cases screened out must include supervisory consultation and a justification/explanation for the decision which must be documented.

The supervisor will:

- review the intake for thoroughness and completeness.
- determine whether the report will be accepted for a CPS initial assessment or if the report is screened out and not accepted for a CPS initial assessment. **If screened out, the supervisor must document an explanation for the decision in FACTS**.
- if the report is accepted for CPS, identify danger loaded influences which are judged to be present at the time of the intake.
- identify the response time for accepted reports.
- if accepted, transmit the report to the Initial Assessment Supervisor for assignment to a worker.

In determining whether to accept a CPS report or screen it out, the supervisor must consider:

- whether the information collected meets required definitions of child abuse and neglect and/or risk of abuse and neglect (threat of harm). Both the legal and operational definitions for child abuse and neglect will be used to make this judgement. (See section on definitions.) The operational definitions are not an exhaustive list of potential allegations of child abuse or neglect. Other conditions which harm or threaten a child's welfare may arise that are not included in the operational definitions. If this occurs, any doubt about whether or not to accept the report for an initial assessment and safety evaluation will be resolved in favor of the child and the report will be accepted.
- the presence of negative influences and information related to the maltreatment, the child(ren), and the parent(s).
- the sufficiency of information in order to locate the family.
- the motives and veracity of the reporter.

Reasons for screening out a report include:

- duplicate referral during initial assessment. (See section on recurrent reports.)

- information does not meet the legal definition of abused or neglected child found in Chapter *49-1-3*, nor does it meet the operational definition for child abuse or neglect or threat (risk) of harm.
- there is insufficient information to locate the family.
- there are no children under the age of 18.
- family does not reside in West Virginia..

Any other reason for screening out a report, must be thoroughly documented in FACTS.

2.4 Response Times

The selected response times are as follows:

Immediate Response	-	0-2 Hours	Face-to-face contact with the child(ren) within that time frame.
Response	-	Within 72 Hours	Face-to-face contact with the child(ren) within that time frame.
Response	-	Within 14 Days	Face-to-face contact with the child(ren) within that time frame.

In determining response time for accepted CPS intakes, the supervisor must consider:

- the presence of allegations of imminent danger to the physical well-being of the child(ren) or of serious physical abuse. Such allegations require either an immediate response or a response within 72 hours. This is required by Chapter *49-6A-9(4).*
- the correct response time must be identified, regardless of the availability of staff. If the response time can not be met, the justification will be explained in the initial assessment and safety evaluation.

Imminent danger is defined by Chapter *49-1-3 (e)* as "an emergency situation in which the welfare or the life of the child is threatened. Such emergency situation exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home:

(1) Non accidental trauma inflicted by a parent, guardian, custodian, sibling or a babysitter or other caretaker; or
(2) A combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or
(3) Nutritional deprivation; or
(4) Abandonment by the parent, guardian or custodian; or
(5) Inadequate treatment of serious illness or disease; or
(6) Substantial emotional injury inflicted by a parent, guardian or custodian; or
(7) Sale or attempted sale of the child by the parent, guardian or custodian."

Serious physical abuse is defined by Chapter *49-1-3(p)* as "bodily injury which creates a substantial risk of death, which causes serious or prolonged disfigurement, prolonged impairment of health or prolonged loss or impairment of the function of any bodily organ."

- the presence or absence and the interacting nature of the danger loaded influences reflected in the intake.
- the location of the child at the time the intake is received.
- the effects CPS intervention might have in escalating circumstances in the family and the capacity CPS has to remain involved with the situation.
- whether the nature of the maltreatment indicates premeditation, bizarre behavior or circumstances and/or serious injury.
- whether the maltreatment is suspected to be occurring at this moment.
- whether the suspected conditions which presently exist could change rapidly.
- whether the parent's behavior is bizarre, out of control or dangerous.
- whether the parent's viewpoint of the child is described as bizarre.
- whether the family will flee.
- whether the family is hiding the child.
- whether the living arrangements are life threatening.
- whether the child needs medical attention.
- whether the child is fearful or anxious.

- whether the parent is gone and the child is unsupervised.
- whether the child is of an age and capacity to protect him or herself.
- whether the suspected maltreater has access to the child.
- whether the parent is currently under the influence of drugs or alcohol.
- whether the family is isolated socially or geographically.
- whether there are indications of family violence or bizarre family interaction.
- whether the family is transient or new to the community.
- whether the family is presently connected in any way to formal help.
- whether there are any extended family or friends available for support.
- whether the caretakers are physically and emotionally able to perform parental responsibilities.
- whether services are available to the family in terms of proximity.
- whether there is a history of past reports.
- whether there are multiple injuries.
- whether the location of the injuries suggest more serious harm.

The response times are measured beginning with the date and time the report is taken and then counting by hours until the first face-to-face contact is made with the identified child(ren).

The phrase "identified child" means the child or children in the household who have been suspected to be abused or neglected or are subjected to conditions which could result in abuse or neglect.

2.5 Reporting to Law Enforcement, Prosecuting Attorney and Medical Examiner

In cases of serious physical injury, sexual abuse or sexual assault, the DHHR Supervisor or designee must:

- forward a copy of the report to the appropriate law-enforcement agency, the prosecuting attorney or the coroner or medical examiner's office, as required by Chapter *49-6A-5*. The appropriate report to send is contained within FACTS and is

a DDE report titled "CPS Report for Law Enforcement" (CPS-0188). The report should be printed from FACTS and mailed promptly to the appropriate agencies. A copy of the report should be filed within the FACTS file cabinet in order to document whether DHHR fulfilled its duty.

- make a report to the Multi disciplinary Investigative Team, as established by Chapter *49-5D-2,* per the local protocol for MDT's.

2.6 Hot Line

The DHHR currently provides a toll-free Hot Line for child abuse and neglect reports by contract with CRISS CROSS, a private non-profit agency, of Clarksburg. The Hot Line operates twenty-four hours- per- day, seven-days- a- week, including all weekends and holidays. Reports of child abuse or neglect may be made to either the Hot Line or to the local DHHR office. Reports made to the Hot Line shall be transmitted promptly to the local DHHR office by the Hot Line. The local DHHR shall respond to reports from the Hot Line in the same manner as reports made directly to the office.

2.7 Recurrent Reports

In general, all reports suspecting child abuse or neglect must be accepted and assessed. The term recurrent reports or multiple reports, means a series of similar reports involving a family that is already being assessed, or is the subject of a recent assessment or is already an opened case for CPS.

When a report is received concerning a family that contains the exact same allegations that have already been assessed or are being assessed, the subsequent report may be screened out. If, however, the subsequent report contains information concerning another incident of suspected abuse or neglect, or new circumstances or conditions, the report must be accepted and another initial assessment and safety evaluation completed. When completing subsequent initial assessments and safety evaluations on a family, it is possible to utilize already available information regarding the parent and family functioning in the subsequent assessment if there have been no changes in those areas. However, the new information regarding the maltreatment, nature of the maltreatment and the child functioning must be documented.

2.8 Reports Involving Another Jurisdiction

For reports of suspected child abuse or neglect involving another state, the worker will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

The supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

- contact the child protective services agency in the other state and make a report to them.
- contact the appropriate law enforcement agency in the other state and make a report to them, if required.
- depending upon the case situation, it may be necessary for both states to work together to conduct an initial assessment and safety evaluation.
- if providing a courtesy interview is the only activity required, the report should be screened out and an intake for "request to receive services", should be entered into FACTS.

For reports of suspected child abuse or neglect involving another county, the worker will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

The supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.
- contact the CPS Intake Supervisor in the other county to share the information and discuss how best to respond to the report.
- depending upon the case situation, it may be necessary for both counties to work together to conduct an initial assessment and safety evaluation. Courtesy interviews may be necessary. Workers may travel to another county to conduct an interview at the discretion of the Supervisors involved. The decision should be made in consideration of what will be the most effective manner in which to conduct the assessment. Generally, the child's county of residence would be considered the "home" county and the county in which the alleged incident occurred would conduct any necessary courtesy interviews. The most important aspect will be the communication between the two supervisors in planning how to complete the initial assessment and safety evaluation.

2.9 Reports Involving Certain Abandoned Children

The West Virginia Legislature enacted new legislation in 2000 regarding the acceptance of certain abandoned children by hospitals or health care facilities, without court order. This new legislation may be found in Chapter *49-6E-1*. The statute permits hospitals or health care facilities to take possession of a child if the child is voluntarily delivered to the hospital or health care facility by the child's parent within thirty days of the child's birth and the parent did not express an intent to return for the child. The hospital or health care facility may not require the parent to identify themselves, and shall respect the parent's desire to remain anonymous. The hospital or health care facility must notify CPS by the close of the first business day after the date the parent left the child, that it has taken possession of the child. Any information provided by the parent shall be given to CPS by the hospital or health care facility.

For reports of suspected child abuse or neglect involving certain abandoned children, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect, indicating that the allegations of maltreatment are neglect (abandonment) , accepting the report for an initial assessment and transmitting the report to the Initial Assessment Supervisor for assignment to a worker.

2.10 Reports Involving Child Custody

The Circuit Court or Family Court Judge must report suspected child abuse or neglect to CPS. Ch. *49-6A-9(b)(5)* also permits the Circuit Court or the Family Court Judge to require that CPS submit a written report of the investigation within time frames set forth by the Circuit Court or Family Court Judge.

For reports of suspected child abuse or neglect involving child custody from the Circuit Court or the Family Court Judge, pursuant to *49-6A-9(b)(5)*, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect, indicating the response time to be within the time frames set forth by the reporter.

2.11 Reports Involving Critical Incidents

Whenever it is suspected that a child may have died as a result of abuse or neglect, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

In addition, the supervisor or designee will:

- make an immediate verbal report to the Prosecuting Attorney, the appropriate law-enforcement agency and the Medical Examiner or Coroner, followed by a copy of the written report. The appropriate report to send is contained within FACTS and is a DDE report titled "CPS Report for Law Enforcement" (CPS-0188). The report should be printed from FACTS and mailed promptly to the appropriate agencies. A copy of the report should be filed within the FACTS file cabinet in order to document whether DHHR fulfilled its duty.
- make a report to the Multi disciplinary Investigative Team, as established by Chapter *49-5D-2*, per the local protocol for MDT's.
- indicate within the appropriate field on the Intake Screen within FACTS that the report is a "Critical Incident".
- notify the Office of Children and Adult Services, CPS Program Specialist by e-mail, providing the following information;
    - name of initial assessment worker, supervisor and county.
    - name of the child and family.
    - any actions taken to date.
- refer any inquiries from the news media to the Regional Director who will consult with the Director of Communications within the DHHR Office of the Secretary about how to respond.

2.12 Reports Involving DHHR Employees or Other Potential Conflicts of Interest

For reports of suspected child abuse or neglect involving DHHR employees or others who may present a conflict of interest, such as relatives of DHHR employees, the worker will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect, unless the report involves a relative, DHHR employee, intimate friend or close associate of the intake worker. If so, the intake worker should immediately refer the reporter to the supervisor or designee to take the report.

The supervisor will:

- contact the Community Services Manager or designee to discuss the report and to determine how it may best be handled. Under no circumstances should a CPS worker be assigned to the report if the worker is a relative of the alleged maltreater, the child or the families involved. (*49-6A-9*) Reports involving DHHR employees should not be handled by the Community Services District in which the person is employed. Other situations may also present a conflict of interest with CPS staff, such as situations involving an intimate friend or close associate of the staff. Those situations should be referred to the Community Services Manager and a determination made about how to best handle the initial assessment. If there is any doubt as to whether the initial assessment may be compromised by a conflict of interest, the report should be transferred to another Community Services District for initial assessment.
- take appropriate action within FACTS to have access to the case restricted.

The Community Services Manager or designee will:

- review the report and determine whether it is necessary to transfer the report to another Community Services District.
- contact the Regional Director or designee to make arrangements for the report to be transferred to another Community Services District for initial assessment when necessary.
- contact the Community Services Manager and CPS Supervisor in the other District to notify them of the transferred initial assessment.

2.13 Reports Involving Disabled Infants or Children with Life-threatening Conditions (Baby Doe)

For reports of disabled infants or children with life-threatening conditions, the worker will attempt to gather the following information:

- the name and address of the child and parents.
- the name and address of the hospital where the child is being treated.
- the condition of the child, and in particular, information regarding whether the child may die or suffer harm within the immediate future if medical treatment or appropriate nutrition, hydration or medication is being or will be withheld.

- the name and address of the person making the report, the source of their information, and his or her position to have reliable information.
- the names, addresses and telephone numbers of others who might be able to provide further information about the situation.

Following the information gathering process, the worker will:

- transmit this information to the supervisor for decision making about acceptance.

The supervisor will:

- review the intake for thoroughness and completeness.
- indicate whether the report will be accepted or screened out (if screened out, the supervisor must provide an explanation for the decision).
- identify the response time as immediate for all accepted reports.
- if accepted, transmit the report to the Initial Assessment Supervisor for assignment to a worker.

2.14 Reports Involving Domestic Violence

When there is reason to suspect that a child has been abused or neglected or **is at risk** of being abused or neglected as a result of domestic violence occurring between the adults in the home a report should be made to CPS. There is growing awareness of the correlation between the existence of child abuse and neglect and domestic violence. Domestic violence may be the single major precursor to child abuse and neglect fatalities in this country. Children may be physically injured unintentionally during a dispute, they may become the objects of the violence, they may feel helpless and full of guilt for the violence occurring in their homes, and they may perpetuate the cycle of violence by becoming a batterer or being in a relationship with one. Children may be neglected when the battered parent becomes so immobilized by the battering that he/she is unable to provide the necessary care for the child. Children may be emotionally harmed when witnessing domestic violence. Witnessing violence may cause damage to emotional and physical development and may result in immediate problems as well as life-long effects. The quarreling and aggression associated with witnessing the assault of a parent or other loved one, can cause emotional harm to children including damage to brain development, depression or moodiness, deterioration in school performance, damage to relationships with friends, isolation and withdrawal and violent or delinquent behavior. Children who have witnessed violence may act out their fears in the form of aggression towards others, especially their siblings. As adults they are more likely to become victims of domestic violence, or to become violent themselves. Studies indicate that 80-90 percent of children living in homes with domestic violence are aware of the violence, yet parents tend to under report the extent to which children are aware of the violence. Although some children are more resilient than others, on the whole, domestic violence is harmful for children.

For reports of suspected child abuse or neglect involving domestic violence, including reports of child witnessing of domestic violence, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

2.15 Reports Involving Institutional or "Out-of-Home" Abuse or Neglect

For reports of suspected child abuse or neglect involving a child-placing agency, child welfare agency, day care center, family day care facility, family day care home, foster family home, foster family group home, group home facility, group home, in-home day care or residential facility the worker will attempt to gather the following information:

- the name, age and current location of the child.
- the name of the child's worker and the worker's county office.
- the name, address and position of the suspected maltreater.
- information about the suspected maltreatment, including time(s) and date(s).
- how the child functions, including pervasive behaviors, feelings, intellect, physical capacity and temperament.
- the names of individuals, staff or residents who have direct knowledge of the incident and their whereabouts.
- where the suspected maltreater is at the time of the intake.
- who the reporter is (name, address, phone)
- how the reporter came to know about the concerns
- why the reporter is reporting the situation at this time.
- whether the maltreater knows the report is being made.
- what actions, if any, have been taken by the agency.
- the reporter's opinions about needed actions and child's safety.

Following the information gathering process with the reporter, the worker will:

- indicate whether the allegations of maltreatment are abuse, neglect, sexual abuse or other.
- enter the name of the facility/provider in the Facility field within FACTS. *(Please note that this is different from previous practice.)*
- review the intake for thoroughness and then transmit the report for review and decision making regarding acceptance and response time.
- transmit reports involving child-placing agencies (specialized foster care), child welfare agencies, group homes or in-patient residential facilities to the Institutional Investigative Unit Supervisor.
- transmit reports involving day care centers, family day care facilities, family day care homes, and DHHR foster family homes to the CPS intake supervisor.

The supervisor will:

- review the intake for thoroughness and completeness.
- assess immediate risk.

- plan immediate protection.
- check records.
- notify Community Services Manager.
- notify Prosecuting Attorney.
- notify Law Enforcement.
- notify Licensing Director, Homefinding Supervisor or other program supervisor and child's worker, as indicated.

In determining whether to accept the report or screen it out, the supervisor must consider:

- whether the information collected meets the statutory or operational definitions of child abuse or neglect.
- whether the information collected indicates a possible violation of licensing, homefinding, foster care, child care or adoption regulations or policies. If so, the information will be documented on the non-compliance screen within FACTS and transmitted to the appropriate program supervisor.

2.16 Reports Involving Non-custodial Parents

For reports of suspected child abuse or neglect involving a non-custodial parent, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect by a custodial parent.

Reports **may not** be screened out because the child does not live with the suspected maltreating parent full-time or the parent does not have custody of the child. In addition, reports **may not** be screened out due to the parents having a dispute over the custody of the child.

2.17 Reports Involving Parental Substance Abuse

When there is reason to suspect that a child has been abused or neglected or **is at risk** of being abused or neglected as a result of a parent's alcohol or drug abuse a report should be made to CPS. Severe parental substance abuse may effect the parent's ability to provide adequate care for their child. The focus of CPS in these situations is to assess the parent's willingness and ability to provide adequate care for their child, even if there is no other reported maltreatment. In some situations, physical abuse, sexual abuse, emotional maltreatment or neglect may be suspected in association with substance abuse. If so, the already occurring maltreatment must be reported and assessed, along with the risk for future maltreatment of the child.

For reports of suspected child abuse or neglect involving parental substance abuse, the worker and the supervisor will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.
- identify the maltreatment type as "risk" within the appropriate FACTS screen. if no maltreatment is reported, but risk of maltreatment is reported due to parental substance abuse.

2.18 Reports Involving Drug-affected Infants

The Child Abuse Prevention and Treatment Act (CAPTA), one of the key pieces of federal legislation that guides child protective services, was reauthorized on June 25, 2003. With that reauthorization came an amendment entitled Keeping Children and Families Safe Act of 2003.

This new legislation requires that child protective services and other community service providers address the needs of new-born infants who have been identified as being affected by illegal drug abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure. Health care providers who are involved in the delivery or care of such infants are required to make a report to child protective services.

For reports of drug-affected infants, the receiving worker will attempt to gather from the referent the following information:

- the name and address of the infant and parent(s).
- the name and address of the medical facility where the child was delivered.
- the infant's drug results, including type of drug for which the infant tested positive, if applicable.
- the birth mother's drug test results, including type of drug for which she tested positive.
- information from the delivering obstetrician, nurse practitioner, mid-wife or other qualified medical personnel as to the condition of the infant upon birth. **The statement should include specific data as to how the in-utero drug exposure has affected the infant (e.g., withdrawal, physical and/or neurological birth defects**).
- the infant's birth weight and gestational age.
- the extent of prenatal care received by the birth mother.
- the names and ages of any siblings the infant may have, including any effects the birth mother's drug usage has on those children.

Following the information gathering process with the reporter, the worker will:

- follow the same rules and procedures for entering intakes as other reports of suspected child abuse and neglect into FACTS, indicating that the allegations of maltreatment are "risk only" and the type is "drug use- parent."
- complete the "Med/Drug" screens in FACTS (Intake, CPS, Med/Drug). Both the "Medical Information" and the "Infant and Parent Drug Test Information" screens should contain the drug-related information gathered from the referent.

- transmit the information to the supervisor for decision making about acceptance.

The supervisor will:

- review the intake for thoroughness and completeness.
- indicate whether the report will be accepted or screened out (if screened out, the supervisor must provide an explanation for the reason the report did not meet the mandate regarding drug-affected infants).
- if accepted, transmit the report to the Initial Assessment Supervisor for assignment to a worker.

2.19 Reports Involving Requests from Law Enforcement

For reports of suspected child abuse and neglect perpetrated by someone other than a parent, guardian or custodian, the worker will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect by a custodial parent.

The supervisor will:

- determine whether the request is reasonable in consideration of the CPS role on the local Multi Disciplinary Investigative team. CPS workers may assist the MDT with criminal investigations of serious child abuse or sexual assault and provide expertise in child interviewing, evaluating the need for services and making referrals to community resources and support services. This assistance may be provided at the discretion of the Community Services Manager.
- screen out the report and enter an intake for "request to receive services"in FACTS if assisting with an interview or a referral to services is the only activity required.

2.20 Reports Involving School Personnel

For reports of suspected child abuse or neglect involving school personnel, the worker will attempt to gather the following information:

- the name and address of the child and parents.
- the name, address and position of the suspected maltreater.
- information about the suspected maltreatment and the surrounding circumstances accompanying the suspected maltreatment.
- how the child(ren) functions, including pervasive behaviors, feelings, intellect, physical capacity and temperament.
- where the child(ren) is at the time of the intake.
- where the suspected maltreater is at the time of the intake.
- who the referent is (name, address, phone)
- how the referent came to know about the concerns.
- why the referent is referring the situation at this time.
- whether the maltreater knows the report is being made.

- the referent's opinion about needed actions and child's safety.

Following the information gathering process, the worker will:

- indicate whether the allegations of maltreatment are abuse, neglect, sexual abuse or other.
- review the intake for thoroughness and then transmit the report to the supervisor for review and decision making regarding acceptance and response time.

The supervisor will:

- review the intake for thoroughness and completeness.
- indicate whether the report will be accepted or screened out (if screened out, the supervisor must provide an explanation for the decision).
- identify the response time for accepted reports.
- if accepted, transmit the report to the Initial Assessment Supervisor for assignment to a worker.

In determining whether to accept the report or screen it out, the supervisor must consider:

- whether the information collected meets required definitions of child abuse/neglect/risk.
- whether the allegations of abuse or neglect involving school personnel have occurred on school property or during a school-sponsored event, activity, or job assignment whether or not these functions occurred on school property.

2.21 Reports Involving Sexual or Abusive Interactions Between Children

Children may engage in roughhousing, fighting, sexual play or exploration with other children. Such activities may be within the boundaries of normal, natural child or adolescent behavior. When inappropriate, abusive or excessive sexual interactions occur between siblings, unrelated children, young children and adolescents, the parent has the responsibility to find and understand the cause of the behavior, protect the child from recurrence and obtain treatment for the harmed child if indicated.

For reports of suspected child abuse or neglect involving sexual or abusive interactions between children, the worker will:

- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

The supervisor will:

- consider whether the incident may be a result of neglect by the parent, such as inadequate supervision.
- consider the appropriateness of the parent's response to the incident and his/her willingness and ability to address the child's needs, both medical and emotional.

- consider whether the reported incident is within the realm of normal, natural child play or exploration between same age children.
- forward a copy of the report to the Prosecuting Attorney and appropriate Law Enforcement agency, if indicated.
- refer the parent to community services which may be of assistance to the family, if indicated.
- refer the parent to the Juvenile Probation Office or appropriate Law Enforcement Agency, if indicated.
- accept the referral and transmit it to the Initial Assessment Supervisor if the supervisor is not reasonably confident that the incident is within the realm of normal, natural child play or exploration, is not the result of neglect (inadequate supervision) or that the parent is going to seek appropriate treatment for the child.
- follow the same rules and procedures for intake as other reports of suspected child abuse or neglect.

CHILD PROTECTIVE SERVICES
SECTION 3

3.1 Initial Assessment and Safety Evaluation

Initial assessment of a report of child maltreatment sets the stage for the problem validation, service provision, and the establishment of a helping relationship in CPS. The initial assessment process includes information gathering and analysis to determine safety needs.

While the process of initial assessment and safety evaluation is occurring, the supervisor will:

- conduct regular supervisory meetings with the worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

3.2 Purposes

The primary purposes of initial assessment and safety evaluation are;

- to gather information for decision making;
- to explain a community concern to the family;
- to explain the agency's purpose;
- to assess the presence and level of risk and evaluate the level of safety;
- to reduce trauma to the child and to secure safety as indicated;
- to promote family preservation and expend reasonable efforts; and
- to offer help.

3.3 Decisions

The decisions that must be made during the initial assessment and safety evaluation are;

- is this a case of child maltreatment?
- what is the level of risk to the child? What dangers threaten safety?
- what family conditions exist which can be addressed by safety responses?
- what is the extent and level of severity?
- how immediate is the threat to safety?
- what safety responses are indicated? What safety plan will control for safety?
- what is the family's potential for participation with CPS?

3.4 Initial Assessment Protocol

Upon assignment of a report for initial assessment, the worker will:

- review the report and all previous reports, records, and documentation on the family which are relevant to CPS.
- develop a plan for completion of the initial assessment, taking into account the response time indicated at intake. The preferable site for interviewing the child and other family members is in the child's home. Sometimes this is not possible, or due to the emergent nature or severity of the allegations, it is preferable to interview the child in another site, such as at school, child care settings, child interviewing location, etc. It is the position of the DHHR that the choice of the site of the interviews and who is present during an interview is left to the discretion of the CPS staff. This choice is affirmed in *49-6A-9* which requires certain groups to provide "such assistance.....as will enable it to fulfill its responsibilities." Such assistance can and should, when necessary, be interpreted to mean private interviews.
  There are some exceptions. If a child indicates that he or she would be more comfortable with a teacher, counselor or other person present during an interview, then the worker can include that person, as long as the person is **not** the alleged maltreater. The alleged maltreater or non-maltreating parent may also indicate that he or she would like to have an advocate, counselor, attorney or other person present during an interview, and the worker must make arrangements to accommodate that request. However, under no circumstances should a child be left in an unsafe situation while waiting to make arrangements for the interview.
- contact law enforcement, the prosecuting attorney or the medical examiner if the report involves serious physical injury, sexual abuse, sexual assault or death of a child, to coordinate any arrangements for a joint investigation/initial assessment. If the prosecuting attorney and/or the law enforcement official declines to proceed with a joint investigation/assessment, CPS must proceed as the sole entity conducting the initial assessment and safety evaluation. The failure of law enforcement or the multi disciplinary investigative team to conduct an investigation of reports of suspected child abuse or neglect does **not** relieve DHHR of its responsibilities to protect children.
- contact the local multi disciplinary investigative team according to the protocol established in collaboration with the prosecuting attorney and local law enforcement. A multi disciplinary investigative team should be established in each county and should be headed and directed by the prosecuting attorney, pursuant to Chapter *49-5-D.* The team should be responsible for "....coordinating or cooperating in the initial and on-going investigation of all civil and criminal allegations pertinent to cases involving child sexual assault, child sexual abuse, child abuse and neglect..." *(49-5D-2)*

Under no circumstances shall the CPS worker be relatives of the alleged maltreater, the child or the families involved. *(49-6A-9)* Any other situation which creates a potential conflict of interest should be handled by another worker or Community Services District. *(See Intake Policy--Section 2: Reports Involving DHHR Employees or Other Potential Conflicts of Interest.)*

In completing the initial assessment, the worker will:

- make face-to-face contact with the family.
- identify him/herself as a Child Protective Service Worker from the WV Department of Health and Human Resources. Display state employee identification to all family members and any other individuals to be interviewed.
- inform the parents, with a brief description, of the child abuse or neglect allegations, the reason for the contact and the process for completing the Initial Assessment and Safety Evaluation. If permission to conduct the interview(s) is denied, then the worker will explain to the family that s/he must discuss this situation with the CPS supervisor. Once the supervisor has reviewed the situation, the supervisor or worker must contact the prosecuting attorney or regional attorney for consultation on how to gain access so that the child/family may be interviewed.
- Provide parents with the handout, "Your Rights During the CPS Process." Briefly explain the content. The worker will assure the parents that s/he can help answer any questions they have during the assessment process.
- provide the parents with the booklet, "A Parent's Guide to Working with Child Protective Services". The worker will place his/her name and contact information in the appropriate place in the booklet.
- make face-to-face contact with the identified child(ren) in the time indicated as the response time on the intake. If unable to do this, the worker must document the reasons in FACTS.
- ask the child's parents if they are represented by legal counsel. If the parents are represented by legal counsel, then the worker should not continue the interview without first obtaining the permission of counsel to do so. If permission to conduct the interview is denied, then the worker will discuss this situation with their supervisor. Once the supervisor has reviewed this situation, the supervisor or the worker must contact the prosecuting attorney or regional attorney for consultation on how to gain access so that the child/family may be interviewed.
- privately interview all family members in the following order: (this means separate, private interviews for all parties.) If at all possible, the interviews should occur sequentially on the same day.

  identified child
  siblings
  nonmaltreating parent
  maltreating parent
  collaterals, as appropriate

- there is no requirement that interviews with children or with maltreaters be audio or video taped. However, some local multi disciplinary investigative teams have found audio or video taping interviews to be effective in reducing the number of times that a child is interviewed, especially when there are criminal allegations as well as civil allegations of child abuse or neglect. Local MDT's are encouraged to become informed about the advantages and disadvantages of audio and video taping interviews.

If the team decides to use either audio or video taping of interviews as part of their MDT protocol, then the DHHR may participate. It is recommended that the tapes become part of the criminal investigative file to be located with the law enforcement agency records, and not with CPS records maintained by the DHHR.

- if unable to complete the interviews at all and/or in this order, document the reasons why in the record.
- make arrangements to interview family members during non-business working hours, if necessary, to accommodate work schedules.
- upon completion of the individual interviews, the worker will reconvene the parents/family. Share with them a verbal summary of the findings; the worker will explain what they mean in terms of opening a case, child custody, or community referrals, including a mandatory referral to Birth to Three is there are children under age three and maltreatment was substantiated. The worker must explain what the next steps will be, if any. **Before sharing the conclusions or beliefs about the maltreatment, the worker will make sure s/he has received approval from his/her supervisor to do so.**
- document the dates and duration of these interviews.
- record the results of these interviews in the initial assessment format by describing in as much detail as possible the answers to the first seven questions which make up the initial assessment (the last three elements are completed if the case will be opened for ongoing services).
- document the sources of information.
- assess the level of risk by analyzing the results of these interviews/observation by categorizing and weighing the information collected using the initial assessment format.
- assess both parents or caretakers in the home.
- assess all children judged to be at risk of maltreatment or for whom it is unknown whether they are at risk of maltreatment.
- assess the presence of safety influences in the family.
- determine whether maltreatment has occurred.
- determine if there is risk of maltreatment.
- develop a safety plan with the family if needed.

3.5 Interviews

When completing the interviews, the worker will attempt to specifically gather information (both positive and negative) in the following areas:

- the types of maltreatment apparent; this includes all types of maltreatment, physical abuse, sexual abuse, emotional abuse and neglect.
- the surrounding circumstances which accompany the maltreatment; this should always include the parents' explanation of the circumstances related to the alleged maltreatment.

- how the children function on a daily basis, including pervasive behaviors, feelings, intellect, physical capacity and temperament; this must include consideration of capacity for attachment, general temperament, expressions of emotions/feeling, typical behaviors, presence and level of peer relationships, school performance and behaviors, known mental disorders (organic/inorganic), issues of independence/dependence, motor skills and physical capacity.
- the disciplinary approaches used by the parent(s), including the typical context; this must include consideration of when, how, where and for what reasons/purpose discipline might occur.
- the overall, typical, pervasive parenting practices used by the parent(s); this must include consideration of perception of children, reasons for being a parent, feelings about being a parent, knowledge and general skill, basic care, decision making about parenting, parenting style, history of parental behavior and success, sensitivity and understanding toward children, empathy and expectations.
- daily mental health functioning and substance use by the parent(s); this must include consideration of reality perception, self-concept, coherence, rationality, self/emotional control, any impairment that is associated with mental health or substance use, self-concept and self-esteem, self-care and self-preservation.
- general adult functioning in respect to daily life management and adaptation; this must include consideration of communication, coping, stress management, impulse control, problem solving, judgment, decision making, independence, money and home management, employment, social relationships**,** citizenship and community involvement.
- adult's history from infancy to 18 years; this must include consideration of the historical experience from the standpoint of satisfaction, needs being met, stability, security, role models and significant others, permanency, growth, nurturance and health.
- family functioning, communication and interaction; this must include consideration of how the family is structured, the clarity of roles and boundaries, who is in charge, how family decisions are reached, the level and type of communication used, the presence and use of affection, marital issues, presence/absence of family violence and the general feelings/climate within the family and relationship to the community, demographics such as family composition, education, employment, housing, income and health matters.
- the quality of supportive relationships (formal and informal) outside the home; this must include consideration of friends, neighbors, relatives (including separated/divorced parents), organizations, institutions, agencies, professionals, clubs, groups and how any of these serve as a supportive network in terms of how used, current capacity, previous use, dependability, access/availability and responsiveness.

3.6 Risk Assessment

Risk of maltreatment refers to family conditions present and interacting in a manner which leads a reasonable person to conclude that, without intervention, child maltreatment is likely to occur or

continue. Risk assessment is concerned not only with confirming whether maltreatment occurred, but with determining how likely maltreatment is to occur in the future.

Risk assessment involves information gathering and assessment about multiple elements within the family. These elements are known to influence the likelihood of further maltreatment. The ten elements which make up the WV CPSS are;

- Maltreatment
- Nature
- Child Functioning
- Adult General Functioning
- Adult Mental Health Functioning
- Parenting Discipline
- Parenting General
- Adult Childhood History
- Family Functioning
- Family Support Network

The Initial Assessment and Safety Evaluation is the risk assessment tool for SVCPSS. It will be completed at the time when sufficient information has been collected and/or at any point in time during the life of the case where a new referral is received and the new information is significant enough to suggest a new initial assessment is required, or when it is necessary for decision making to completely understand risk influences throughout the field. The purposes of the initial assessment are to organize information for decision making, to assess the significance of information and to analyze case data.

When weighing information to complete the risk assessment, the worker will:

- enter sufficient information in the space provided in the first seven elements: maltreatment, nature, child functioning, adult general functioning, mental health functioning, parenting--discipline and parenting--general.
- document sources of information in the elements.
- enter "unknown" and the reason(s) the information is unknown. If information is unknown because the worker has not attempted to gather it, the worker must make additional contacts with clients and others to gather the information.
- specify both negative and positive information concerning the family.
- use the anchor criteria as a reference to match the specific information about the family.
- choose the anchor number which most closely reflects the information about the family.
- provide the positive information concerning the family when an element is rated 0 or 1.

- provide the extremely negative information concerning the family when an element is rated 4.
- choose a .5 rating if the family information gathered matches the anchor criteria for two numbers (eg. 1 and 2, worker chooses 1.5); the only exception to this is the maltreatment element in which the highest maltreatment apparent should determine the anchor rating.
- choose an anchor by reading from the higher end of the scale and working down to the lower end.
- rate unknown information at the highest level (information may be unknown because the client avoids, hides or will not share the information).

There does not have to be physical evidence, admission by the parent or a conclusive statement made by the child to make a positive finding for maltreatment. It is not unusual for the parent or child to avoid disclosing information. It is not unusual for there to be no physical evidence of maltreatment, especially if there has been much of a time lapse since an alleged incident of physical abuse and the initial face-to-face contact. All of the information available to the worker must be assessed and analyzed in order to make a determination of whether maltreatment occurred or not. This includes collateral information from school personnel, medical personnel, mental health personnel and/or the worker's observation of symptoms or indicators of maltreatment.

When the worker, through the initial assessment process, determines that no maltreatment has occurred, the worker will:

- document how s/he determined that there was no maltreatment, in the maltreatment element, and rate this 0.
- describe the parents' explanation of the circumstances which support the worker's finding of no maltreatment, in the nature element, and rate this 0. (A 0 rating in maltreatment always requires a 0 rating in the nature element.)

3.7 Determining Risk Level

In determining the level of risk for a family, the worker will:

- calculate the final risk score by adding the ratings for each of the seven rated elements.
- use the highest rating for any one element which has more than one rating.

3.8 Foreseeable Dangers

The worker will also judge the presence or absence of the following foreseeable danger conditions:

- one or both parents intend(ed) to hurt child and do not show remorse; "intended" suggests that before or during the time the child was maltreated, the parents' conscious purpose was to hurt the child. This should be distinguished from an instance in which

the parent meant to discipline or punish the child and the child was hurt. (A foreseeable danger)

- parents' whereabouts are unknown; the whereabouts of parents or adult caretakers of the child are unknown at the time when the Initial Assessment and Safety Evaluation are being completed and this affects the safety of the child. (A foreseeable danger)
- living arrangements seriously endanger the physical health of the child; refers to conditions in the home which may be life threatening or seriously endanger the physical health of the child, as in the situation where people discharge firearms without regard to who might be harmed or where the lack of hygiene is so dramatic as to cause or potentially cause serious illness or problems with the physical structure or other conditions of the home are so great that the child's health and safety is threatened. To meet the safety definition, home conditions must be immediately threatening.
- both parents cannot/do not explain injuries and/or conditions; parents are unable or unwilling to provide an explanation regarding the maltreating conditions or injuries which is consistent with the facts. (B foreseeable danger)
- maltreating parent exhibits no remorse or guilt; the maltreating parent demonstrates no evidence of remorse or guilt for his/her actions. (B foreseeable danger)
- child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control; serious suggests that the child's condition has immediate implications for intervention, such as extreme emotional vulnerability and suicide prevention. Lack of behavior control describes the provocative child who stimulates reactions in others. (B foreseeable danger)
- child is fearful of home situation; "fearful" includes specific family members and/or other conditions in the family such as the frequent presence of known drug users in the household. (B foreseeable danger)
- child is 0 through 6 years old and/or cannot protect self; this applies to all children 0 through 6 years old; if the child is 7 years of age or older and information confirms that the child cannot protect him or herself (level of vulnerability), then this influence applies. (B foreseeable danger)
- child shows effects of maltreatment such as serious physical symptoms; "serious" suggests that the child's condition has immediate implications for intervention, such as the need for medical attention or extreme physical vulnerability. (B foreseeable danger)
- one or both parents cannot control behavior and/or are violent; this includes aggressive behavior and emotion as well as serious depression and chemical dependency which result in the inability to control behavior and emotion. (A foreseeable danger)
- one or both parents have failed to benefit from previous professional help; this suggests that a record of the experience exists and is known and that the help was related to problems which are pertinent to risk and safety.
- there is some indication parents will flee; the family will likely hide the child by changing residences, leaving the jurisdiction, or refusing access to the child and the consequences for the child may be severe and immediate. (A foreseeable danger)

- one or both parents overtly reject intervention; this refers to a situation where the parent or parents refuse to see the worker and/or to let the worker see their child. (B foreseeable danger)
- child has exceptional needs which parents cannot/will not meet; "exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to parental) such as retardation, blindness, physical handicap, etc. (A foreseeable danger)
- no adult in the home will perform parental duties and responsibilities; this refers only to adults (not children) in a caretaking role. Duties and responsibilities should be considered at a basic level consistent with the safety criteria of immediacy, controllability, and severity/vulnerability as in food, clothing, shelter, and level of supervision. (A foreseeable danger)
- one or both parents fear they will maltreat child and/or request placement, which suggests that a child may not be safe. (A foreseeable danger)
- one or both parents lack knowledge, skill, motivation in parenting which affects the child's safety; parenting qualities of a basic nature apply. The judgment is based on parents' lacking basic knowledge or skill which prevents them from meeting the child's basic needs. The lack of motivation results in parents abdicating their role to meet basic needs or failing to adequately perform the parent role which would meet the child's basic needs. The inability/unwillingness to meet basic need creates a safety concern for the child. (A foreseeable danger)
- child is perceived in extremely negative terms by one or both of the parents; "extremely" is meant to suggest a perception which is so negative, it would if present, create a safety concern for the child(ren) such as the parent who sees their child as possessed by the devil or the parent who sees their child acting in ways solely to cause the parent pain and suffering or the parent who perceives their child as being out to get them. (A foreseeable danger)
- child is seen by either parent as responsible for the parents' problems; child is blamed by the parents as causing their problems and this attitude will likely result in a safety concern for the child. (B foreseeable danger)
- parents do not have resources to meet basic needs; "basic needs" refers to the family's lack of even minimal resources to provide shelter, food, and clothing or the lack of capacity to use resources if they were available. (A foreseeable danger)

3.9 Safety Evaluation

If one or more of the A foreseeable dangers exist and/or two or more of the B foreseeable dangers exist, the worker will:

- consider whether an adult (non-maltreating adult) in the home can protect the child by controlling these foreseeable dangers; the worker must specifically discuss with the individual how they will do this and develop a safety plan which involves the family and document this as a family-managed safety plan.

- if an adult family member is unable to protect, develop a safety plan which involves agency services directed at controlling for the identified foreseeable dangers and document this as an agency-managed safety plan.

3.10 Safety Analysis and Plan

Evaluating the safety of a child is a discrete function within CPS which is separate from determining whether child abuse or neglect occurred and assessing and identifying risk or maltreatment. "Safety" refers to the present security and well-being of a child who has been assessed to be at risk of maltreatment. Security and well-being are evaluated by how controllable the child/family situation is; whether the child's safety is an immediate concern; and based on the kind of maltreatment which may be indicated, how severe the maltreatment, or its results might be. Severity must be evaluated by considering the vulnerability of the child.

"Control" refers to the implementation of a plan of action (safety plan) based on professional judgment which is intended to manage known family conditions, which if left unattended, may endanger the child. There are two time frames in which staff evaluate safety and respond:

- case circumstances are explosive, requiring immediate decisions and actions based on alarming and clear information (occurs within 1 day).
- case circumstances allow for deliberate information-gathering and assessment (occurs within a few days).

The safety analysis and plan or the continuing safety analysis should be used:

- whenever the child is believed to be unsafe (there are 1 or more A foreseeable dangers or 2 or more B foreseeable dangers present within the family).
- at any time during the life of a case (following initial assessment and safety evaluation) when the safety of a child is in question.
- to document and support the dismissal of a safety plan has been in place, which includes both in-home and out-of-home safety plans.
- whenever a decision to reunify is being considered.
- prior to closure of the case, if the safety plan is still in effect.

In developing a safety plan (in-home or out-of-home), the worker will :

- involve the family in the discussion of safety issues, options for controlling for safety and the actual formalization of the safety plan.
- develop a comprehensive safety plan which will cover all the children in the family who are judged to be unsafe.
- describe how the identified foreseeable dangers manifest themselves in the family; in describing the foreseeable dangers, the worker should consider the following questions:

do the child's/parents' physical/ emotional health conditions affect the safety of the child?

does occasional stress, stimulation, or interruption create a parent reaction which influences child safety?

are the parents inconsistent about adequately caring for the child(ren) and does this affect the child's safety?

do the parent(s) have detrimental expectations of the child which affect the child's safety?

are the actual child care responsibilities or the parents' perceptions of their child care responsibilities affecting the safety of the child?

will temporary respite from parental responsibility likely reduce stress and/or parental reaction which affects child's safety?

do the parents see the child as a burden and does that perception affect the child's safety?

is the child's behavior/emotion provocative and does such affect the child's safety?

does the parent's lack of basic life skills affect the child's safety?

does the parent's lack of basic parenting skills affect the child's safety?

does the parent's lack of emotional support affect the child's safety?

does the parent's level of social isolation affect the child's safety?

is the family experiencing a current personal circumstance (crisis) which emotionally immobilizes and/or disorganizes them and therefore affects the safety of the child?

- identify any evaluations which are needed to understand conditions which influence safety. If evaluations are needed, the worker will also make the arrangements for these evaluations and identify the specifics of these arrangements. *(See note below.)*
- indicate which safety services and the frequency of these services which are needed to control for safety.
- evaluate whether the safety services will work in the family; if they will not work, the worker must develop an out-of-home plan to protect the child(ren). *(See policy on*

Legal Processes: CPS and Foster Care for more information on involving the court in an in-home or out-of-home safety plan.)

Note: clinical assessment of a person through psychological or psychiatric examination is a process to gain understanding necessary for making informed decisions. Assessment may be used to provide an understanding of a person's functioning, to classify behaviors, to describe and analyze the person and to establish a diagnosis. Whether a referral is made to a psychiatrist, a psychologist or clinical social worker, it is essential to state what is needed from the evaluation. A request that asks for an "assessment" or a "diagnosis" is insufficient. The specific reasons for the referral must be provided. The referral letter should include all the essential information from the record---information obtained through interviews plus historical data and material solicited from other sources.

Initial assessment safety evaluations which result in a safety plan must control for safety from the present time to the conclusion of family assessment. Generally, this covers a period of 30-45 days/ Sometimes safety plans must remain in place beyond the family assessment because of case circumstances.

3.11 Safety Plan - In Home

In developing an in-home safety plan, the worker will:

- identify providers who could potentially provide the type(s) of safety services identified as necessary. The worker must first explore the regional contracted provider for home-based family-preservation services. *(See Home-Based Family Preservation Services Policy.)*
- explore with the HBFPS provider their availability and accessibility and arrive at a determination of whether providers are available at the level needed to control for the safety needs identified. If the regional provider can not provide the needed safety services, explore the availability of other service providers and make arrangements as needed. If services are not available at the level needed, the worker must proceed to develop an out-of-home plan to protect the child(ren). *(See note below.)*
- identify specifically how the services match the safety influences which are present, how long the services are anticipated to be provided and the specific role of the arranged service providers.
- identify and describe family/parent strengths which facilitate and support the safety plan.
- seek the parents signatures on the safety plan as evidence of their involvement in the development of the plan, their understanding of the plan, and their agreement with the plan.
- document how the case will be transferred to an ongoing worker (if this will occur) in terms of any staffings or joint visits, when these are scheduled, who will participate, etc. and identify next steps to proceed with the family assessment.
- document the contacts and process followed to develop the safety plan.
- provide a copy of the safety plan to the parents, providers and multi disciplinary team.

Note: whether or not a petition is filed in Circuit Court to protect a child is at the discretion of the DHHR, except for those circumstances described in *49-6-5b,* in which a petition of termination of parental rights must be filed. *49-6A-9©)* states that "In those cases in which the local child protective service determines that the best interest of the child require court action, the local child protective service shall initiate the appropriate legal proceeding." In some situations, even though the DHHR is not seeking the removal of the child and an in-home safety plan is being implemented, the DHHR may want to file a petition alleging that the child is abused or neglected and that the relief sought is the ordering of an in-home safety plan and services. Situations in which the removal of the maltreating parent is being attempted, with the child and the non-maltreating parent staying in the home, could also benefit from this approach. This approach should be used whenever the oversight of the court would be valuable in ensuring that the parents will carry out the in-home safety plan and that the child will be protected.

3.12 Safety Services

In developing an in-home safety plan, the worker will choose from the following safety services: *(Note: the highlighted services are the safety services provided by the regional provider for Home-Based Family Preservation Services.)*

- *hospitalization:* this service refers to admission of a child and/or parent into a physical or mental health hospital. The condition requiring admission must relate to the influence which affects the child's safety.
- *routine/emergency medical care*: this service refers to the provision of medical care for a parent and/or a child. This medical service will assist in controlling one or more of the identified and described influences which place the child's safety in the home in question.
- *routine/emergency mental health care*: this service refers to the provision of mental health care (outpatient) for a parent and/or a child. This mental health service will help to control one or more of the identified and described influences which place the child's safety in the home in question.
- *routine/emergency alcohol or drug abuse services:* this service refers to provision of inpatient or outpatient services for the treatment of alcohol or drug abuse. This service should be indicated for situations in which the alcohol or drug abuse affect the safety of the child. This should not be indicated if an alcohol or drug evaluation is needed.
- *in-home health care:* this service refers to a health related service which is provided in the home of the family. The service provided in the home must assist in controlling one or more of the identified and described influences which place the child's safety in the home in question.
- ***supervision/observation:*** this service is provided in the home. The service controls for conditions created by a parent reaction to stress, parents being inconsistent about caring for children, parents reacting impulsively and parents having detrimental expectations of children. These conditions affect the child's safety. The service provided is carried out by providers going into the home and observing parent/child

relationships, providing some level of supervision to the parent/child relationship or providing the similar service involving the family as a unit. This service provides an active, ongoing assessment of family stresses which affect safety and may result in necessary action. The emphasis here is that the provision of supervision/observation will assist in controlling one or more of the identified and described influences which place the child's safety in the home in question.

- *day care:* this service is provided in an approved day care program. The service responds to conditions where the child care responsibilities of the parents affect the child's safety. In addition to meeting the needs of the child, the service provides relief for the parent.
- *respite care:* this service provides temporary supervision/care of a child in a child care type program at "as needed" periods of time in an effort to help control for one or more of the identified and described influences which place the child's safety in the home in question. The purpose of this service is to provide breathing space and room between the parent and child.
- ***child-oriented activity:*** this service involves the child in a child-oriented activity which has adult supervision. There is no limit to what those services might be. The service could be a traditional service such as Brownies, Boy Scouts, a craft program or a program developed/designed to assist in meeting the child's safety needs. The emphasis is that the child-oriented activity must assist in controlling one or more of the dangers that affect the child's safety. In addition to meeting the needs of the child, the service provides relief for the parent.
- ***basic home management/life skills****:* this service is provided to the parent. The purpose of the service is to control the parents' inability to perform basic life skill functioning which places the child's safety in question. Examples may include situations where the parents' functioning includes their inability to maintain a liveable home or where the parents are unable to access necessary life services. The provision of basic home management/life skill services is not appropriate for general home management and life skill functioning where the primary purpose is to bring about change rather than control for safety of the child. The services provided must have an immediate effect on controlling the dangers which affect safety.
- ***basic parenting assistance:*** this service assists in controlling the parents' lack of basic parenting skills which affect the child's safety. The service focuses on very basic parenting skills such as feeding, bathing, basic medical care and basic physical/emotional attention and supervision. The lack of these basic parenting skills must affect the child's safety. The services provided must have an immediate effect on controlling the dangers which affect safety.
- ***social/emotional support:*** this service provides basic social connections and basic emotional support to parents. The lack of this support must affect the child's safety. The services provided must have an immediate impact on controlling the influences which affect safety.
- ***individual/family crisis counseling:*** these services are aimed at controlling only crisis situations which affect the child's safety. The influences being controlled have put an individual family member or the family as a unit in crisis. "Crisis" is defined as a

situation which involves disorganization and emotional upheaval. Further, the situation has resulted in an inability to adequately function and problem solve. This service differs from traditional individual or family counseling in that the emphasis is to provide immediate relief and support from the crisis being experienced.

- *financial services:* this service provides financial assistance to the family in meeting the child's safety needs which results from the lack of finances. This includes the lack of utilities which present an immediate threat to the child's well being.
- *housing:* this service provides for the securing of housing or the securing of more affordable housing for a family where the lack of housing is affecting the child's safety.
- ***chore services:*** chore services are general household tasks which the parents are unable to do. These include in-home tasks associated with home management, meal preparation, etc. and home management tasks outside of the home such as grocery shopping. The emphasis here is that chore services are needed in the family, the family is unable to financially afford the service on their own, and the lack of these tasks being carried out affect the safety of the child.
- ***transportation:*** this services provides transportation to the family or members of the family to secure necessary life functioning services. The emphasis here is that the lack of transportation to secure necessary life functioning services affects the child's safety.
- *unique child condition service:* this service is concerned with a child that has a specific physical/emotional condition which, in and of itself, creates a safety concern for the child. The provision of the service is required because the family does not have the financial resources to provide the service on their own.
- *food/clothing service:* the child does not have adequate food and/or clothing and the lack of these life necessities affects the child's safety. The family cannot afford to provide these necessities to the child.
- *other service (must specify)*: any other service which may directly relate to controlling the immediate safety of the child, and has not otherwise been listed.

Safety services differ from long-term treatment responses in that they are short-term. They are strictly for the purpose of controlling for safety and are put in place prior to family assessment and treatment planning.

(For more information see Home-Based Family Preservation Services Policy and Child Protective Services Policy, Section VI, General Information, Payment Guidelines.)

3.13 Reasonable Efforts to Prevent Removal

Reasonable efforts is the term used to describe those actions taken by the DHHR to prevent or eliminate the need for removing the child from the child's home and to stabilize and maintain the family situation. Before initiating any procedure to take custody of a child, the DHHR must first determine that there are no appropriate or available services that would alleviate or eliminate the risk to the child. The DHHR makes reasonable efforts to prevent removal of the child by completing and documenting the process for initial assessment, safety evaluation and safety planning. Since each case

is unique, it is impossible to describe all of the particular safety services which may be appropriate in each case, but an attempt has been made to describe some of the most commonly encountered situations and safety services in the above part on Safety Services.

In certain situations, reasonable efforts to prevent placement are not required. Those situations include:

- imminent danger of serious bodily or emotional injury or death in any home. *(49-2D-3)*
- the parent has subjected the child to aggravated circumstances which include, but are not limited to abandonment, torture, chronic abuse and sexual abuse. *(49-6-5(a)(7)*
- the parent has:

    - committed murder of another child of the parent.
    - committed voluntary manslaughter of another child of the parent.
    - attempted or conspired to commit such a murder or voluntary manslaughter or been an accessory before or after the fact to either such crime; or
    - committed a felonious assault that results in serious bodily injury to the child or to another child of the parent; or
    - the parental rights of the parent to a sibling have been terminated involuntarily *(49-6-5(a)(7)*.

(For more information on reasonable efforts and aggravated circumstances see the Legal Requirements and Processes: Child Protective Services and Foster Care Policy; the federal Child Abuse Prevention and Treatment Act (1996) and the federal Adoption and Safe Families Act (1997).)

For situations in which reasonable efforts to prevent the child from removal of the home is not required, the worker will:

- proceed to develop and implement an out-of-home safety plan, unless the worker is convinced with a reasonable amount of certainty, that the child's safety can maintained in the home. If so, develop and implement an in-home safety plan. Some circumstances may require the DHHR to file a petition for termination of parental rights and the worker must proceed to do so, even if the child is remaining in the home on an in-home safety plan. *(49-6-5b) (See the Legal Requirements and Processes: Child Protective Services and Foster Care Policy.)*

The supervisor will:

- follow all rules and procedures for reviewing and approving the initial assessment, safety evaluation and safety plan.

3.14 Safety Plan - Out-of-Home

In developing an out-of-home safety plan, the worker will:

- identify the family/client conditions that confirm the need for out-of-home residence.
- determine whether the maltreating parent voluntarily agrees to live away from the home or whether court intervention could be used to remove the maltreating parent from the home. *(This is the preferred alternative to removing the child if an in-home safety plan can be implemented with the maltreating parent leaving the home.)*
- identify the placement conditions.
- select and identify the services and providers that best match with existing conditions.
- determine and identify the length of placement.
- select and identify the home or facility in which the child will be placed.
- indicate why placement with this provider is appropriate and how proper care will occur.
- describe how parents' rights regarding removal were safeguarded.
- identify and describe family/parent strengths which facilitate and support the safety plan.
- seek the parents signatures on the safety plan as evidence of their involvement in the development of the plan, their understanding of the plan, and their agreement with the plan.
- document how the case will be transferred to an ongoing worker (if this will occur) in terms of any staffings which will occur, when these are scheduled, who will participate, etc. and identify next steps to proceed with the family assessment.
- document the contacts and process followed to develop the safety plan.
- provide a copy of the safety plan to the parents, providers and multi disciplinary team.

Note: For most cases involving an out-of-home safety plan (the child has been determined to be unsafe and an in-home safety plan will not assure the child's safety), a petition will be filed with the Circuit Court alleging that the child is abused or neglected, that continuation in the home is contrary to the best interests of the child and why this is so (child is unsafe), whether or not the DHHR made a reasonable effort to prevent removal(considered in-home safety plan, but ruled out) or that the situation is an emergency (child is unsafe) and such efforts would be unreasonable or impossible (can not be protected by an in-home safety plan) and whether or not there are aggravated circumstances or other circumstances present and reasonable efforts are not required. The relief attempted should be the transfer of the child into the custody of the DHHR or any other person determined to be fit and proper for temporary custody. *49-6-3(a)(b)*

If a child is determined to be unsafe, e.g., there is one or more A foreseeable dangers or two or more B foreseeable dangers present within the family, the DHHR **must** develop and implement either an in-home or out-of-home safety plan. If an in-home safety plan can not be implemented and the Prosecuting Attorney will not assist the DHHR in filing a petition to implement an out-of-home safety plan, the DHHR must initiate the provision for "Dispute Resolution", pursuant to *49-6-10a. (See Dispute Resolution Protocol.)*

3.15 Safety Plan - Court Involvement

If the safety plan involves the court, the worker will:

- specify on the safety plan what the court involvement is and the legal process.
- describe how the safety plan will carry out the judicial determination regarding permanency planning, if applicable.

3.16 Imminent Danger

Imminent danger to a child is defined in state statute.

Imminent danger to the physical well-being of a child means an emergency situation in which the welfare or life of the child is threatened. Such an emergency situation exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home.

> Non accidental trauma inflicted by a parent, guardian, custodian, sibling, babysitter or other caretaker which can include intentionally inflicted major bodily damage such as broken bones, major burns or lacerations or bodily beatings. This condition also includes the medical diagnosis of battered child syndrome which is a combination of physical and other signs indicating a pattern of abuse; or
>
> Nutritional deprivation; or
>
> Abandonment by the parents, guardian or custodian; or
>
> Inadequate treatment of serious illness or disease; or
>
> Substantial emotional injury inflicted by a parent, guardian or custodian; or
>
> Sale or attempted sale of the child by the parent, guardian or custodian.

For situations in which it is believed that the child's welfare or life is immediately threatened and that immediate action must be taken to prevent serious harm or additional serious harm and that the situation meets the definition of imminent danger, the worker will;

- consult with supervisor, insofar as possible, to determine the best course of action.
- proceed to implement any temporary measures to protect the child in-home, if indicated.
- proceed to initiate legal action, with supervisory approval, if available, to protect the child. *(See Legal Requirements and Processes: Child Protective Services and Foster Care Policy)*
- proceed with the sequence of steps for completing the initial assessment and safety evaluation, once the child is in temporary protection.

- implement the in-home or out-of-home safety plan, as indicated. Once the immediate crisis is resolved, it may be possible, based upon the information now available to the worker and supervisor, to return the child and implement an in-home safety plan.
- document all information, supervisory consultation and approval and action taken on the appropriate initial assessment, safety evaluation and contact screens within FACTS.

The supervisor will:

- be available or arrange for availability of supervisory consultation for emergency situations.
- review all information available relevant to the imminent danger of the child.
- approve legal action to protect the child, if indicated and no other alternatives are appropriate or available.
- document supervisory consultation and approvals on the appropriate screens within FACTS.

3.17 Completion of Initial Assessment and Safety Evaluation

To conclude the initial assessment and safety evaluation, the worker will:

- complete the documentation of the initial assessment and safety evaluation within 30 days from receipt of the report. If extenuating circumstances have prevented the completion of the initial assessment and safety evaluation within the time frame, the worker will request the approval of an extension from the supervisor.
- indicate whether the case will be opened for ongoing services; if the case will not be opened for ongoing services, the worker must indicate the reasons why and identify any referrals made on behalf of the family. *(See the following section which discusses the opening of cases for ongoing CPS.)*
- transmit the case to the supervisor for review and approval.
- CPS notification letters will be sent to the parents which inform them of the official findings from the Initial Assessment and Safety Evaluation. The letters will mention that the findings can be used in the future when the individual is seeking employment as a foster parent, day care provider or other profession that works with children and families. The letter will also notify the family of their right to appeal and the process to request a grievance. *(Please see CPS policy 6.1 and Common Chapters, Chapter 700, Appendix C.)*

Birth to Three Program Referrals

West Virginia Birth to Three must be considered for all children under the age of three who have been identified as experiencing or at risk of developing substantial delays or atypical developmental patterns; or, have been determined to fall under at-risk categories. **Children under three who have been involved in an investigation where maltreatment was substantiated must be referred to the Birth to Three Program in order to be screened for the presence of the above-stated delays and risks.**

If there are children younger than three years of age in the home, and the worker has substantiated maltreatment, the worker will:

- complete the referral form for Early Intervention Part C-Birth to Three services. Send a copy to the local county Birth to Three office, file in the FACTS file cabinet and provide the family with a copy.
- provide a copy of the Initial Assessment and Safety Evaluation with the form that is being sent to Birth to Three. (If custody of the child(ren) is being sought, please refer to Foster Care Policy Section 13.1, Health Care.)

If the case is going to be opened for ongoing services, the worker will:

- complete the last three elements of the initial assessment by describing the information they have gathered from their interviews.

The supervisor will:

- if requested, review the request for an extension of the time frames for the completion of the initial assessment and safety evaluation and make a decision, as indicated.
    - Reasons for granting an extension may include;
        - assigned workload prevented completion;
        - delay in receipt of necessary information;
        - investigation complete, " paper work" pending;
        - other cases/referrals of higher risk have taken priority;
        - unable to yet contact client or client has not cooperated;
        - other (must specify)
- review the initial assessment and safety plan for thoroughness and completeness.
- review the protocol followed by the worker in completing the initial assessment and safety plan.
- review whether the information is sufficient to determine what was done.
- review whether all of the required screens were completed.
- review whether the information is documented in the correct elements. Is the documentation coherent? Does it contain both positive and negative information? Are the sources of information cited?
- review whether the information in the elements is rated correctly.
- review whether necessary information was obtained from collaterals.
- review whether the contacts are documented.
- review whether the multi disciplinary investigative team was involved as appropriate.
- review whether the analysis of the presence of maltreatment or risk of maltreatment is documented and correct.
- review whether indicated safety influences have been identified.
- review the adequacy and the specific details of the safety plan in terms of services initiated, frequency, etc.

- based on the conclusions from the initial assessment, assure that CPS is responsible to provide, direct or coordinate services to children and families or whether no service need is present.
- Document within the newly created case the Early Intervention-Birth to Three referral by completing the "Service Log" screen in FACTS. The worker will connect any children under the age of three for whom referral is made to "Early Intervention" services.
- initiate arrangements to transfer the case for On-Going CPS services.
- assure that either an in-home or out-of-home safety plan has been developed and implemented in all situations in which a child has been determined to be unsafe, which means there is the presence of one A foreseeable danger or two B foreseeable dangers. It is unacceptable to omit the development and implementation of a safety plan when a child has been determined to be unsafe.
- document supervisory consultation and approval within the appropriate screens within FACTS.

If the initial assessment and safety evaluation or safety plan is unsatisfactory for any reason, the supervisor will:

- meet with the worker to discuss the areas that need improvement.
- provide or arrange for any assistance that the worker needs to make the requested improvements.
- assure that the improvements are made, prior to approving the initial assessment and safety evaluation and safety plan.
-

In the event a community services plan will be coordinated by CPS, but On-Going CPS services are not opened, the supervisor will:

- discuss with the worker the family's most significant needs based on the elements of the Initial Assessment that are rated the highest.
- identify potential community resources to provide the services necessary to treat the family's most significant needs.
- document that the Early Intervention-Birth to Three referral was made on the "Community Service Plan" screen in FACTS, if applicable.

The worker will:

- contact the family to discuss the findings from the initial assessment.
- offer help to the family.
- If there are children younger than three, and the worker has substantiated maltreatment, the worker will discuss with the family the referral requirement for the Early Intervention Part C-Birth to Three program. The worker should explain to the family that non-compliance with any services recommended by Birth to Three could result in another referral being made to Child Protective Services.

- identify with the family the resources/services available in the community.
- identify the family's willingness and interest to participate with the community services.
- offer assistance in arranging for the services.
- obtain from the family their decision related to their involvement in services.
- inform the family of any circumstances that would necessitate future involvement of CPS.
- document within FACTS the reason the case is not opened for On-Going CPS services and the results of the contact with the family.

The supervisor will:

- assure that the contact regarding the community services was completed, and that the documentation of the contact with the family and family's decision was made within FACTS.

The following designations serve as the basis to determine ongoing CPS responsibilities:

All initial assessments and safety evaluations which result in a risk rating of significant or high risk of maltreatment and/or have identified one A safety influence or two B safety influences must be opened for on-going services.

Risk based family problems are High Risk Rating 20-28 Foreseeable dangers are present (Two B or one A)	Service Provision by CPS Case Opened for On-Going CPS Safety Plan implemented
Risk based family problems are High Risk Rating 20-28 No foreseeable danger present or only one B present	Service Provision by CPS Case opened for On-Going CPS
Risk based family problems are Significant Risk Rating 14-19.9 Foreseeable dangers are present (Two B or one A)	Service Provision by CPS Case Opened for On-Going CPS Safety Plan implemented
Risk based family problems are Significant Risk Rating 14-19.9 No foreseeable danger present or only one B present	Service Provision by CPS Case opened for On-Going CPS

Risk Based family problems are Moderate Risk Rating 7-13.9 Foreseeable dangers are present (Two B or one A)	Service Provision by CPS Case opened for On-Going CPS Safety Plan implemented.
Risk based family problems are Moderate Risk Rating 7-13.9 No foreseeable dangers present or only one B present	Coordinate the delivery of services through community agencies. Services will be offered and providers determined based on the identification of the family's most significant needs
Risk Based family problems are Minimal to Low Risk Rating .5-6.9 Foreseeable dangers are Present (Two B or one A)	Service Provision by CPS Case Opened for On-Going CPS Safety plan implemented
Risk Based family problems are Minimal to Low Risk Rating .5-6.9 No foreseeable dangers Present or only one B	Coordinate the delivery of services through community agencies Services will be offered and providers determined based on the identification of the family's most significant needs
Risk Based family problems are Minimal to Low Risk Rating 0.0 No foreseeable dangers present or only one B present	No CPS serivce need present No community coordination necessary unless the family has identified a need and requested a referral to a community service

3.18 Incomplete Initial Assessments and Safety Evaluations

All initial assessments and safety evaluations are to be thoroughly completed. However, there may be some unanticipated circumstances in which it is impossible to complete the entire process. Those include;

- **Blatantly False Report**: This would apply only to situations in which the worker finds that the reported family does not exist, the location does not exist or a reported emergency does not exist. For example, a report alleges that a child is left unattended on the side of the road. Upon arrival to the location, the worker does not find any child on the road and can find no such situation or family. This **does not** apply to situations in which the worker has a face-to face contact with the identified child and does not observe any visible signs of maltreatment. In this latter situation, the worker must continue to follow the Initial Assessment and Safety Evaluation protocol through to completion.

- **Child Turned 18 During Initial Assessment**: This would apply to situations in which the identified child turned 18 during the course of the Initial Assessment and Safety Evaluation and there are no other siblings/children under 18 years of age in the home.
- **Death of a Child:** This would apply to situations in which the identified child dies during the course of the Initial Assessment and Safety Evaluation and there are no other siblings/children under 18 years of age in the home. The maltreatment and nature elements must still be completed.
- **Client Moved/Unable to Locate:** This would apply to situations in which the child and family have moved and/or the child or family cannot be located. It **does not** apply to situations in which the family moves to another county and the worker knows the new location. Those intakes should be transferred to the new county. Prior to concluding an Initial Assessment and Safety Evaluation as incomplete due to inability to locate, the worker **must** first exhaust all available remedies according to 49-6A-9 and the Administrative Subpoena Protocol.
- **Duplicate Entry of Data:** This would apply to situations in which an Initial Assessment and Safety Evaluation was already completed or in process on the same allegation, but the report was mistakenly accepted and assigned rather than screened out. For example, a report is made by a day care center that a child is malnourished. The report is accepted for an initial assessment and is assigned to a social worker. The next day a report is made by a pediatrician that a child is malnourished. For whatever reason, the report is accepted. The report is assigned to another social worker. Both social workers begin an initial assessment only to discover they are working the same case. The second initial assessment may be discontinued and documented as incomplete due to duplicate entry of data.

3.19 Initial Assessments Involving Another Jurisdiction

For initial assessments and safety evaluations involving another state, the worker will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect, insofar as possible, documenting any reasons for not following the established protocol.
- follow the plan that was established by the two jurisdictions for handling the case, which may include a courtesy interview only. If so, the interview should be handled within FACTS as a "request to receive services." If the other state is conducting a courtesy interview for this state, the information received should be used in the appropriate elements for initial assessment and safety evaluation.

The supervisor will:

- follow the same rules and procedure for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect, insofar as possible, documenting any reason for not following the established protocol.
- assure that the plan that was established by the two jurisdictions for handling the case was followed.

- initiate any necessary arrangements to transfer the case to another jurisdiction, which includes a telephone call or letter to the supervisor of the other jurisdiction, or to assure that a referral to community services was completed.

For initial assessment and safety evaluation involving another county, the worker will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect, insofar as possible, documenting any reason for not following the established protocol.
- follow the plan that was established by the two jurisdictions for handling the case, which may include a courtesy interview only. Depending upon the case situation, it may be necessary for both counties to work together to conduct an initial assessment and safety evaluation. Workers may travel to another county to conduct an interview at the discretion of the Supervisors involved. The decision should be made in consideration of what will be the most effective manner for the child in which to conduct the assessment. Generally, the child's county of residence would be considered the "home" county and the county in which the alleged incident occurred would conduct any necessary courtesy interviews.

3.20 Initial Assessments Involving Certain Abandoned Children

For initial assessments and safety evaluations involving certain abandoned children pursuant to *49-6E*, the worker and the supervisor will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.
- initiate the filing of a petition alleging child abandonment pursuant to *49-6-2* and *49-6-3.*
- initiate placement of the child in emergency family care or foster/adopt care.

3.21 Initial Assessments Involving Child Custody

In matters involving both child custody and suspected child abuse or neglect, a Family Law Master or a Circuit Judge must report suspected child abuse or neglect to the DHHR as mandatory reporters. They may also request that a written report be submitted of the initial assessment and safety evaluation. *49-6A-9(b)(5)* states that "...when any matter regarding child custody is pending, the circuit court or family court judge may refer allegations of child abuse and neglect to the local child protective service for investigation of the allegations as defined by this chapter and require the local child protective service to submit a written report of the investigation to the referring circuit court or family court judge within the time frames set forth by the circuit court or family court judge."

For initial assessments and safety evaluations involving child custody, the worker will:

- establish a plan to complete the initial assessment and safety evaluation within the time frames set forth by the reporter.

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.
- prepare a written report as requested by the reporter outlining the identifying information concerning the family, the allegations of maltreatment, the findings of maltreatment, the surrounding circumstances which accompany the maltreatment, how the child functions on a daily basis, the disciplinary approaches used by the parent, the overall parenting practices used by the parent, daily mental health functioning and substance use by the parent and general adult functioning of the parent. The report should indicate whether or not maltreatment occurred, whether there is risk of future maltreatment to the child, any issues that influence the child's safety and the action taken regarding any necessary development and implementation of a safety plan.
- submit the report to the circuit court or family law master within the specified time frames.
- import the report/document from Word Perfect into FACTS and file within the file cabinet to document compliance with the request from the circuit court or family court judge.

The supervisor will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.
- assure that the initial assessment and safety evaluation is completed within the specified time frames.
- assure that a written report is prepared and submitted to the circuit court or family court judge within the specified time frame.
- assure that the report is filed within FACTS.

3.22 Initial Assessments Involving Critical Incidents

For initial assessments and safety evaluations involving a child who died as a result of abuse or neglect, the worker will:

- contact the prosecuting attorney and the appropriate law enforcement official to establish a plan for a joint investigation/assessment. The purpose of the contact is to clarify roles, establish a means for communication and to share information. If the prosecuting attorney and/or the law enforcement official declines to proceed with a joint investigation/assessment, CPS must proceed as the sole entity conducting the investigation/assessment. The failure of law enforcement or the multi disciplinary investigative team to investigate a report of suspected child abuse or neglect does **not** relieve the DHHR from its responsibilities to protect children.
- begin an immediate initial assessment and safety evaluation regarding any surviving siblings or other children in the home or custody of the alleged maltreater.
- defer to the law enforcement investigation if there are no surviving siblings or other children in the home or custody of the alleged maltreater. CPS may participate in the investigation as part of the multi disciplinary investigative team.

If so, the worker will complete the contacts section and the maltreatment and nature elements only of the initial assessment. The reason for the incomplete assessment will be indicated within FACTS as "child is deceased, unable to complete initial assessment".

- refer any inquiries from the news media to the Regional Director who will consult with the Director of Communications within the DHHR Office of the Secretary about how to respond.
- prepare the Critical Incident Report and file within FACTS in the file cabinet. The Critical Incident Report is a document available with the merged forms within FACTS and Word Perfect.
- follow all other rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect, insofar as possible.

The supervisor will:

- indicate reason for incomplete initial assessment within FACTS as "child deceased, unable to complete initial assessment".
- refer any inquiries from the news media to the Regional Director who will consult with the Director of Communications within the DHHR Office of the Secretary about how to respond.
- convene the Critical Incident Review Committee for the purpose of evaluating the case, the services provided and finalizing the Critical Incident Report. The Committee will be composed of the Regional Program Manager, the Community Services Manager, the CPS Supervisor and Worker. The review will be held within thirty days from the completion of the initial assessment and safety evaluation.
- transmit the Critical Incident Report to the Program Manager for Program Review within the Office of Children and Adult Services and to the Regional Director.
- follow all other rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect, insofar as possible.

3.23 Initial Assessments Involving DHHR Employees or Other Potential Conflicts of Interest

For initial assessments and safety evaluations involving DHHR employees and other potential conflicts of interest, the worker and supervisor will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.
- take appropriate action within FACTS to have access to the case restricted.

3.24 Initial Assessments Involving Disabled Infants or Children with Life-threatening Conditions (Baby Doe)

For initial assessments and safety evaluations involving disabled infants or children with life-threatening conditions the worker will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected medical neglect, insofar as possible.
- contact the hospital or appropriate medical personnel to coordinate interviews and information-gathering, including the obtaining of medical records.
- contact the medical personnel and any other relevant persons who can provide the information necessary to evaluate the alleged medical neglect. If the child is in a hospital and there is a designated hospital liaison for these cases, then that person should be contacted. If the hospital has a review committee and a meeting regarding this child has taken place or one is scheduled, then contact should be made with the review committee chairperson or designee. If there is not a designated hospital representative, or review committee, contact the child's physician and other persons involved in the child's treatment and/or the hospital social services unit. In many instances, the hospital pediatric social worker will serve as a liaison to the DHHR.
- contact the prosecuting attorney for assistance in gaining access to medical records, if access is denied.
- attempt to gather the following information;

    - the child's physical condition;
    - seriousness of the current health problem;
    - probable medical outcome if the current health problem is not treated and the seriousness of that outcome;
    - generally accepted medical benefits of the prescribed treatment;
    - generally recognized side effects/harms associated with the prescribed treatment;
    - the opinions of the Infant Care Review Committee (ICRC) or the Hospital Review Committee (HRC), if the hospital has one;
    - the parent's knowledge and understanding of the treatment and the probable medical outcome.
- arrange for a consultation with another physician not associated with the case, if indicated, to gain an independent opinion and recommendation.
- determine whether or not medically indicated treatment, including appropriate nutrition, hydration or indicated medication was withheld from the child.
- determine whether immediate action is necessary to assure that the child receives medically indicated treatment. If the parent is unable or unwilling to consent for medically indicated treatment, including appropriate nutrition, hydration or indicated medication, initiate the filing of a petition alleging child neglect.

The supervisor will:

- assure that the protocol for handling initial assessments and safety evaluations involving disabled infants or children with life-threatening conditions was followed.
- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected medical neglect, insofar as possible.

3.25 Initial Assessments Involving Domestic Violence

Due to the overwhelming co-occurrence rate between domestic violence and child victimization and the potential devastating consequences to children exposed to domestic violence, the Bureau for Children and Families must be attuned to the existence of domestic violence when performing initial assessments with all families.
Domestic Violence may be identified at many different points during the CPS case process. Several possibilities are:

- domestic violence may be reported as part of the initial report of child abuse or neglect.
- family members may self-report during the first contact by the worker when assessing a report of child abuse or neglect.
- during an initial assessment, a worker may observe signs indicating that domestic violence may be a problem even if not acknowledged by the family members themselves.

Workers must observe all families for the following domestic violence indicators:

- an adult who consistently describes and addresses their partner in derogatory terms.
- an adult who is overly solicitous/condescending toward his/her partner.
- an adult who admits to acts of domestic violence but minimizes the frequency or severity, blames the partner for provoking it, or refuses to accept responsibility for his/her actions.
- one adult who "speaks for" the other partner when the parties are together.
- children who talk about their parents or parental influences fighting, hitting or being afraid of one another.
- adults or children who are fearful about another adult becoming angry if their rules, decisions or plans are not followed.
- an adult who is controlling of other family members.
- a child is alleged to perpetrate violence against any family member.
- the ability of a partner to meet alone with the worker may also be suggestive of domestic violence.

Battering can have a tremendous impact on a battered parent's ability to protect their children. Consequently, any attempts to protect children from maltreatment must address the problem of domestic violence. The two primary purposes for CPS intervention are to: (1) protect and control the safety of children who are at risk of maltreatment, and (2) to provide services to alter the conditions which created the risk of maltreatment. In all cases, it is essential to identify the problems, ensure that children are safe, and move toward risk reduction by providing and using a variety of intervention strategies. *(See Introduction and Overview, Section 1.)*

In all cases, it is essential to identify the problems, ensure that children are safe, and move toward risk reduction by providing and using a variety of intervention strategies.

When one of the child's parents is being battered, the purposes for intervention are not altered. What differs is the view of each victim. The child is viewed as a dependent person who requires protection and who cannot ever act independently and autonomously. However, the battered parent must be approached as an adult who needs to have his/her own experience validated, to be supported and empowered to act, and to make his/her own choices from a range of available options. Many victims of domestic violence appear hostile or distrustful when asked to talk about their situation. This may be due to many factors such as fear of retaliation, previous negative experiences with authorities, and /or not viewing their partners as abusive. When conducting an interview, it is important to remember that mothers are often afraid that CPS may:

- tell their partner.
- blame them or not believe them.
- force them to do something that will increase their risk or for which they are not ready.
- take their children away.

Victims of domestic violence are often threatened by the alleged maltreater who may be a batter with loss of their children through a report of abuse to CPS. NO NOT ask a suspected adult or child victim about domestic violence in the presence of a suspected alleged maltreater who may be a batterer.

For initial assessments and safety evaluations when domestic violence was: reported in the initial report, family members self-disclosed domestic violence or the above domestic violence indicators were observed, the worker will:

- plan for his/her own safety (i.e., when interviewing the alleged maltreater who may be a batterer, have another child welfare worker or police present).
- consider the safety of all family members when structuring interviews. Make reasonable efforts to interview household members separately. If domestic violence is indicated, the adult victim must be interviewed the same day as the children and a protection plan must be initiated to address present dangers immediately. (The alleged maltreater who may be a batterer may retaliate against the adult victim or children for talking with the CPS worker.) Note: The optimal sequence for interviewing family members is:
    a. identified child
    b. siblings
    c. non-maltreating parent/adult victim
    d. maltreating parent
    e. other collaterals, as appropriate

- gather information about the domestic violence and its association to risk to the child in separate interviews with the battered parent.
- when possible, check with magistrate and family court to see if a protection order has been issued to this family.
- Specific and supportive questioning may be necessary in order to help the parent assess the level of danger in which they live (see "Safety Assessment" section that follows).

Individuals who batter and abuse both deny and minimize the extent of their violence and impose this view on their victims.

- assure the adult victim that you are concerned about his/her safety as well as the children's safety. Assure the adult victim that you will not confront the alleged maltreater who may be a batterer with information that s/he has shared, but explain the limits of confidentiality.
- ask the adult victim the following questions:
    a. Tell me about your relationship.
    b. How do decisions get decided in your relationship?
    c. Do you feel free to do, think, believe what you want?
    d. Does your partner ever act jealous or possessive? If yes, tell me more about it.
    e. Have you ever felt afraid of your partner? In what ways?
    f. Has your partner ever physically used force on you (e.g., pushed, pulled, slapped, punched, or kicked)?
    g. Have you ever been afraid for the safety of your children?

- through this line of questioning and careful listening, the worker should be able to get a feel for the tone of the relationship. If the worker ascertains that violence and/or severe control is or may be present in the family, the worker should then begin an assessment of severity. The following questions will help the worker determine if the pattern of incidents is changing, if the abuse is escalating in frequency, the amount of freedom the adult victim has to act independently and if the victim(s) is in danger:

Potential questions for the child(ren)1

Questions in this section are used with children once domestic violence indicators have been found.

When interviewing children, do not ask leading questions. A leading question is one that implies the answer in the question. When interviewing children, be aware of their developmental age and their vulnerabilities to risks batterers pose. Children will use different words to describe their feelings, thoughts and violent behavior. Adapt the questions using the words and circumstances described by the child(ren). Note: If there are indicators or allegations that the child(ren) may be abusive to other family members, interview the adult and child victims before the alleged child perpetrator and document why the interview protocol was not followed.

The questions will focus on three areas:

a. the child's account of what they saw and how they understand the violence.
b. the impact of exposure to violence.
c. the child's worries about safety.

1. A Child's Account of What S/he Saw:

The following questions can be asked of children when there are domestic violence indicators. Only continue the progression of questions if the child discusses incidents of violence.

Note: Older children are more likely to minimize reports of parental fighting out of loyalty to parents- they will protect parents. Younger children may be more spontaneous and less guarded with their reports.

1Adapted from materials written by Child Witness to Violence Program, Boston Medical Center

Questions:

- Do you ever get mad? What do you do?
- Does anyone else in your family get mad? What do they do?
- What happens when you parents get mad at each other? Tell me about that.
- Do they yell at each other?
- Does either parent hit the other?
- When was the last time you remember the hitting?
- When was the first time you remember the hitting?
- Do you ever get hit or hurt when there is an argument?

2. Assessment of the child(ren)'s Impact of Exposure to Violence:

- Do you find that you think about what you've told me about your parents?
- What do you think about it?
- When do you think about it?
- How do you feel about it?
- Do these thoughts or feelings ever come in school or while you are playing?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares?
- What do you want to happen to make it better?

3. Child's Worries about Safety:

- Does anyone know about what you've told me about your parents? Who? How did they find out?
- Have you talked with anyone about what you've told me about your parents? Who? What happened when you told them?
- In an emergency, who would you call?
  - Their phone number is_____?
  - What would you say?_____
    _____

If children don't have some idea of whom to call, the social worker should give them basic information or help the adult victim think where the child could go if their parents are fighting or engaged in assaultive behavior. Could they go to another room? A neighbor's house? Information gathered from this interview should always be shared with the adult victim to help him/her understand the effects of domestic violence on the children, as long as the children's safety will not be compromised.

Potential Questions for Adult Victim:

Has your partner:

- prevented you from going to work/school/church?
- prevented you from seeing friends or family?
- listened in on your phone calls or violated your privacy in other ways?
- followed you?
- accused you of being unfaithful?
- acted jealous?
- controlled your money?
- stolen your money?

The following questions will help the worker identify patterns of verbal, emotional, physical and sexual abuse.

- called you degrading names?
- emotionally insulted you?
- humiliated you at home? In public?
- destroyed your possessions (e.g., clothes, photographs)?
- broken furniture?
- pulled the telephone out?
- threatened to injure you, him, your children, or other family members?
- hit, slapped, pushed, kicked, choked or burned you?
- threatened to use a weapon or has used a weapon?
- threatened to kill you?
- hurt your pets?
- engaged in reckless behavior (e.g., drove too fast with you and the children in the car?)
- behaved violently in public?
- been arrested for violent crimes?
- forced you to perform sexual acts that made you feel uncomfortable?
- prevented you from using birth control?
- withheld sex?
- hurt you during pregnancy?
- forced you to engage in prostitution or pornography?
- forced you to use drugs?

This line of questioning may be emotionally difficult for the adult victim. Be supportive and give the adult victim opportunity to let you know how s/he is doing. In a supportive manner,

ask questions about feelings of depression, anxiety or suicidal ideations in the past or present. The next group of questions will help you assess the level of risk to the children.

Has your partner:

- called your child degrading names?
- threatened to take the child(ren) from your care?
- called or threatened to call CPS?
- accused you of being an unfit parent?
- threatened to hurt or kill your child?
- hurt you in front of the children?
- hit your child with belts, straps or other objects?
- touched your child in a way that made you feel uncomfortable?
- assaulted you while you were holding your child?
- asked your child to tell him what you do during the day?
- treated your child significantly differently from another?
- forced your children to participate in or watch his abuse of you?

Has your child:

- overheard the yelling and/or violence?
- behaved in ways that remind you of your partner?
- physically hurt you or other family members?
- tried to protect you?
- tried to stop the violence?
- hurt him/herself?
- hurt pets?
- been fearful of leaving you alone?
- exhibited physical/behavioral problems at home/school/day care?

The last selection of questions will help you understand the adult victim's history seeking help.

Have you:

- told anyone about the abuse? What happened?
- seen a counselor? What happened?
- left home as a result of the abuse? Where did you go? Did you take the children? If not, why?
- called the police? What happened?
- pressed criminal charges? What happened?
- filed a protective order? What happened (e.g., did your partner respect the order)?
- used a domestic violence program or shelter? Was it helpful?
- fought back? What happened?

General Questions:

- How dangerous do you think your partner is?

- What do you think s/he is capable of?
- Do you have any current injuries or health problems?
- How has this relationship affected how you feel about yourself, your children, the future?
- How do you explain the violence to yourself?
- How do you believe your children understand the violence?
- What do you believe would keep you and your children safe?

Once the adult victim's interview is complete, you should have an understanding of the power structure within the family.

Safety planning must begin with the adult victim immediately. Develop a protection plan with the adult victim before leaving the interview. The protection plan must include referral information about services provided by a licensed domestic violence program.

If there is extreme danger for the adult victim and the children have learned to survive by identifying with the maltreater who may be a batterer (i.e., cannot keep confidentiality from the alleged maltreater who may be a batterer), then direct questioning of the children may be postponed until safety can be achieved. This same thinking applies to interviewing the alleged maltreater who may be a batterer. If an adult victim is fearful of the consequences of questioning the alleged maltreater who may be a batterer, then it should not be done until safety can be achieved. Safety always comes first.

Questions for the alleged maltreater who may be a batterer:

Assessing the dangerousness of an alleged malreater who may be a batterer is important in order to protect you and to lessen the risk for children and adult victims. Lessening the risk for you and the adult victim will mean safety planning. If you obtain information that indicates an interview with the alleged maltreater who may be a batterer is too dangerous (for you or the adult victim and child), consult with your supervisor before you proceed. If you decide not to initially interview the alleged malreater who may be a batterer, as it is not in the best interest of the child, document the reasons why the interview protocol was not followed in the case record. Third party reports are critical in these instances. While safety concerns may prevent an interview with the alleged maltreater who may be a batterer initially, once safety measures have been taken, the alleged maltreater who may be a batterer must be interviewed (within 30 days). If you determine from your interview of the adult victim and/or children, that the alleged malreater who may be a batterer can be safely interviewed, proceed with the following preliminary line of questioning to determine the alleged maltreater who may be a batterer's perception of the problem.

- Tell me about your relationship?
- Tell me three things you like about your partner and family?
- How does your family handle conflict?
- What kinds of things do you expect from your partner/family?
- What happens when things don't go your way? What do you do? What is that like?
- Have you ever been so angry that you wanted to physically hurt someone?
- Have you ever forcefully touched anyone in your family? In what way?

- Have you ever been told that violence is a problem for you? By whom?

The worker should explore in a supportive manner history or current feelings of depression or suicidal thoughts.

If allegations are supported, begin protection planning immediately. Provide the adult victim with written information about his/her rights and about local domestic violence programs such as hotline, shelter, counseling and advocacy services. Services should be offered even if the client chooses to remain in the relationship. Explore with the adult victim what safety measures work best for her/his situation. Do not force a victim of domestic violence to select any one option for safety. Coordinate with resources for battered adults, (e.g., the local domestic violence shelter and outreach programs). Involve an advocate from the domestic violence program as soon as possible.

Other considerations:

- Remember that the battered parent is often more afraid of the batterer than of anything else. Being aware of this dynamic and confronting it in a supportive manner will ensure correct identification of the problems.
- Avoid blaming the battered parent for the violence committed by others.
- Provide information to the battered parent about legal and emergency service alternatives for protection.
- Present options that are available to the battered parent, including the initiation of criminal proceedings against the batterer.
- Support the battered parent in making the best possible choices.
- Respond to the safety needs of all victims in the family.
- Consider in-home safety plans that preserve the unity of the child and the non-maltreating parent, as long as the child's safety can be assured. Court intervention is likely to be necessary to protect the child and the non-maltreating parent and could include the filing of a petition by the DHHR and requesting that temporary custody be placed with the non-maltreating parent and preclude the maltreating parent from living in the home or having contact with the child. *(49-6-3(a))* Another alternative is the filing of a domestic violence petition by the non-maltreating parent in magistrate or family court requesting a protective order. *(48-2A-3)*
- If the adult victim is not ready or able to accept services and/or dangerousness of the alleged maltreater who may be a batterer renders services insufficient to protect children from imminent risk, explore options in consultation with the supervisor. The worker may consult with a domestic violence advocate for additional guidance.
- In removal situations, consult with police and/or request their assistance. Offer the adult victim options for his/her protection. Advise an adult victim of her/his rights to have his/her attorney, even if s/he is living with the alleged maltreater who may be a batterer.

- Document the presence of domestic violence in the maltreatment, nature and adult general functioning elements of the initial assessment. The rating for maltreatment

should not be lower than 2; nature should be rated 3 in most circumstances and the maltreater who is a batterer should be rated 4.

- Consider exposure/observing domestic violence as a form of emotional or mental injury.
- Identify the batterer as the maltreater.
- Avoid identifying the battered adult as the maltreater.
- If the adult victim presents as severely depressed, assess carefully for suicidal ideation. Does s/he present as passive and cooperative, yet nothing changes? Depression is symptomatic of trauma and may not subside until safety is achieved. Interventions and services should be decided in partnership with the adult victim to promote a personal sense of competence and power.
- Substance abuse may exacerbate, but does not cause domestic violence. Does substance abuse impede the adult victim's ability to assess the level of danger in the home? Impede her ability to safety plan for herself and her children? How does the alleged maltreater who may be a batterer use his/her partner's substance abuse to exercise control? Does the alleged maltreater who may be a batterer offer his/her substance abuse problem or his/her partner's as an excuse for violent behavior? Does the adult victim blame herself/himself for the violence? Does s/he feel a deep sense of shame and hopelessness? Always assess the potential of self harm. Safety planning is critical. Never confront the alleged maltreater who is a batterer or victim when they are under the influence of substances.
- follow all other rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.

If the relationship appears to involve **violence by both partners**, this can be confusing when the worker is trying to ascertain the primary initiator of the violence within the relationship. To assess self-defense and other responses to violence accurately, examine:

- Who holds the control in the relationship?
- Who has been injured?
- Who is afraid?
- Who has access to resources? Court records, police records and documents from probation.

If the batterer has any treatment history, those records may provide critical information.

The supervisor will:

- assure that the initial assessment and safety evaluation is completed with due consideration of all the dynamics related to domestic violence.
- assure that the safety needs of all the victims in the family are met.

- follow all other rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.

For more information concerning CPS and Domestic Violence, please see Child Protective Services Risk Management: A Decision Making Handbook, Appendix O, " Child Maltreatment and Woman Abuse: A guide for Child Protective Services Intervention".

3.26 Investigations Involving Institutional or "Out-of-Home" Abuse or Neglect

Reports of suspected child abuse or neglect in institutions or other "out-of-home" settings are assessed in a different manner than reports of suspected child abuse or neglect in intra-familial settings. The initial assessment and safety evaluation of suspected child abuse or neglect in intra-familial settings focuses on assessing the presence and level of risk to a child within the family setting, the evaluation of safety of the child, promotion of family preservation when the safety of the child can be maintained and the provision of safety services to prevent family disruption. Investigations involving institutions and other "out-of-home" settings are not focused on family functioning and family preservation and for that reason, the initial assessment and safety evaluation process is not used for assessing suspected child abuse and neglect in institutions and other "out-of-home" settings. The process used for these investigations is one that focuses on the determination of whether maltreatment occurred, the culpability of the maltreater and the culpability of the agency/provider.

For investigations involving child-placing agencies, specialized foster care, child welfare agencies, group homes or residential facilities the Institutional Investigative Unit (IIU) worker and supervisor will:

- follow all IIU rules and procedures for investigation of suspected child abuse and neglect in institutions and child placing agencies.

For investigations involving day care centers, family day care facilities, family day care homes, and DHHR foster family homes the worker will:

- review the report and all previous reports, records, and documentation on the facility/provider which are relevant to CPS.
- develop a plan for completion of the investigation, taking into account the response time indicated at intake. It is the position of the DHHR that the choice of the site of the interviews and who is present during an interview is left to the discretion of the CPS staff. This choice is affirmed in *49-6A-9* which requires certain groups to provide "such assistance....as will enable it to fulfill its responsibilities." Such assistance can and should, when necessary, be interpreted to mean private interviews.

  There are some exceptions. If a child indicates that he or she would be more comfortable with a teacher, counselor or other person present during an interview, then the worker can include that person, as long as the person is **not** the alleged maltreater. The alleged maltreater may also indicate that he or she would like to have an advocate,

counselor, attorney or other person present during an interview, and the worker must make arrangements to accommodate the request. However, in no circumstances should a child be left in an unsafe situation while waiting to make arrangements for the interview.

- contact law enforcement, the prosecuting attorney or the medical examiner if the report involves serious physical injury, sexual abuse, sexual assault or death of a child, to coordinate any arrangements for a joint investigation. If the prosecuting attorney and/or law enforcement official declines to proceed with a joint investigation/assessment, CPS must proceed as the sole entity conducting the investigation. The failure of law enforcement or the multi disciplinary investigative team to conduct an investigation of reports of suspected child abuse or neglect does **not** relieve the DHHR of its responsibilities to protect children.
- contact the local multi disciplinary investigative team according to the protocol established in collaboration with the prosecuting attorney, pursuant to *49-5-D*. The team should be responsible for "...coordinating or cooperating in the initial and on-going investigation of all civil and criminal allegations pertinent to cases involving child sexual assault, child sexual abuse, child abuse and neglect..." *(49-5D-1c)*

Under no circumstances shall the CPS worker be relatives of the alleged maltreater, the child or the families involved. *(49-6A-9)* The worker assigned to the investigation should not be a placing worker of any of the children in the home or facility. Any other situation which creates a potential conflict of interest should be handled by another worker or Community Services District. (See Intake Policy---Reports Involving DHHR Employees or Other Potential Conflicts of Interest.)

In completing the investigation, the worker will:

- make face-to-face contact with the agency Director and/or alleged maltreater. Identify yourself as a Child Protective Service Worker from the WV Department of Health and Human Resources. Display state employee identification to agency staff , alleged maltreater and any other individuals to be interviewed.
- inform agency and/or alleged maltreater of the alleged child abuse or neglect, the reason for your contact and the process for completing the investigation.
- make face-to-face contact with the identified child(ren) in the time indicated as the response time on the intake. If unable to do this, the worker must document the reasons in FACTS. Identify yourself as a Child Protective Services Worker from the WV Department of Health and Human Resources. Display state employee identification.
- privately interview all parties in the following order: (this means separate, private interviews for all parties.) If at all possible, the interviews should occur sequentially on the same day.

  identified child(ren)
  other witnesses, including other children in the facility/home
  employees

administrative personnel
maltreater
any other collaterals, as appropriate

- review all provider or facility records relevant to the investigation of the alleged incident.

- ask the parties if they are represented by legal counsel. If the parties are represented by legal counsel, then the worker should not continue the interview without first obtaining the permission of counsel to do so. If permission to conduct the interview is denied, then the worker will discuss this situation with their supervisor. Once the supervisor has reviewed this situation, the supervisor or the worker must contact the prosecuting attorney or regional attorney for consultation on how to gain access so that the parties may be interviewed. Any refusal to cooperate with the investigation on the part of the provider will be immediately reported to the appropriate Homefinding or Child Care Supervisor or Child Care Licensing Director.
- there is no requirement that interviews with children or with maltreaters be audio or video taped. However, some local multi disciplinary investigative teams have found audio or video taping interviews to be effective in reducing the number of times that a child is interviewed, especially when there are criminal allegations as well as civil allegations of child abuse or neglect. Local MDT's are encouraged to become informed about the advantages and disadvantages of audio and video taping of interviews. If the team decides to use either audio or video taping as part of their MDT protocol, then the DHHR may participate. It is recommended that the tapes become part of the criminal investigative file to be located with the law enforcement agency records, and not with CPS records maintained by the DHHR.
- if unable to complete the interviews at all and/or in this order, document the reasons why in the record.
- hold an exit interview with the child, alleged maltreater and facility administrator prior to leaving the site to inform them of the next steps and answer any questions that they may have.
- Share with them a verbal summary of the findings. **Before sharing the conclusions or beliefs about the maltreatment, the worker will make sure s/he has received approval from his/her supervisor to do so.**
- document the dates, duration and location of these interviews.
- record the results of these interviews, including investigations involving day care centers, family day care facilities, family day care homes and DHHR foster family homes, in the IIU, School, Day Care Investigation format in FACTS by describing in as much detail as possible the information obtained from the interviews. *(Note: this is a change from previous practice.)*
- document the sources of information.
- determine whether maltreatment occurred, utilizing the legal and operational definitions for child abuse or neglect. *(See Introduction and Overview)*

- take appropriate action at any point in the process to assure the safety of the child, pending the final outcome of the investigation. Possible actions may include the removal of the child or transfer or suspension of the alleged maltreater. For situations involving foster care, *49-2-14(a)* states that "The state department may temporarily remove a child from a foster home based on an allegation of abuse or neglect, including sexual abuse, that occurred while the child resided in the home."
- remove all foster children from a foster care arrangement and preclude contact between the children and the foster parents, when the investigation involves foster family homes, at any point during the investigation, prior to completion, that the DHHR determines that reasonable cause exists to support the allegations contained in the report. *(49-2-14(a))*
  (Note: definition of reasonable cause: a state of facts which would lead a person of ordinary care and prudence to believe and conscientiously entertain honest and strong suspicion that a person has abused or neglected a child.)
- contact the Homefinding Supervisor, Child Care Supervisor, Child Care Resource and Referral agency (R & R) , Child Care Licensing Director, as indicated, and placing worker/supervisor of the child(ren) if the child(ren) is to be removed from the setting during the investigation.
- confer with the Homefinding Supervisor, Child Care Supervisor, Child Care R & R agency, Child Care Licensing Director, as indicated, and placing worker/supervisor at all decision-making points during the investigation.

When completing the interviews, the worker will attempt to specifically gather information in the following areas:

- the types of maltreatment apparent; this includes all types of maltreatment, physical abuse, sexual abuse, emotional abuse and neglect. Include any physical description of maltreatment.
- the surrounding circumstances which accompany the maltreatment; this should always include the explanation of the circumstances related to the alleged maltreatment.

(Note: although the setting of the investigation is different from an intra-familial initial assessment and safety evaluation, the basic format and techniques for interviewing which are taught in WVCPSS training still apply.)

3.27 Completion of Investigation Involving Institutional or "Out-of-Home" Abuse or Neglect

To conclude the investigation, the worker will:

- indicate whether maltreatment occurred.
- indicate whether the maltreater is culpable.
- indicate whether the agency/provider is culpable.

- complete the investigation within thirty days of the receipt of the report, unless extenuating circumstances prevent the completion. If so, request the approval of an extension from the supervisor.
- complete the documentation of the investigation within 30 days from receipt of the report. If extenuating circumstances have prevented the completion of the investigation within the time frame, the worker will request the approval of an extension from the supervisor.
- transmit the investigation to the supervisor for review and approval.
- CPS notification letters will be sent to the alleged maltreater which inform him/her of the official findings from the Initial Assessment. The letter will mention how the findings can be used in the future when the individual is seeking employment as a foster parent, daycare provider or other profession that works with children and families. The letter will also notify the alleged maltreater of his/her right to appeal and the process to request a grievance. *(Please see CPS Policy 6.1 and Common Chapters, Chapter 700, Appendix* C.)

The supervisor will :

- if requested, review the request for an extension of the time frame for the completion of the investigation and make a decision, as indicated.
    - Reasons for granting an extension may include;
        - assigned workload prevented completion;
        - delay in receipt of necessary information;
        - investigation completed, “paper work” pending;
        - other cases/referrals of higher risk have taken priority;
        - unable to yet contact client or client has not cooperated;
        - other (must specify).

- notify the Homefinding, Child Care Supervisor, Child Care Licensing Director, as indicated, and the placing supervisor/worker of the findings of the investigation.
- schedule a meeting with the Homefinding, Child Care Supervisor or Child Care Licensing Director, as indicated, and the placing supervisor/worker to discuss the findings of the investigation and determine any course of further action. For investigations involving foster care arrangements, the DHHR must terminate the foster care arrangement if:

    - the allegation of child abuse or neglect is determined to be true.
    - a court finds the allegation of child abuse or neglect to be true.
    - the foster parents fail to contest the allegation withing twenty calendar days of receiving written notice of such allegations.

However, the DHHR is permitted to exercise its professional discretion in electing to not terminate the foster care arrangement if the foster parents are not found culpable in the abuse/neglect and the continued placement is in the best interests of the child. *49-2-14(a)* specifically states “..that if the state

department determines that the abuse occurred due to no act or failure to act on the part of the foster parents and that continuation of the foster care arrangement is in the best interests of the child, the department may, in its discretion, elect not to terminate the foster care arrangement or arrangements." This provision should be utilized in continuing the foster care arrangement only when the foster parents have clearly not abused or neglected the child(ren) themselves or have not knowingly allowed the child(ren) to be abused or neglected.

- consider the above criteria in collaboration with the Homefinding Supervisor and the placing worker/supervisor and determine whether to:

  - terminate all foster care arrangements and close the home.
  - continue the foster care arrangement and the implementation of a time-limited corrective action plan which would address those issues identified as problematic in the investigation. This plan should be implemented by the Homefinding worker and/or placing worker.
  - continue the foster care arrangement with no restrictions.

- defer to the Child Care Supervisor for terminating any child care arrangements with the provider, or any further corrective action plan.
- contact the child victim's parent or appointed counsel (guardian ad litem) to explain the allegations made, the findings of the investigation and the outcomes. If there are other children within the child care center or provider's home who may also be at risk of maltreatment, notify the parents of those children and inform them of the allegations, the findings of the investigation and the outcomes, without revealing any confidential identifying information. It is expected that parents will make alternative child care arrangements.
- if requested, prepare a copy of the "IIU/CPS" Short Report" (IIU-0527) within FACTS and provide a copy to the maltreater, agency and/or to the child, parent or attorney of the child. (The report is a DDE report within FACTS and may be accessed from the Reports Icon. The report will be printed in Word Perfect Text and may be edited as indicated. The report must be saved within the FACTS file cabinet. The child or the parent or legal counsel of the child may have further access to the full child protective services record, if requested.)

See Foster Care/Homefinding and Child Care policies for more information on handling abuse and neglect reports in foster homes or child care facilities or homes.

Investigations of foster care or child care providers will not be opened for on-going CPS; no further action beyond the investigation is required of the CPS supervisor or worker. Any necessary follow-up will be handled by the Homefinding , Child Care or Child Care Licensing Units.

3.28 Initial Assessments Involving Non-Custodial Parents

For initial assessments and safety evaluation involving a non-custodial parent, the worker and the supervisor will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected abuse or neglect by a custodial parent. Risk of maltreatment and safety will be evaluated with the child in the "field" with the maltreating non-custodial parent.

3.29 Initial Assessments Involving Drug-affected Infants

The staggering rise of illegal substance abuse in our society can be seen in no more poignant a setting than in the numbers of infants being born with effects of exposure in-utero. Studies indicate that about one in 10 infants are born each year in the United States who may have been exposed to illegal drugs. Drug abuse has also become one of the most often cited reasons for out-of-home placement in child protective services cases.

When a woman uses drugs when she is pregnant, the chemical passes through the placenta and is absorbed into the fetus's blood stream. Repeated use can create dependency in the fetus, just as in the mother. The physical destruction of neurological and organ tissue that occurs to the human adult due to drug exposure is compounded in the infant, creating the possibility of birth defects and severe withdrawal. The long-term effects of in-utero drug exposure often cannot be seen until developmental and learning disabilities surface after the child begins school.

Substance abuse may be identified at various stages throughout the CPS case process and can affect safety in myriad ways. However, for the purposes of this section, the focus will be on infants born with effects of illegal substance use.

For initial assessments and safety evaluations involving infants exposed in-utero to illegal substances, the worker will:

- gather information about the medical condition of the infant at birth. Specific medical data will need to be collected from the facility where the child was delivered. It is important to remember that in order to find maltreatment, the infant must display **observable negative effects** of the birth mother's drug usage. Observable negative effects include but are not limited to physical and /or neurological damage/deformities and/or physical withdrawal at the time of birth.
- determine what, if any, continued mal-effects the child will experience after discharge from the birthing facility.
- gather information about the birth mother's drug use habits, as well as that of her significant interpersonal relationships which may directly affect her usage.
- obtain copies of all drug testing and evaluations done by the birthing facility and use this information in the assessment.

- judge the presence or absence of all foreseeable dangers, but with particular emphasis on the adult mental health functioning element and foreseeable dangers "one or both parents cannot control behavior and/or are violent" and "one or both parents have failed to benefit from previous help." Thorough interviewing and information-gathering must accompany this assessment and evaluation.
- respond to any safety needs to other children in the care of the birth mother.
- coordinate resources for substance abuse for the birth mother, as well as for the biological father, if applicable.
- make a referral to the Birth to Three program, regardless of maltreatment rating or whether or not the case will be opened.
- follow all other rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse and neglect.

The supervisor will:

- assure that the initial assessment and safety evaluation is completed.

3.30 Initial Assessments Involving Parental Substance Abuse

For initial assessments and safety evaluations involving parental substance abuse (including alcohol or drug abuse) the worker and supervisor will:

- complete the initial assessment and safety evaluation with particular emphasis on the adult mental health functioning element and the foreseeable dangers "one or both parents cannot control behavior and/or are violent" and "one or both parents have failed to benefit from previous professional help". Thorough interviewing and information-gathering must accompany this assessment and evaluation. A parent's denial of substance abuse may not be adequate to make an informed assessment as it is typical for substance abusers to deny or minimize their use.
- request assistance from a substance abuse specialist at the community behavioral health center, as indicated. Some community behavioral health centers have outreach specialists for women, which may be a beneficial resource for CPS situations involving mothers who are substance abusers.
- make arrangements for a substance abuse evaluation, if indicated, to better understand the severity of the substance abuse problem and how it relates to the parent being willing or able to provide adequate care for their child.

3.31 Initial Assessments Involving Requests from Law Enforcement

For investigations of suspected child abuse and neglect perpetrated by someone other than a parent, guardian or custodian, in which DHHR is assisting law enforcement or the multi disciplinary investigative team in conducting the investigation, the worker and supervisor will:

- assist with the investigation per local joint investigation or multi disciplinary protocols, with the approval of the Community Services Manager.
- document all casework activity within the "request to receive services" function of FACTS.

3.32 Initial Assessments Involving School Personnel

For investigations of suspected child abuse and neglect perpetrated by school personnel, the worker will :

- review the report and all previous reports, records, and documentation on the school personnel which are relevant to CPS.
- develop a plan for completion of the investigation, taking into account the response time indicated at intake. It is the position of the DHHR that the choice of the site of the interviews and who is present during an interview is left to the discretion of the CPS staff. This choice is affirmed in *49-6A-9* which requires certain groups to provide "such assistance....as will enable it to fulfill its responsibilities." Such assistance can and should, when necessary, be interpreted to mean private interviews.

  There are some exceptions. If a child indicates that he or she would be more comfortable with a teacher, counselor or other person present during an interview, then the worker can include that person, as long as the person is **not** the alleged maltreater. The alleged maltreater may also indicate that he or she would like to have an advocate, counselor, attorney or other person present during an interview, and the worker must make arrangements to accommodate the request. However, in no circumstances should a child be left in an unsafe situation while waiting to make arrangements for the interview.
- contact law enforcement, the prosecuting attorney or the medical examiner if the report involves serious physical injury, sexual abuse, sexual assault or death of a child, to coordinate any arrangements for a joint investigation. If the prosecuting attorney and/or law enforcement official declines to proceed with a joint investigation, CPS must proceed as the sole entity conducting the investigation. The failure of law enforcement or the multi disciplinary investigative team to conduct an investigation of reports of suspected child abuse or neglect does **not** relieve the DHHR of its responsibilities to protect children.
- contact the local multi disciplinary investigative team according to the protocol established in collaboration with the prosecuting attorney, pursuant to *49-5-D.* The team should be responsible for "....coordinating or cooperating in the initial and ongoing investigation of a civil and criminal allegations pertinent to cases involving child sexual assault, child sexual abuse, child abuse and neglect..." *(49-5D-1c)*

Under no circumstances shall the CPS worker be relatives of the alleged maltreater, the child or the families involved. *(49-6A-9*) Any other situation which creates a potential conflict of interest should

be handled by another worker or Community Services District. *(See Intake Policy, Section 2--Reports Involving DHHR Employees or Other Potential Conflicts of Interest.)*

In completing the investigation, the worker will:

- make face-to-face contact with the identified child in the time indicated as the response time on the intake. If unable to do this, the worker must document the reasons in FACTS.
- identify yourself as a Child Protective Services Worker from the WV Department of Health and Human Resources. Display state employee identification to all school personnel and individuals to be interviewed.
- inform the school personnel of the alleged child abuse or neglect, the reason for your contact and the process for completing the investigation.
- review all school personnel records relevant to the investigation of the alleged incident.
- privately interview all parties in the following order: (this means separate, private interviews for all parties.) If at all possible, the interviews should occur sequentially on the same day.

  identified child(ren)
  other witnesses, including other children and employees who may have knowledge of the incident.
  administrative personnel, e.g. school principal.
  alleged maltreater
  any other collaterals, as appropriate

- ask the parties if they are represented by legal counsel. If the parties are represented by legal counsel, then the worker should not continue the interview without first obtaining the permission of counsel to do so. If permission to conduct the interview is denied, then the worker will discuss this situation with their supervisor. Once the supervisor has reviewed this situation, the supervisor or the worker must contact the prosecuting attorney or regional attorney for consultation on how to gain access so that the parties may be interviewed.
- there is no requirement that interviews with children or with malteaters be audio or video taped. However, some local multi disciplinary investigative teams have found audio or video taping interviews to be effective in reducing the number of times that a child is interviewed, especially when there are criminal allegations as well as civil allegations of child abuse or neglect. Local MDT's are encouraged to become informed about the advantages and disadvantages of audio and video taping of interviews. If the team decides to use either audio or video taping as part of their MDT protocol, then the DHHR may participate. It is recommended that the tapes become part of the criminal investigative file to be located with the law enforcement agency records, and not with CPS records maintained by the DHHR.
- if unable to complete the interviews at all and/or in this order, document the reasons why in the record.

- hold an exit interview with the child, alleged maltreater and principal prior to leaving the site to inform them of the next steps and answer any questions that they may have.
- Share with them a verbal summary of the findings **Before sharing the conclusions or beliefs about the maltreatment, the worker will make sure s/he has received approval from his/her supervisor to do so.**
- document the dates, duration and location of these interviews.
- record the results of these interviews within the IIU, School, Day Care, Foster Care Investigation format within FACTS, by describing in as much detail as possible the information obtained from the interviews.

(Note: although the setting of the investigation is different from an intra-familial initial assessment and safety evaluation, the basic format and techniques for interviewing which are taught in WVCPSS training still apply.)

- document the sources of information.
- determine whether maltreatment occurred, utilizing the legal and operational definitions for child abuse or neglect. *(See Introduction and Overview.)*
- if maltreatment occurred, contact the school principal to arrange for a conference with the school principal, maltreater and parent to determine how to best resolve the situation so that the child does not continue to be at risk of maltreatment.
- if maltreatment did not occur, contact the alleged maltreater, school principal, prosecuting attorney, multi disciplinary investigative team and parent to inform them of this determination.
- if requested, prepare a copy of the "IIU/CPS Short Report" (IIU-0527) within FACTS and provide a copy to the maltreater and/or to the child, parent or attorney of the child. (The report is a DDE report within FACTS and may be accessed from the Reports Icon. The report will be printed in Word Perfect Text and may be edited as indicated for an investigation involving school personnel. The report must be saved within the FACTS file cabinet.)
- complete the investigation within 30 days from receipt of the report. If extenuating circumstances have prevented the completion of the investigation within the time frame, the worker will request the approval of an extension from the supervisor.
- transmit the investigation to the supervisor for review and approval.
- CPS notification letters will be sent to the alleged maltreater which inform him/her of the official findings from the Initial Assessment. The letter will mention how the findings can be used in the future when the individual is seeking employment as a foster parent, daycare provider or other profession that works with children and families. The letter will also notify the individual of his/her right to appeal and the process to request a grievance. *(Please see CPS Policy 6.1 and Common Chapters, Chapter 700, Appendix C.)*

If the above mentioned conference does not lead to a resolution of the problem, the worker will:

- contact the principal's supervisor in the county board of education office.
- if this proves unsatisfactory, contact the county superintendent of schools.

- if this proves unsatisfactory, contact the president of the county board of education.
- if this proves unsatisfactory, contact the state Department of Education.
- if this proves unsatisfactory, contact the prosecuting attorney and the regional attorney.

The purpose of these steps is to resolve the issue, whenever possible, so that the child is protected. During these steps the worker will present their findings and the conclusions which were reached, as documented within FACTS and the "IIU/CPS Short Report". The DHHR will not make any recommendations for disciplinary action for the school personnel. The primary role for DHHR is to make a fair and thorough investigation to determine whether child abuse or neglect occurred, as defined by law and/or operational definitions. *(See Introduction and Overview policy, Section 1.)*

For investigations involving school personnel, the supervisor will:

- if requested, review the request for an extension of the time frame for the completion of the investigation and make a decision, as indicated.

  Reasons for granting an extension may include;
  - assigned workload prevented completion;
  - delay in receipt of necessary information;
  - investigation complete, "paper work" pending;
  - other cases/referrals of higher risk have taken priority;
  - other (must specify).
- review the investigation for thoroughness and completeness.
- review the protocol followed by the worker in completing the investigation.

The role of the DHHR is restricted to investigating reports of alleged abuse and neglect. Other concerns and/or complaints about the educations system must be addressed by the parent of the child. When there is a complaint or concern expressed by a parent that is not within the scope of child abuse or neglect, the worker or supervisor will advise the parent to:

- contact the school principal to seek a resolution of the issue. If this action proves unsatisfactory, then the parent can:

  - contact the principal's superior at the county board of education office.
  - contact the county superintendent of schools.
  - contact the president of the board of education.
  - contact the state Department of Education.

Investigations involving school personnel will not be opened for on-going CPS; no further action beyond the investigation is required of the CPS supervisor or worker.

3.33 Initial Assessments Involving Sexual or Abusive Interactions Between Children

For initial assessments and safety evaluations involving sexual or abusive interactions between children the worker and supervisor will:

- follow the same rules and procedures for initial assessment and safety evaluation as other assessments of suspected child abuse or neglect.
- determine whether the alleged incident occurred as a result of neglect by the parent. If so, rate the neglect and surrounding circumstances in the maltreatment and nature elements.
- determine whether the alleged incident occurred within the realm of normal, natural child play or exploration between same age children. If so, there will be no finding of maltreatment in the maltreatment element.
- determine whether the parent responded appropriately to the child's needs for medical or mental health treatment, including the need for emotional support. If so, there will not be a finding in maltreatment for medical neglect or emotional maltreatment.

CHILD PROTECTIVE SERVICES
SECTION 4

4.1 Family Assessment and Treatment Planning

The family assessment in risk management casework includes all the activities and the documentation which focus on studying the risk influences identified during initial assessment. Assessment continues beyond identification to arrive at conclusions regarding the extent of those core risk conditions that must change and the origin and cause of core risk conditions. Finally, the family assessment includes establishment of some estimate regarding the likelihood of changes which will reduce risk and risk influences.

The study process during the family assessment phase is directed at areas within the family which were identified as being problematic and contributing to risk. The study also considers the presence of previously unidentified or newly emerging influences. The family assessment translates problems with the field into client outcomes. These provide overall guidance to treatment plans and specific treatment goals.

Documentation of the family assessment must be thorough, relevant, qualitative, specific, concise, factual (opinions must be supported by facts) and professional. The most important objective during family assessment is to develop a working collaboration with the family. Involvement of the family is enhanced if you involve them from the beginning and consistently throughout.

While the process of family assessment and treatment planning is occurring, the supervisor will;

- conduct regular supervisory meetings with the worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

4.2 Purposes

The primary purposes of family assessment are:

- to engage the family in a problem solving/helping partnership.
- to identify the cause or origin, extent and meaning of risk influences.
- to promote caseworker understanding and to enhance caseworker ability to help the family understand problems.
- to plan and respond appropriately.
- to provide, along with the treatment plan, a benchmark for measuring client progress.
- to make decisions about outcomes, goals, and appropriate resources.
- to initiate problem solving.
- to reach agreement with the family about what **must** change.
- to encourage family motivation toward change.

4.3 Decisions

The decisions that must be made during family assessment are:

- what is the origin of the condition?
- what is the nature of the condition?
- what are or have been the consequences of the origins or conditions?
- how do the origins and conditions relate to placing a child at risk?
- how do the family members perceive the conditions?
- what does the information mean?
- what are the pervasive qualities of the family members?
- does individual or family history help in understanding current functioning?
- what information seems contradictory or inconsistent?
- what family qualitites are particularly noteworthy or impressive?
- are there some things about the family which are vague or subtle?
- what must change in order for the risk to be reduced?
- what can change---taking into account client capacity?
- what level of motivation to change exists?
- what does the family agree to?
- what is the nature and quality of the worker-family relationship?

4.4 Principles

The principles of family assessment are:

- family assessment is essentially a life space study which considers all forces present in the family which impact on the child.
- the concentration is on present risk issues, functioning, and problems, with recognition that understanding of cause or origin is essential. This is accomplished through examination of history, development, evolution, and past experience.
- the assessment also considers the "field" as a dynamic, living, changing, interacting environment.
- family assessment is subject to change and review.
- it is interactional; it deals with roles, relationships, environment, and resources.
- family assessment takes into account all aspects of family life as well as the context in which the family exists.

4.5 Family Assessment Protocol

Upon assignment of a case for ongoing services, the worker will:

- review the case file and all work completed by the initial assessment worker (if applicable).
- develop a plan for completion of the family assessment and treatment plan, by completing the "Family Assessment Study Guide/Preparation". The family assessment

and treatment plan is due to be completed within 45 days of the date the initial assessment and safety evaluation was completed.

- if feasible, meet with the initial assessment worker to discuss the case and strategies for proceeding to family assessment.

4.6 Completing the Family Assessment

In completing the family assessment, the worker will:

- if possible and where applicable, meet with the family and the initial assessment worker to be introduced to the family and make the transition to the family assessment process. (If case does not transfer from one worker to another, this meeting is not necessary).
- meet with all family members in a planned approach; this will likely include a combination of meetings with individual family members as well as couples meetings, and family meetings, as indicated by the particular family and situation. The order of the interview is flexible. You must determine how you will proceed in scheduling the interviews once you meet the family and develop your plan. The purpose of the exploratory interviews is to build relationships with family members as well as gathering information for treatment planning.
- ask the family what is wanted. A family will likely tell you, either directly or through implication.
- involve the family from the beginning and consistently throughout. Questions such as "what do you think?" or "how do you feel?" convey your interest in their involvement.
- contact other collateral parties, such as teachers, counselors, physicians, other service providers, etc. who have information to share that is relevant to family assessment and treatment planning, as indicated. This may be done within the context of a multi disciplinary treatment team.
- document the dates and pertinent content of these contacts, as related to the family assessment focus, using the family assessment contact screens within FACTS.
- analyze and document those behaviors, feelings, attitudes, perceptions or conditions which must change in order for risk to be reduced.

4.7 Risk Reduction

In considering what must change in order to reduce risk, the worker must consider the following areas:

- how the children function on a daily basis, including pervasive behaviors, feelings, intellect, physical capacity and temperament; this must include consideration of capacity and temperament; consideration of capacity for attachment, general temperament, expressions of emotions/feelings, typical behaviors, presence and level of peer relationships, school performance and behaviors, known mental disorders (organic/inorganic), issues of independence/dependence, motor skills and physical capacity.

- the disciplinary approaches used by the parent, including the typical context; this must include consideration of when, how, where and for what reasons/purpose discipline might occur.
- the overall, typical, pervasive parenting practices used by the parent; this must include consideration of perception of children, reasons for being a parent, feelings about being a parent, knowledge and general skill, basic care, decision making about parenting, parenting style, history of parental behavior and success, sensitivity and understanding toward children, empathy and expectations.
- daily mental health functioning and substance use by the parent; this must include consideration of reality perception, self-concept, coherence, rationality, self/emotional control, any impairment that is associated with mental health or substance use, self-concept and esteem, self-care and self-preservation.
- general adult functioning in respect to daily life management and adaptation; his must include consideration of communication, coping, stress management, impulse control, problem solving, judgment, decision making, independence, money and home management, employment, social relationships, citizenship, and community involvement.
- adult's history from infancy to 18 years; this must include consideration of the historical experience from the standpoint of satisfaction, needs being met, stability, security, role models and significant others, permanency, growth, nurturance and health.
- family functioning, communication and interaction; this must include consideration of how the family is structured, the clarity of roles and boundaries, who is in charge, how family decisions are reached, the level and type of communication used, the presence and use of affection, marital issues, presence/absence of family violence and the general feelings/climate within the family and relationship to the community, demographics such as family composition, education, employment, housing, income and health matters.
- the quality of supportive relationships (formal and informal) outside the home; this must include consideration of friends, neighbors, relatives (including separated/divorced parents), organizations, institutions, agencies, professionals, clubs, groups and how any of these serve as a supportive network in terms of how used, current capacity, previous use, dependability, access/availability and responsiveness.

When considering major conditions which must change, the worker should use the following evaluative questions to frame their thinking:

- how important is the condition in the life of the child and/or as part of the field?
- how intensely does the condition operate within the field and in the life of the child?
- is the condition present or affecting every aspect of the field and/or the child's life?
- is the condition operating constantly?
- how long has this condition been in operation?
- what are the consequences of the condition, generally in the family and to the child?
- what is the perception of the parents concerning the condition and its effects on the child?

4.8 Analysis

In completing the analysis section of the family assessment, the worker will:

- interpret why the major conditions are present in the family. Where do the identified behaviors, feelings, attitudes, perceptions seem to originate? What causes them? This will include consideration of issues of development and history and present cause and effect relationships.
- judge what seems to be the purpose of the identified behaviors, emotions, attitudes and perceptions. What is the parent or child trying to accomplish by their behavior, emotion, attitude, perception?
- interpret the subjective meaning of the identified behaviors, emotions, attitudes and perceptions. This is concerned with how the family views and understands their life situation. How do they experience the areas which are problematic?
- interpret the consequences of the identified behaviors, emotions, attitudes and perceptions. This is concerned with the potential results of the current situation to the family and its members.
- narrow the analysis to the core conditions or the essence of what must change. These are the conditions which are most critical in creating risk and these conditions must change in order to close the case.
- match these core conditions to outcomes which are positive results or change in a client/family which, when achieved, reduce risk of maltreatment.

4.9 Treatment Planning

The treatment process in CPS should be purposeful and planned. Treatment planning assures purposeful, logical treatment and intervention. Treatment planning is a deliberate, reasonable, mutually agreed upon strategy to reduce the risk and the contributing influences which required CPS intervention. It involves planned action to support a family and its members toward a desired and prescribed outcome. The outcome, if achieved, will reduce the risk which required CPS intervention. The likelihood of achieving outcomes is directly related to the appropriateness of treatment planning. The most difficult and most critical aspect of treatment planning is agreement, and second is goal setting. Treatment plans must be client plans, rather than worker plans. Plans will not work if clients are not invested in them. Clients must be involved if change is to occur.

4.10 Purposes

The primary purposes of treatment planning are:

- to provide accountability for the worker, to the family and the agency.
- to provide structure for the worker and the family to follow.
- to serve as the framework for decision making.

- to provide, along with the family assessment, a benchmark for measuring client progress.
- to provide a format for communication with the family.
- to assure a professional approach to helping.

4.11 Decisions

The decisions that must be made during treatment planning are:

- is the plan realistic, specific, creative and measurable?
- does the plan take into account client capacity and willingness?
- is the plan founded on information from family assessment?
- is the plan centered on risk issues?
- does the plan consider family change and progress?
- does the plan deliver the biggest, best and quickest payoff for the family?

4.12 Structure

Risk management treatment planning is structured by five specific components:

- **Outcomes:** positive results which, when achieved, reduce risk of maltreatment. Outcomes are related to core risk conditions identified in the family.
- **Goals:** behaviorally stated actions that clients will accomplish which will move them toward their individual outcomes.
- **Measures:** measurement of goal achievement (how you will know that goals are achieved).
- **Services:** those actions which are implemented by the CPS agency or other agencies which will assist clients in accomplishing specific goals.
- **Time Frame:** indicates how often and for how long services will be provided, when goals are to be reached, and when review of progress is to occur.

4.13 Outcomes Selection

When selecting outcomes, the worker must choose from the following:

- **self-sufficiency-** self sufficiency outcomes are behavioral and emotional indicators which demonstrate evidence of improved self-esteem, confidence, autonomy, independence, coping, self-control and motivation.
- **communication skills-** communication skills outcomes are skills which demonstrate improved capacity to effectively express and receive feelings, perceptions, ideas and opinions.
- **parenting knowledge and skill-** parenting outcomes are evident through behavioral and cognitive indicators which demonstrate understanding of child development and

parenting responsibilities. These include observable parent-child interactions which meet minimal standards.

- **problem solving skills-** problem solving outcomes are evident through behavioral and cognitive indicators which give evidence of perception, acknowledgment, examination and understanding of problems, and observable, acceptable solutions to problems.
- **developmental/role achievement-** developmental outcomes are demonstrated through behavioral, cognitive, and emotional indicators of successful role performance, and achievement of developmental tasks.

4.14 Dimensions

Within each outcome, the worker must select dimensions or single aspects which apply to the individual or family. The dimensions for each outcome which the worker must use are listed below:

- Self sufficiency
  - self-care
  - independence
  - defends self
  - sociability
  - coping
  - self-esteem
  - self-control

- communication skills
  - verbal expression
  - listening
  - verbal responses
  - intent of communication
  - empathy
  - ability to verbalize affection
  - recognition/acceptance of affection
  - giving affection

- parenting knowledge/skill
  - knowledge
  - expectations of children
  - sensitivity to children
  - emotional control
  - discipline
  - provides basic necessities
  - perception/attitude toward children

- problem solving
  - problem acceptance

capacity for solving problems
approach to solving problems
other basic services

- developmental/role achievement
  - knowledge
  - activities
  - tasks
  - maturity

4.15 Family Assessment-Finalization

In finalizing the family assessment, the worker must:

- judge convergence or the level of agreement that exists between the worker and the family related to what must change.

In judging convergence, the worker must consider the following:

- the parent's perception of major conditions that must change.
- the worker/parent level of agreement that must change.
- the quality of worker/parent rapport.
- the potential for worker/family collaboration.

When completing the goal statement, the worker will:

- identify for whom the goal is designed.
- identify "by when" the goal will be achieved, which is when the behavior is expected to be habitual.

If little or no acceptance by the client of the plan exists, the worker will implement the plan by beginning with the outcome " problem solving" and the dimension "problem acceptance".

4.16 Measures

When identifying "measures" the worker will:

- identify measures that relate to the person or family for whom the goal is developed, individualizing the measures which will be applied to judge goal achievement.
- select measures based upon minimal standards of achievement.

4.17 Services

When identifying services, the worker will:

- describe what service is to be used to facilitate goal achievement.
- provide a description of what that service is to do in relation to the goal.
- identify "by whom" the service will be delivered, the name of the provider, individual and/or agency name.
- identify the frequency of services to be provided.
- identify the "beginning date" which is when a particular service will begin.
- identify the "ending date" which is when the worker expects a particular service to be concluded.

If, at the time of the development of the comprehensive treatment plan the worker does not know which provider will address goals which will be worked on beyond the immediate 3 month period ahead, the worker will leave these blank and return to complete them when they are known.

The worker must also:

- assess the barriers to effective treatment intervention. Emphasis should be placed upon those areas where the problems present in the family may cause difficulty with treatment (eg. chronicity, complexity, severity). This should also include assessment and documentation of the availability of resources and the capacity of providers to respond to the family. Some individuals may not be able to benefit from some services due to certain conditions that may be present. An example is that a person with cognitive disabilities and/or other developmental disabilities may not be able to benefit from a traditional parenting education course, but may be able to benefit from a different style of parenting education which is more individualized to their needs.

Helping CPS families must be based on the specific risk influences studied during the family assessment. Since the underlying causes of risk are different for every family, services selected must be based upon the individual needs of the family. All risk reduction treatment is directed toward one or more of the following outcomes: self-sufficiency, communication skills, parenting knowledge and skill, problem solving skills, and developmental/role achievement.

Specific service alternatives for families and parents are identified as follows:

- ***Individual counseling*** should be considered for those who have internalized feelings about self, who have poor feelings of self as related to others and withdrawn individuals who have no close relationships.
- ***Group counseling*** should be considered for individuals with chronic difficulties in social relationships, people who have had poor parenting or inadequate socialization, persons who may benefit from confrontation, and people with problems in common.
- ***Marital/family counseling*** should be considered for families who want to improve their roles, communication, and relationships and when an individual family member's behavior disrupts the equilibrium of the family system.
- ***Psychiatric intervention*** should be considered when the client is severely depressed and/or has mental disorders.

- ***Environmental restructuring*** or life situation services should be considered when specific problems are apparent. Examples of services are:

    - ***Public health and other health services-*** provide families with medical services, assistance with child care, and assistance in effective child rearing.
    - ***Substance abuse treatment-*** provide individuals with medical care, addiction treatment, and support services.
    - ***Employment counseling and training-*** provide opportunities for building employment skills and for finding employment consistent with a person's interest and capacity.
    - ***Financial counseling and assistance-*** provide people with resources to meet basic needs and develop skills in household budgeting and financial management.
    - ***Temporary shelter and housing assistance-*** provide families with temporary shelter and with assistance to locate and maintain adequate housing.
    - ***Transportation-*** provide people with transportation and concrete assistance to aid use of other community resources.
    - ***Legal services-*** provide concrete legal assistance to address a variety of legal problems. e.g., divorce, housing evictions, financial matters, etc.

- ***Educational activities*** should be considered when a person lacks basic education and life skills or has a desire to develop career opportunities and is cognitively capable of benefitting from services.
- ***Lay therapy (self-help groups, mentoring, etc.)*** should be considered when a person is socially isolated, in need of a nonthreatening social experience, and/or is in need of instruction regarding role performance.
- ***Day care or day treatment*** should be considered when people need relief from child care as a form of treatment or because of employment responsibilities, or can benefit from observing and participating in the child care experience.
- ***Home management services*** should be considered when people have deficient home management or parenting skills and may be able to learn by example or are socially isolated.
- ***Parenting education programs*** should be considered when parents have inappropriate parental expectations of the child, an inability to be empathically aware of the child's needs, a strong belief in the value of physical punishment, have had difficulty assuming the "role" of parent, and/or have other deficits in parental attitudes and skills. Parent education programs can be either group-based or home-based, and are designed to provide assistance and information regarding, bonding and attachment, empathy, self-awareness, child development, discipline, recognizing and communicating feelings, and unconditional love, honesty, and respect.

Specific service alternatives for children are identified as follows:

- ***West Virginia Birth to Three*** should be considered for all children under the age of three who have been identified as experiencing or at risk of developing substantial

developmental delays or atypical development patterns; or have been determined to fall under an at-risk category as defined by Part C of the Individuals w ,ith Disabilities Education Act. (For specific criteria, see the West Virginia Birth to Three website at **http://www.wvdhhr.org/birth23/**).

- ***Early childhood programs*** should be considered when children at risk could benefit from time away from a stressful home situation, needed structure, limit setting, and stimulation, and opportunity to interact with adults and children who serve as models for appropriate action, and an alternative to foster care when continual presence in the home places the child at risk and jeopardizes the child's safety.
- ***Therapeutic day care programs*** should be considered for children who suffer developmental delays and/or psychological problems and can provide educational and developmental stimulation and safe environments where they can test their feelings, experience nurturing, and develop trust in others.
- ***Special education programs*** should be considered for children who are physically or emotionally disabled and can provide educational programs designed to meet individualized needs.
- ***Play therapy*** should be considered for young children who need a safe environment where they can learn to express and resolve feelings, conflicts, and fears through play.
- ***Individual counseling*** should be considered for children who can express themselves verbally and can provide attention and support to meet their needs, deal with their fears, resolve conflicts, and promote self-esteem.
- ***Group counseling*** should be considered for children and adolescents who need support and experiences which assist with socialization and development of self-awareness, and sensitivity to others.
- ***Art therapy*** should be considered for children who need supportive environments to release feelings and conflicts. Art therapy is useful and helpful as a diagnostic and therapeutic tool.
- ***Supportive services*** should be considered for children who may benefit from recreational and socialization activities which can be healing for maltreated children. Such services include outings with social workers, mentors, Girl/Boy Scouts, 4-H Clubs, after school programs, church activities, etc.

The above listed alternative services are not intended to be an exhaustive list---other alternatives may be available in local communities. Services listed are not available in all local communities. Community Services Districts are expected to work through the Multi Disciplinary Oversight Team, the Family Resource Networks, the Community Collaboratives and the Regional Summits to enhance the availability and accessibility of necessary services in the community.

4.18 Treatment Plan

In developing a treatment plan, the worker will:

- develop the plan based upon outcomes and dimensions identified in the family assessment.

- develop a comprehensive treatment plan which represents what the worker and the family agree is required for the life of the case.
- identify specific measures which can be applied to measure accomplishment of the dimensions and therefore, the outcomes.
- prioritize, with the family and providers, what will be worked on, when and for how long.
- establish the length of service expected in the case and identify the estimated date for closure. This is an estimation of the date that the worker and the family expect that all goals will be achieved, that minimal standards associated with change will have been attained and that the plan will be fully completed.
- identify when the plan is to be initiated, which is the date that the family members and providers will actually commence activity (eg., counseling, training, skill development, etc.)
- consider and document family members' acceptance of the plan. This should include consideration and description of how family members participated.
- consider and document agreement or disagreement with the plan, levels of motivation and potential or actual resistance.
- complete specific goals for every dimension identified in the family assessment. This will include identification of the person for whom the goal is established, the measures which are used to evaluate goal achievement and identification of services.

In completing the treatment plan, the worker will also:

- identify "Case Management Tasks" which are the tasks the caseworker must carry out in the next 90 days to facilitate the implementation of the treatment plan.
- establish and document a "case evaluation date" which must not be more than 90 days from the date the treatment plan is initiated.
- evaluate and document the sufficiency and need for any existing safety plan.
- develop and document tasks or activities which are designed to help the family member progress toward achieving a particular goal. These tasks or activities should be very specific, behavioral assignments which a client and provider agree will be helpful in facilitating change. These "mini service objectives" are an informal part of the treatment process and plan. They are typically short-term and operate within the service context on a week-to-week basis. Client tasks are established and monitored during service provision sessions.
- seek parent signatures on the treatment plan to signify agreement or disagreement with the plan.

(Upon completion of the Family Assessment and Treatment Plan screens within FACTS, a comprehensive treatment plan may be printed in hard copy form by going to the Reports icon within FACTS and then clicking on Treatment Plan.)

4.19 Considering Potential for Change

Some people are more severely troubled than others, with more complex problems and more traumatic histories. It is clear that some are less likely to benefit from services than others. Because of the concern for permanency and well-being of the child in the long term, it is imperative that when doing assessments and treatment planning, the potential for change is considered.

A poor chance for change **does not** mean that you refuse to provide services or provide no opportunity for change. However, the worker will consider the potential for change when determining;

- the service and the frequency of the service;
- what is expected from the person;
- the length of time allowed before revision of the treatment plan; and
- the character of the treatment plan, e.g., the worker would not plan unsupervised weekend visits for a child whose father is a fixated pedophile.

Some circumstances which present more challenging conditions for change include (this list is not meant to be all inclusive);

- severe mental or emotional disorders;
- criminally insane;
- sociopathic maltreaters;
- serious and chronic substance abusers;
- sexual offenders;
- sadistic maltreaters;
- nonmotivated, resistant maltreaters;
- no sign of guilt or remorse.

4.20 Use of Other Service Providers

Applying a community based approach, through the use of other providers, strengthens the capability of CPS. When using other service providers as part of the treatment plan, it is important to establish clear expectations for the role of the provider. In order to specify expectations with the provider, the worker will:

- share the results of the family assessment, including an identification of core risk conditions that are to be addressed by the provider.
- identify the outcomes that the provider is to assist the client to achieve.
- provide a copy of the treatment plan with the provider's role identified.
- explain the purpose of the referral, and expectations regarding the type, scope, and extent of services needed;
- indicate the number, regularity, and method of reports required, as well as reasons for reports; and
- make provisions for coordinating among providers and monitoring service provision and risk reduction. The multi disciplinary treatment team may be used for this purpose.

- introduce the client to the provider and explain roles, if at all possible. Never assume that everyone understands.

4.21 Revising/Eliminating Safety Plan

If a worker is revising or eliminating an existing safety plan at the initiation of the treatment plan, the worker will:

- complete a "Continuing Safety Analysis"(the document is located within FACTS /Safety Plan) and, as needed, a new Safety Plan to reflect the revised Safety Plan in place at that point.

4.22 Completion of Family Assessment and Treatment Plan

To conclude the family assessment and treatment plan, the worker will:

- complete the family assessment and treatment plan within 45 days of the date the initial assessment and safety evaluation was completed.
- transmit the case to the supervisor for review and approval.

The supervisor will:

- review the family assessment and treatment plan for general thoroughness and completeness.
- review the protocol followed by the worker in completing the family assessment. If the protocol was not followed, determine the reason.
- review any revisions to an established safety plan at the initiation of the treatment plan and assure that a safety plan is in place, if indicated.
- review whether the family assessment reflects the worker's understanding of underlying need.
- review the adequacy and the specific details of the treatment plan in terms of identified outcomes, goals, measures- and services initiated.
- review whether all indicated family members were involved in the family assessment and development of the treatment plan.
- review whether the multi disciplinary treatment team, if indicated, or other parties relevant to the case were involved in the family assessment and development of the treatment plan.
- review whether there is evidence of relationship building by the worker with the family.
- review whether information from other service providers was used in developing the treatment plan.
- review whether clear expectations were established with service providers.
- document supervisory consultation and approval within the appropriate screens within FACTS.

If the family assessment and treatment plan is unsatisfactory for any reason, the supervisor will:

- meet with the worker to discuss the areas that need improvement.
- provide or arrange for any assistance that the worker needs to make the requested improvements.
- assure that the improvements are made, prior to approving the family assessment and treatment plan.

4.23 Contacts

In addition to documentation on the family assessment and treatment plan, the worker will use the contact screens within FACTS for the following:

- to document family assessment and treatment plan process, client participation and agreement and worker level of effort.
- to document new information which affects risk not identified in initial assessment.
- to record changes in family situation and make-up.
- to record information associated with provider agreements.
- to document changes in safety situation or plan.

4.24 Case Management

Case management involves the regulation of help to CPS families. This includes monitoring services to assure that they are relevant to the client, delivered in a useful way, and appropriately used by the client. Case management monitors and continuously assesses risk and safety. When providing case management services, the worker will;

- assure that the casework process is followed.
- assure that acceptable CPS practices are observed.
- assure that clients are involved in the casework process.
- make regular contact with the client as indicated by the treatment plan, no less frequently than once per month.
- respond honestly and reasonably to client's concerns and questions.
- assure that the case management process controls compliance with time frames.
- convene the multi disciplinary treatment team, as indicated. *(See policy on multi disciplinary teams)*
- communicate with all appropriate persons.
- monitor and review the casework process.
- document records and prepare necessary reports.
- apply effective decision making strategies.
- advocate on behalf of the client.
- continuously assess risk and safety.

4.25 Family Assessment and Treatment Plan and Foster Care/Legal Requirements

When a child is placed in foster care as a result of child abuse and neglect proceedings, various federal and state legal requirements become mandatory to assure that the child is safe, will have a permanent placement and that emotional, physical and educational needs are being met. Whenever a child is placed in the legal custody of the DHHR, the worker will;

- complete the initial assessment and safety evaluation, if not already completed, using the initial assessment and safety evaluation protocol. Use the initial assessment and safety evaluation screens within FACTS to document the information.
- complete the family assessment and treatment plan, using the family assessment and treatment planning protocol. Use the case plan screens within FACTS to document the information.
- complete the foster care placement activities using the Foster Care Policy for placement of children. Use the placement and case plan screens within FACTS to document the information.
- assemble the Child, Youth and Family Case Plan within 60 days of the child entering foster care. The case plan is a DDE report (CPS-0601) and is assembled within FACTS by going to the Reports icon, and clicking on the Child, Youth and Family Case Plan. The case plan format includes all of the information necessary to fulfill state requirements for the child's case plan *(49-6D-3)*, the family case plan *(49-6-5)* and federal requirements for the IVB and I'VE foster care programs. FACTS will assemble the Child, Youth and Family Case Plan by gathering information that has been documented in the various screens within FACTS. The case plan will be in Word Perfect text and may be modified as indicated throughout the life of the case. The case plan can be printed in hard copy form whenever it is needed.
- file the Child, Youth and Family Case Plan within FACTS in the file cabinet within 60 days of the child entering foster care. Whenever the case plan is modified and revised, the new copy must be saved within FACTS in the file cabinet.
- share the case plan with the multi disciplinary treatment team to guide their work in planning for the child. The Case Plan will be formulated with the assistance of all parties, counsel and the multi disciplinary treatment team.
- submit the Child, Youth and Family Case Plan to the parties, their counsel, the CASA representative and the Court at least 5 judicial days prior to the disposition hearing, pursuant to *49-6D-5* and Rule 28 of the Rules of Procedure for Child Abuse and Neglect proceedings. The Case Plan is submitted to the Court by filing it with the Circuit Court **Clerk.** The Child's Case Plan Cover Letter, a DDE report (CPS 0051) will be utilized to submit the Case Plan to the appropriate entities.
- submit the Child, Youth and Family Case Plan to the Court within 30 days of the entry of an order granting a pre-adjudicatory improvement period, pursuant to *49-6D-3* and Rule 23 of the Rules of Procedure for Child Abuse and Neglect proceedings. The Case Plan will be submitted to the Court by filing it with the Circuit Court **Clerk.** The Child's Case Plan Cover Letter, a DDE report (CPS 0051) will be utilized to submit the Case Plan to the appropriate entities.

(Please refer to the Foster Care Policy and the Legal Requirements and Processes for CPS/Foster Care Policy for additional information on placement of children in foster care, assessment and case planning.)

CHILD PROTECTIVE SERVICES
SECTION 5
Case Evaluation

Case evaluation is a continuing part of the casework process. The dynamic nature of CPS cases necessitates ongoing evaluation. Case evaluation is the point at which you measure observable results against stated goals, in relation to services. It is a specific activity designed to assess risk reduction and the point at which the worker, along with the family and multi disciplinary treatment, if applicable, steps away from the casework to see if things are working. Case evaluation is a decision making point in the casework process. It is not simply a time set for updating FACTS or summarizing contacts. The decision to close a case and disengage CPS is reached during case evaluation.

Throughout the life of the case, the supervisor will:

- conduct regular supervisor meetings with the worker to provide support, guidance and case consultation and to regulate the quality of casework practice.

5.2 Purposes

The primary purposes of case evaluation are:

- to identify progress and risk reduction.
- to provide feedback to the family and others involved in the case.
- to determine the need for revision of the treatment plan.
- to examine provider performance on the case.
- to measure change in relation to original risk which warranted CPS intervention.
- to determine that the child is no longer at risk.
- to disengage CPS from family involvement.

5.3 Decisions

The decisions that must be made during case evaluation are:

- is the treatment plan appropriate?
- does anything need adjusting in the treatment plan?
- are services being provided as planned?
- is the client/family participating?
- is progress being made toward goals or milestones within the treatment plan?
- what is the current level of risk?
- is client/family functioning changing?
- is reunification possible?
- does the safety plan need revision?
- is communication among various persons participating in the treatment plan up-to-date?

- is it time for a court report?
- have client outcomes been achieved?
- has risk been reduced sufficiently?
- has the family situation stabilized?
- do clients refuse CPS services and no legal grounds exist for intervention?
- are changes that have occurred accompanied by client awareness and understanding?
- does the family need to be referred elsewhere?
- can the family seek help?

5.4 Case Evaluation Protocol

Every 90 days from the initiation of the treatment plan until closure of the case, the worker will:

- obtain written or verbal input from treatment providers regarding progress on goals and client involvement in services. (This may be done within the context of the multi disciplinary treatment team.)
- meet with the family (and multi disciplinary treatment team, if applicable) to formally review the treatment plan and evaluate progress toward goal achievement.
- review each goal which was scheduled to be worked on in the previous 90 day period, in order to determine progress made.
- discuss with the family and providers and document specific achievement of outcomes.
- evaluate and document the sufficiency and need for any existing safety plan.
- document/provide a summary of case activity for the previous 90 day period.
- consider and document any adjustments to goals and/or services. This must include the rationale for the revisions. If new goals are to be added to the plan, the worker must add appropriate goals to the comprehensive treatment plan.
- consider and document any treatment plan implementation issues.
- prepare and transmit evaluation of progress

If a worker is revising or eliminating an existing safety plan at the initiation of the point of case evaluation, the worker will:

- complete the Continuing Safety Analysis and, as needed, a new Safety Plan to reflect the revised Safety Plan in place at that point.

If the child is in foster care pursuant to child abuse and neglect proceedings, the worker will also:

- complete the Family Case Plan Evaluation of Progress (CPS-0014) if the family has been granted an improvement period or the Permanent Placement Review Report(CPS-0049) if a disposition has been made. Both reports are DDE reports within FACTS and can be assembled by going to the Reports icon and clicking on the relevant report. The document will be printed into Word Perfect Text and then can be modified and edited as indicated. A hard copy can be printed. The Evaluation and/or Review must be completed with the assistance of the multi disciplinary treatment team.

- submit the Family Case Plan Evaluation of Progress or the Permanent Placement Review to all parties, their counsel, the multi disciplinary team, those persons requiring notice and the Circuit Court. A copy will also be filed with the Circuit Clerk.
- file a copy of the Family Case Plan Evaluation of Progress or the Permanent Placement Review Report within FACTS in the file cabinet for the purpose of documenting the compliance with the Court Rules.

(Please see Foster Care Policy and Legal Requirements and Processes: CPS and Foster Care Policy and Rules 23, 37, 39 and 40 of the Rules of Procedure for Child Abuse and Neglect Proceedings for more information.)

At the point of case evaluation, the worker must decide whether the case will continue to be open or whether it will be closed. In making this decision the worker will:

- consider the amount of progress made toward accomplishment of outcomes.
- consider the current safety situation in the family.
- consider the original risk influences which warranted intervention in the family.

In completing the case evaluation, the worker will also:

- identify "Case Management Tasks" which are the tasks the worker must carry out in the next 90 days to facilitate the implementation of the treatment plan.
- establish and document a case evaluation date which must not be more than 90 days from the date the treatment plan is initiated.
- seek supervisory review, input and approval of case evaluation and decision to close case or continue to serve.

The supervisor will:

- review the case evaluation for thoroughness and completeness.
- review the protocol followed by the worker in completing the case evaluation.
- review whether all family members were involved in the case evaluation.
- review whether effort has been made to build a relationship with the family.
- review whether effort has been made to seek and use information from the multi disciplinary team or other collaterals.
- review whether the analysis of progress is adequate.
- review whether there have been additional incidents of maltreatment.
- assure that a continuing safety analysis is completed, if there are concerns about the child's safety.
- review the decision to keep the case open or close the case in relation to achievement of outcomes and progress toward goals.
- review any revisions to an established safety plan at the point of the case evaluation
- if progress has been minimal to none, assure that sufficient evaluation is given to the surrounding issues and that adjustments to the treatment plan are made.

- document supervisory consultation and approval within the appropriate screens within FACTS.

If the case evaluation is unsatisfactory for any reason, the supervisor will:

- meet with the worker to discuss areas that need improvement.
- provide or arrange for any assistance that the worker needs to make the requested improvements.
- assure that the improvements are made, prior to approving the case evaluation.

5.5 Contacts

In addition to documentation on the Case Evaluation, the worker will use the contact screens for the following:

- to record meetings with family and/or providers.
- to document changes in safety plan or circumstances.

5.6 Risk Assessment and Reunification

CPS staff often reach the point in casework at which a decision must be made concerning returning a child home. Reunification is one of many decisions that must be made as a part of the CPS helping process. Reunification decisions must be made in the context of risk assessment, safety evaluation, treatment planning, and service provision. The issue of reunification is relevant at the point at which the treatment plan is being set. At that point, probability estimating allows for some projection, based on the comprehensive treatment plan, regarding when the child may be ready to return home. These predictions are based upon an expectation that the risk which required removal will be under control. Therefore, at the time the plan is set in place, specific progress and milestones related to risk reduction are determined as necessary to accommodate reunification.

As part of the reunification decision, the worker, with the assistance of the multi disciplinary treatment team, will consider and evaluate the following, in addition to the case evaluation, prior to recommending that the child be returned home:

- what were the original risk influences that were identified?
- what were the original safety influences that were identified?
- what were the conclusions that led to the removal of the child?
- what were the original specific client conditions which needed to be addressed to control safety?
- what effect did removing the child have on the family?
- have other influences emerged which would affect the risk of maltreatment and safety of the child?
- what has been the effect of intervention?

- does the case evaluation indicate sufficient change and progress?
- how much progress has been made on specific goals which relate to safety?
- will a safety plan be required if the child is returned home?
- what family life-lines should be established if the child is returned home e.g. home visits, extended family, neighbors?
- what family supports will be necessary if the child is returned home?
- where is regression to old patterns most likely?
- how might the child's return precipitate the appearance of old patterns?
- can the parent and child be prepared for potential flare-up of old patterns?
- how has the child adapted/changed during placement?

(The above list is not intended to be an exhaustive list of issues which must be considered prior to reunification.)

If the worker believes that the child would continue to be unsafe in the home and that the foreseeable dangers can not be controlled, the worker **must** recommend to the Court and to the multi disciplinary treatment team, that the child **not** be returned home. If the worker's recommendation is contrary to the multi disciplinary treatment team, whether it is to return home or not, the worker should prepare a letter to the Circuit Court stating the recommendation from DHHR and the reasons for the recommendation and submit it to the Court along with the Family Case Plan Evaluation of Progress or the Permanent Placement Review Report.

(For more information on permanency planning and circumstances requiring the DHHR to seek to terminate parental rights, please see the Foster Care Policy and the Legal Requirements and Processes: CPS and Foster Care Policy.)

5.7 Final Risk Assessment and Case Closure

The decision to close a case emerges from a case evaluation which indicates sufficient change and client outcome achievement verifying necessary risk reduction. During the completion of case evaluation, the worker will observe indicators for closure and levels of client/family achievement which will help decide whether to terminate the casework process. This evaluation should include a consideration of the original family assessment statement which explained what outcome behavior must be attained. In fact, case closure is not a decision point in the CPS process. Since that decision is reached during case evaluation, case closure becomes a casework activity of documentation, communication, and disengagement. Justification for closure, resulting from case evaluation, is related to examination of client outcomes, indicators and levels of achievement. Outcomes for parents and children will be used as a baseline against which to determine if progress has occurred and the case can be closed.

In completing the Final Risk Assessment and Closure, the worker will consider and evaluate the following seven elements based upon current information:

- the extent of any current maltreatment (within the last 90 days).
- the surrounding circumstances that accompany the maltreatment.

- how the children function on a daily basis, including pervasive behaviors, feelings, intellect, physical capacity and temperament; this must include consideration of capacity for attachment, general temperament, expressions of emotions/feelings, typical behaviors, presence and level of peer relationships, school performance and behaviors, known mental disorders, issues of independence/dependence, motor skill and physical capacity.
- the disciplinary approaches used by the parent, including the typical context; this must include consideration of when, how, where and for what reasons/purpose discipline might occur.
- the overall, typical, pervasive parenting practices used by the parent; this must include consideration of perception of children, reasons for being a parent, feelings about being a parent, knowledge and general skill, basic care, decision making about parenting, parenting style, history of parental behavior and success, sensitivity and understanding toward children, empathy and expectations.
- daily mental health functioning and substance use by the parent; this must include consideration of reality perception, self-concept, coherence, rationality, self-emotional control, any impairment that is associated with mental health or substance use, self-concept and esteem, self-care and self-preservation.
- general adult functioning in respect to daily life management and adaptation; this must include consideration of communication, coping, stress management, impulse control, problem solving, judgment, decision making, independence, money and home management, employment, social relationships, citizenship, and community involvement.

The worker will also identify the presence or absence of the following foreseeable dangers:

- one or both parents intend(ed) to hurt child and do not show remorse; “intended” suggests that before or during the time the child was mistreated, the parents’ conscious purpose was to hurt the child. This should be distinguished from an instance in which the parent meant to discipline or punish the child and the child was hurt. (A foreseeable danger)
- parents’ whereabouts are unknown: the whereabouts of parents or adult caretakers of the child are unknown. (A foreseeable danger)
- living arrangements seriously endanger the physical health of the child; refers to conditions in the home which may be life threatening or seriously endanger the physical health of the child, as in the situation where people discharge firearms without regard to who might be harmed or where the lack of hygiene is so serious as to cause or potentially cause serious illness. To meet the safety influence, home conditions must be immediately threatening. (A foreseeable danger)
- both parents cannot/do not explain injuries and/or conditions; parents are unable or unwilling to provide an explanation regarding the maltreating conditions or injuries which is consistent with the facts.
- maltreating parent exhibits no remorse or guilt; the maltreating parent demonstrates no evidence of remorse or guilt for his/her actions. (B foreseeable danger)

- child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control; serious suggests that the child's condition has immediate implications for intervention, such as extreme emotional vulnerability and suicide prevention. Lack of behavioral control describes the provocative child who stimulates reactions in others. (B foreseeable danger)
- child is fearful of home situation; "fearful" includes specific family members and/or other conditions in the family such as the frequent presence of known drug users in the household. (B foreseeable danger)
- child is 0 through 6 years old and/or cannot protect self; this applies to all children 0 through 6 years old; if the child is 7 years of age or older and information confirms that the child cannot protect him or herself (level of vulnerability), then this influence applies. (B foreseeable danger)
- child shows effects of maltreatment such as serious physical symptoms; "Serious" suggests that the child's condition has immediate implications for intervention, such as the need for medical attention or extreme physical vulnerability. (B foreseeable danger)
- one or both parents cannot control behavior and/or are violent; this includes aggressive behavior and emotion as well as serious depression and chemical dependency which result in the inability to control behavior and emotion. (A foreseeable danger)
- one or both parents have failed to benefit from previous professional help; this suggests that a record of the experience exists and is known and that the help was related to problems which are pertinent to risk and safety. (B foreseeable danger)
- there is some indication parents will flee; the family will likely hide the child by changing residences, leaving the jurisdiction, or refusing access to the child and the consequences for the child may be severe and immediate. (A foreseeable danger)
- one or both parents overtly reject intervention; this refers to a situation where the parent or parents refuse to see the worker and/or to let the worker see their child. (B foreseeable danger)
- child has exceptional needs which parents cannot/will not meet; "exceptional" refers specifically to child conditions which are either organic or naturally induced (as opposed to parental) such as developmental delays, blindness, physical handicap, etc. (A foreseeable danger)
- no adult in the home will perform parental duties and responsibilities; this refers only to adults (not children) in a caretaking role. Duties and responsibilities should be considered at a basic level consistent with the safety criteria of immediacy, controllability, and severity/vulnerability as in food, clothing, shelter, and level of supervision. (A foreseeable danger)
- one or both parents fear they will maltreat child and/or request placement; this is for those situations in which the parents express fear they will maltreat their child or they request placement, which suggests that a child may not be safe. (A foreseeable danger)
- one or both parents lack knowledge, skill, motivation in parenting which affects the child's safety; parenting qualities of a basic nature apply. The judgment is based on parents' lacking basic knowledge or skill which prevents them from meeting the child's basic needs. The lack of motivation results in parents abdicating their role to meet basic needs or failing to adequately perform the parent role which would meet the child's

basic needs. The inability/unwillingness to meet basic needs creates a safety concern for the child. (A foreseeable danger)

- child is perceived in extremely negative terms by one or both of the parents; "extremely" is meant to suggest a perception which is so negative, it would if present, create a safety concern for the child(ren) such as the parent who sees their child as possessed by the devil or the parent who sees their child acting in ways solely to cause the parent pain and suffering or the parent who perceives their child as being out to get them. (A foreseeable danger)
- child is seen by either parent as responsible for the parents' problems; child is blamed by the parents (adult caretakers) as causing their problems and this attitude will likely result in a safety concern for the child. (B foreseeable danger)
- parents do not have resources to meet basic needs; "basic needs" refers to the family's lack of even minimal resources to provide shelter, food, and clothing or the lack of capacity to use resources if they were available. (A foreseeable danger)

When the elements are completed and the foreseeable dangers have been considered and identified, the worker will transmit the case to the supervisor.

The supervisor will:

- weigh the information recorded by the worker in the seven elements.
- review any identified foreseeable dangers.

When weighing information to complete the final risk assessment, the supervisor will:

- use the anchor criteria as a reference to match the specific information about the family.
- choose the anchor number which most closely reflects the information about the family.

- choose a .5 rating if the family information gathered matches the anchor criteria for two numbers (e.g. 1 and 2, worker chooses 1.5)
- choose an anchor by reading from the higher end of the scale and working down to the lower end.

In determining the level of risk for a family, the supervisor will:

- calculate the final risk score by adding the ratings for each of the seven elements.
- use the highest rating for any one element which has more than one rating.

If foreseeable dangers are present and closure is recommended, the supervisor must clearly document specific circumstances which justify closure in spite of presence of foreseeable dangers.

The supervisor will also:

- identify supervisory/worker actions which are required to accomplish closure.

Upon completion of the final risk assessment, the supervisor will:

- transmit the case to the worker for final documentation and closure processing.

To conclude the closure process, the worker will:

- indicate reasons for closure.
- complete the closure summary. This must include a description of the process of closure with the client, documentation of the achievement of outcomes and each family member's level of understanding of each identified outcome.

In choosing a reason for closure, the worker must choose from the following reasons:

- outcomes achieved through successful plans--this is evidenced by outcome achievement as indicated through the case evaluations and documented risk reduction.
- acceptable risk reduction--this criteria is evidenced by a significant reduction in the contribution of critical influences to the risk of the children. The measure of acceptable risk reduction is the Final Risk Assessment.
- refuse services and no legal grounds exist--this criteria refers to situations when the family does not want agency intervention yet no legal grounds exist to require intervention.
- current problems not of CPS nature--this criteria refers to situations where children/families may be in need of help, but the need does not indicate the child is at risk of maltreatment. In these situations, appropriate referrals should be made on the family's behalf and the CPS case should be closed.
- clients gone/deceased--this criteria refers primarily to situations where families have left the jurisdiction and moved to another. In this situation, the CPS case is closed and referral is made to the jurisdiction where the family has moved, if known.
- family situation changed without CPS intervention--this criteria refers to situations where the presence of risk has been reduced through a change within the family that occurred without CPS intervention.

5.8 Contacts

In addition to documentation on the final risk assessment, the worker will use the contact screens within FACTS for the following:

- to record meetings with family and/or providers.
- to identify casework activity including information/referral.
- to document client participation and response.
- to document conferences with supervisor relating to closure.

CHILD PROTECTIVE SERVICES
SECTION VI
(General Information)

6.1 Appeals and Grievances

At any time that the DHHR is involved with a client, the client (adult or child), or the counsel for the client has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a parent, child, or counsel for the parent or child has a complaint about CPS or expresses dissatisfaction with CPS, the worker will:

- explain to the client the reason for the action taken or the position of the DHHR which may have resulted in the dissatisfaction of the client.
- if the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.
- assist in arranging for a meeting with the supervisor.

The supervisor will:

- review all reports, records and documentation relevant to the situation.
- determine whether all actions taken were within the boundaries of the law, policy and guidelines for practice.
- meet with the client.
- if the problem can not be resolved, provide the client with the form, "Client and Provider Grievance Hearing Request", SS-28.
- assist the client with completing the SS-28, if requested.
- Submit the form immediately to the Chairman, State Board of Review, DHHR, Building 3, Capitol Complex, Charleston, WV 25305.

(For more information on Grievance Procedures for Social Services, please see DHHR Common Chapter Manual, Chapter 700, Appendix C.)

6.2 Confidentiality

The confidential nature of child abuse and neglect records is governed by Chapter *49-7-1* of the Code of West Virginia. In general, the child welfare records of DHHR must be maintained in a confidential manner. The information you have generated belongs to the client. Therefore, they have the right to read their case record at any time in accordance with law and policy. Information, judgments, and beliefs about clients should be shared with them in an open and honest manner. All information should be handled in a respectful and confidential manner. The information generated within DHHR pertaining

to a child belongs to the child, and therefore, the child, and specified others have the right to access to the record, except for:

- adoption records;
- juvenile court records;
- records disclosing the identity of a person making a complaint of child abuse or neglect.

Records concerning a child or juvenile, except for those noted above, shall be made available under the following circumstances;

- to the child or the child's parent or the attorney for the child or the child's parent when ever they choose to review the record;
- with the written consent of the child or of someone authorized to act on behalf of the child;
- pursuant to an order of a court of record;
- to the child fatality review team;
- to the Citizen Review Panel;
- to multi disciplinary investigative and treatment teams;
- to a grand jury, circuit court or family law master upon a finding that information in the record is necessary for the determination of an issue before the grand jury, circuit court or family court judge;
- federal, state or local government entities, or any agent of such entities, including law enforcement agencies and prosecuting attorneys, having a need for such information in order to carry out its responsibilities under law to protect children from abuse and neglect; and
- in the event of a child fatality or near fatality due to child abuse and neglect, information relating to such fatality or near fatality shall be made public by the Department. Near fatality means any medical condition of the child which is certified by the attending physician to be life-threatening. Any request for a public release of information under this provision must be referred to the Commissioner of the Bureau for Children and Families to determine what information may be released.

Note: non-custodial parents and maltreating parents have the right to information and records concerning their child which includes information and records related to CPS, as long as parental rights have not been terminated.

Note: the identity of a referent, or information which could lead to the identity of a referent, is not to be released to anyone including law enforcement officials or the prosecuting attorney.

Whenever a request for the release of child welfare records is received, the worker will:

- inform the supervisor of the request.

The supervisor will:

- determine whether the release of information should be made available under the provisions of 49-7-1. Consult with the regional attorney and/or prosecuting attorney, if necessary.
- determine exactly what information is being requested. Is it the entire record or a specific piece of information?
- make arrangements for the person requesting the information to come to the office at an appointed time, if possible.
- review all information within FACTS and all written/paper records.
- prepare the requested information that is contained in FACTS by printing the relevant DDE reports from FACTS, such as the Initial Assessment and Safety Evaluation, the Comprehensive Treatment Plan, etc.
- prepare the requested information that is contained in paper records, if any exists.
- assure that there is no information concerning the identity of the referent on any of the documents.
- allow the person to review the documents/information within the office at the appointed time. If the person wants copies of the information, provide the copies as requested.
- request assistance from the regional attorney and/or the prosecuting attorney at any time there is uncertainty about whether or not to proceed with a request for release of information.

6.3 Payment Guidelines

6.3.1 "Gibson" Payments

In the late 1970's a class action lawsuit was filed in federal court. One of the plaintiffs in that lawsuit was named Gibson. The lawsuit was settled by a consent decree, an agreement between the Department and the plaintiffs, in 1984. For simplicity's sake the decree has always been referred to as the Gibson Decree.

The essence of the lawsuit was the allegation that the Department did not explore alternatives to the removal of children when there were allegations of child abuse and/or neglect. The Department agreed in the consent decree to explore the provision of certain services as an alternative to removal. The Department decided at a later date to also consider certain services to facilitate the reunification of children with their family. Collectively, these services have become known as Gibson services and the payments associated with them as Gibson payments. With the adoption of the WV Child Protective Services System in 1992, the process for safety evaluation and planning and the provision of "in-home safety services" replaced the "Gibson Policy."

As a result of the Gibson decree, the Department may purchase services for families in which;

- **their child is unsafe, and will be removed from the home if a particular service is not obtained, and**
- **their child has been removed, but will be returned home if a particular service is obtained.**

The service that is to be purchased must be part of either a documented safety plan or a documented permanent plan for reunification. "Gibson" payments are restricted only to those Child Protective Services cases that will be opened for on-going services, or are already opened for on-going services. No other services shall be approved as a "Gibson" type payment.

Prior to requesting that the Department pay for the purchase of a particular service, the Social Worker shall assist the family to explore other alternatives for payments. Examples of other resources that are expected to be contacted are, TANF, Medicaid, CHIP, food stamps, food pantries, clothing closets, homeless shelters and services, emergency assistance, LIEAP, the Salvation Army, community action agencies, local behavioral health centers, local health departments, WIC, churches, and other community organizations and agencies. In addition, the Department may have state level or regional contracts with certain agencies to provide the services that are needed. For example, homeless services are available in multiple counties funded by grants from the Department. If the service that is necessary is available in the family's county of residence through a grant-funded agency, that agency service must be utilized in place of using a demand payment.

Medical services, including mental health services and prescription medications, that meet the other "Gibson" requirement (prevention of placement or reunification) shall be paid for by using the Special Medical Card. (See below) All other resources shall be contacted by the social worker prior to requesting the use of a Special Medical Card. If the family has Medicaid or another third party insurance, that form of payment must be utilized first. If the family does not have a Medicaid card, but may be eligible for one, arrangements must be made for application for Medicaid and/or CHIP. Local behavioral health centers must be contacted for indigent mental health and substance abuse services. Only in the event that the local behavioral health center can not or will not provide services, shall Special Medical Cards be authorized for payment of mental health and substance abuse services. Similarly, the local health department, low-income clinics, and hospitals must be contacted for indigent health-related services, prior to using the Special Medical Card.

Home-Based Family Preservation Services are now provided in Regions I, II and IV through a regional provider. Safety Services that fall under the umbrella of Home-Based Family Preservation Services include basic parenting, education and assistance; supervision and observation; home management instruction and assistance; social/emotional support; safety focused problem resolution; chore services and transportation. When an in-home safety plan is implemented, safety services provided by the Regional Home-Based Family Preservation must first be explored. Demand payments for safety services will not be made for those services that can be provided by the Home-Based Family Preservation Services regional programs.
Region III may continue to use demand payments for Safety Services until such time that a regional contract is established for Home-Based Family Preservation Services.

Home -Based Family Preservation Services may be provided up to 16 weeks. If a safety service must be continued past 16 weeks, based upon the family assessment and treatment plan or a case evaluation, the safety service may be provided and paid for by using the demand payment process.

For CPS cases involving a child who is unsafe and will be removed from the home if a particular service is not obtained or a child has been removed, but will be returned home if a particular service is obtained, the worker will:

- complete the safety plan or the child, youth and family case plan, including the permanency plan.
- refer family to regional provider for Home-Based Family Preservation Services to implement in-home safety plan, as indicated.
- seek and arrange for other needed safety services or reunification services, as indicated, within the community.
- determine whether there are other resources available to pay for safety services (those outside of Home-Based Family Preservation) or reunification services or resources to receive those services without charge or at limited costs and make arrangements to do so.
- complete the necessary information within FACTS to execute a demand payment.

The supervisor will:

- assure that the case meets the eligibility criteria for "Gibson" services, e.g. must be part of an in-home safety plan or reunification plan.
- assure that all other resources for payment have been explored and utilized, as indicated.
- approve payment within FACTS.

Note: The Home-Based Family Preservation Services regional providers pertain only to safety services to prevent removal. If the child is already in out-of-home care and reunification services are needed, those services may be arranged for with a provider of choice and may be paid by demand payment, **only** after all other resources have been explored (Medicaid, CHIPS, grant-funded agencies, etc.)

(For more information, please see policy on Home-Based Family Preservation Services.)

6.3.2 Medical and Mental Examinations

Medical and/or mental examinations may be ordered by the Court in two situations concerning child abuse and neglect proceedings;

- Pursuant to Ch. *49-6-4(a)*, at any time during child abuse and neglect proceedings, the court may order the child or other parties to be examined by a physician, psychologist or psychiatrist, and may require testimony from such expert.
- Pursuant to Ch. *49-6-4(b)*, any person who has authority to file a petition may also request an order for a medical examination from a judge or juvenile referee to secure evidence of child abuse or neglect.

The availability of Medicaid, CHIP, private insurance or other third party payment shall first be explored, and utilized for payment for the examination. The services of the local behavioral health center and local health department shall also be explored and utilized. If the child, parent or custodian is indigent, and there are no other resources for payment for the examination or evaluation, the cost of the examinations shall be paid by the Department. The cost of the service shall be paid by using the Special Medical Card. The Department will reimburse providers at Medicaid rates only.

For cases involving an examination by a physician, psychologist or psychiatrist ordered by a court, the worker will:

- determine whether there are other resources available to pay for the examination, and make arrangements, as necessary.
- if no other resources are available, complete the necessary information within FACTS to issue a Special Medical Card.

The supervisor will:

- assure that the case meets the eligibility criteria for use of a Special Medical Card e.g. a court has ordered an examination by a physician, psychologist or psychiatrist
- assure that all other resources for payment have been explored and utilized, as indicated.
- approve the creation of a Special Medical Card within FACTS.

6.3.3 Photographs and X rays

Pursuant to Ch. *49-6A*-4, any person required to report cases of children suspected of being abused and neglected may take or cause to be taken, at public expense, photographs of the areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child.

If a child who is the subject of a child protective services investigation has been photographed by a mandated reported, reimbursement for the cost of the film and film development may be made by the Department, upon request. The reporter should provide the worker with the receipts for the film and film development. The worker can then enter a demand payment to reimburse for the cost. The payment type which shall be used is the court costs, advertisement and related fees.

If a child who is the subject of a child protective services investigation has been x rayed or was caused to be x rayed by a mandated reporter, reimbursement for the cost of the x rays may be made if there are no other resources available for payment. The worker will approve a Special Medical Card for the child for that service.

For cases involving photographs of a child who is the subject of a child protective services investigation, the worker will:

- complete the necessary information in FACTS to execute a demand payment for the cost of the film and film development.

The supervisor will:

- assure that the case meets the eligibility criteria for payment, e.g. a child who is the subject of a child protective services investigation was photographed by a mandated reported.
- approve the demand payment in FACTS.

For cases involving x rays of a child who is the subject of a child protective services investigations, caused to be done by a mandated reporter, the worker will:

- determine whether there are other resources available to pay for the x ray, and make arrangements, as necessary.
- if no other resources are available, complete the necessary information within FACTS to create a Special Medical Card.

The supervisor will:

- assure that the case meets the eligibility criteria for payment, e.g. a child who is the subject of a child protective services investigation.

6.3.4 Expert and Fact Testimony

Some professionals may be subpoenaed to testify in a child abuse or neglect proceeding. If the professional is being asked to testify as an "expert witness", concerning a particular illness, child abuse injury, mental health issue, etc., the witness may receive compensation for expenses associated with their testimony through the Supreme Court of Appeals Administrative Office. The person providing the testimony should inquire with the Circuit Court for the necessary information about submitting claims for compensation.

Other professionals may be subpoenaed to testify concerning their own involvement in evaluating or providing treatment or services to a child and/or family in a child abuse or neglect proceeding. "Fact witnesses" may receive compensation for expenses associated with their testimony through DHHR. The person providing the testimony should submit a copy of their subpoena and their invoice to the Department of Health and Human Resources, Bureau for Children and Families, Accounts Payable, 350 Capitol Street, Charleston, WV 25305. The rates of payments made will be according to those rates established by the legislature.

6.3.5 Special Medical Card (formerly known as zero recipient medical card)

The Special Medical Card may be provided to eligible clients to obtain services from a medical provider within a specified date range. CPS clients who may be eligible to obtain medical services through authorization of the Special Medical Card include;

- **Children of families receiving child protective services**
  Used to cover medical needs for children with whom the Department is involved through CPS and there is no other way to pay for this need, i.e., Medicaid, CHIP, or other third party coverage. This only applies
  to non-custody cases that are currently active and open for ongoing services.
- **Gibson (medical only)**
  Used for medical services for either a child or parent, that, if not provided, will result in a child's removal or prevent the return of a child in custody. All other resources must first be explored before authorizing a Special Medical Card.

Please refer to the version notes in FACTS for information about issuing a Special Medical Card.

6.3.6 Early Intervention and Family Support Services

Early intervention and family support services funds, which are distributed at the Regional level, may be utilized to pay the cost of providing services to certain CPS related families and children.

- Families and children who are part of a CPS case which is opened for on-going services.
- Families and children for which a CPS initial assessment has been completed and the decision is made to refer to a community agency.

(For more information, please see policy on Early Intervention and Family Support Services.)