Child Protective Services:
Process, Practice, and Policy

Electronic Participant Guide
Module One:
WELCOME and COURSE OVERVIEW

PURPOSE:

Participants will be welcomed to the Child Protective Services: Process, Practice, and Policy course and presented an overview of the training.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- Describe the purpose of the training
- Identify the training objectives
- Differentiate what they will learn in this course from what was previously taught in other facets of the Child Protective Services track
Introduction

• Name
• County/Position/Role
• How long with DFCS?
• 1 Strength you bring to DFCS

• In 5 words or less, give a positive attribute of DFCS in the community

Be prepared to answer the above questions
Purpose and Goals of the course
CPS: Process, Practice, and Policy

Purpose

- Teach Case Managers the skills and knowledge needed in Child Protective Services: Intake, Investigation, and Ongoing
- Emphasize DHR policy and procedures that guide practice to support the transfer of knowledge from the classroom to the field
- Emphasize Family-Centered-Practice principles to support families toward change

Goals

By the end of this training, participants will be able to:

- Differentiate Case Manager roles in Intake, Investigation, and Ongoing
- Identify the purpose, rationale, and underlying principles of the Concept-Guided Risk Assessment process
- Complete assessment tools in the ECM and IDS Systems
- Identify expectations of CPS Case Managers according to the DHR Behavioral Anchors
Overview of the
CPS: Process, Practice, and Policy Course

Day One
Welcome/Overview
Concept-Guided Risk Assessment Defined
Assessment Process: Risk and Safety

Day Two
Assessment Process: Risk and Safety (continued)
Legal Mandates and CPS
Bridge of Support (Supervisors and Risk Consultants)
Intake Practice

Day Three
Intake Practice (continued)
DVD Case Scenario-Culhane family
Investigation Practice
Complete FPA survey

Day Four
Investigation Dispositions
Updating IDS
Ongoing Practice

Day Five
Ongoing Practice (continued)
Case management: Reassessment/Closure
Summary of Training
Evaluation of Training
EDUCATION AND TRAINING SERVICES SECTION
DIVISION OF FAMILY AND CHILDREN SERVICES
TRAINING PROGRAMS
CLASSROOM STANDARDS, EXPECTATIONS
AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee’s immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.
Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future.

Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

http://www2.state.ga.us/departments/dhr/ohrm/Publications/index.html

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.
OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee’s leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee’s leave request. The trainer/facilitator will NOT approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee’s supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I ________________________________ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature ________________________________ Date ___________________
Module Two:
CONCEPT-GUIDED RISK ASSESSMENT (CGRA)
DEFINED AND POLICY REVIEW

PURPOSE: Introduce participants to, and define, the Concept-Guided Risk Assessment process used in Georgia.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- Define Concept-Guided Risk Assessment process
- Define Electronic Case Management System
- Differentiate the CGRA as a process and a form (product)
- Identify sections of the CPS policy manual that are infrequently referenced
**ACTIVITY: CPS Policy for Unique Situations**

Group 1: Policy 2106 Special Investigations

Group 2: Policy 2107 Family Preservation

Group 3: Policy 2108 Administrative Review
   Policy 2109 Information Management

**INDIVIDUALLY SCAN** all the policy sections listed above

**USE PAGES** that follow as needed to jot down notes of where information is located in policy

**LISTEN** for group assignment

**MAKE UP** 1 case example of a unique situation or issue that would lead you to reference your assigned policy section. Be creative. Do not just state the obvious.

- Poor example: Case Manager needs to refer a family for a family preservation program.

- Better example: The Singleton family has been struggling with ongoing behavioral issues of Shawn, age 15. The juvenile court has advised that any more incidents of misbehavior, the child will be placed in DFCS custody as the parent is unable to control his behavior. Case Manager is in need of services to help this family stay together.

**WRITE** 1 case example on the front of an index card
Policy 2106 Special Investigations

2106.1 Introduction
2106.2 Assignment of an Investigator for a Special Investigation
2106.3 ________________________________
2106.4 ________________________________
2106.5 ________________________________
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2106.30 _______________________________
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2106.32 _______________________________
Appendix A ___________________________
Appendix B ___________________________
Appendix C ___________________________
Appendix D ___________________________
Appendix E ___________________________
Appendix F ___________________________
### Policy 2107 Family Preservation

2107.1 Early Intervention/Preventive Services
2107.2 Role of Early Intervention/Preventive Services

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Policy 2108 Administrative Review

2108.1 Introduction
2108.2 Reporting a Child Death or Serious Injury
2108.3 _________________________________________________________
2108.4 _________________________________________________________
2108.5 _________________________________________________________
2108.6 _________________________________________________________
2108.7 _________________________________________________________
2108.8 _________________________________________________________
2108.9 _________________________________________________________
Appendix A _____________________________________________________

Policy 2109 Information Management

2109.1 Contacts with the Media
2109.2 Confidentiality
2109.3 _________________________________________________________
2109.4 _________________________________________________________
2109.5 _________________________________________________________
2109.6 _________________________________________________________
2109.7 _________________________________________________________
2109.8 _________________________________________________________
2109.9 _________________________________________________________
2109.10 _________________________________________________________
2109.11 _________________________________________________________
Appendix A _____________________________________________________
ACTIVITY: CPS Policy for Unique Situations - Part II

AFTER INSTRUCTED BY TRAINER:

MOVE to assigned groups and COMPARE to be sure that there are no duplicates in the group (rewrite if any duplicates found)

PASS completed cards to the trainer for redistribution

LOOK UP the policy SECTION to address the issue identified on the new cards you received. On the back, write out the policy reference location. Note: The groups can divide the work for time-efficiency

EXCHANGE cards a 2nd time with another table so you have new questions to answer

LOOK UP the policy reference before you turn over the card for the answer (be honest)

REPEAT exchange a 3rd time

RETURN cards to the group that originated the case examples

REVIEW the responses to your question to see if correct
Module Three:
ASSESSMENT PROCESS: RISK AND SAFETY

PURPOSE: Participants will learn the foundations of assessing risk and safety using the CGRA tools to document.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- Describe ways to gather facts needed for safety and risk assessments
- Weigh the effect of case history on case determinations
- Define the purpose of the Scale of Concern and Justification of Finding
- Understand how to rate the Scales of Concern on the Risk Assessment Tool
7 Concepts, 16 Categories, and 54 Risk Indicators

**Child Vulnerability**

**Child Fragility/Protection**
- Is any child four years old or younger or otherwise unable to protect him/herself?
- Is any child physically impaired, mentally impaired, or in need of special care?
- Is any caregiver unwilling or unable to protect the children?
- Does any alleged perpetrator, adult or child, have access to any children in the family?

**Child Behavior**
- Is the behavior of any child hostile or aggressive or unusually disturbed, fussy, or irritable?
- Is any child’s behavior seen as provoking?

**Caregiver Capability**

**Knowledge/Skills**
- Are any caregivers significantly lacking knowledge of child development?
- Do any caregivers have unrealistic expectations or frequently fail to understand the needs of any child, considering the child’s behavior and development?
- Does any caregiver significantly lack the parenting skills needed to meet any child’s behavioral and developmental needs?

**Control**
- Does any caregiver lack impulse control?
- Is the discipline used disproportionately harsh compared to the misbehavior?
Functioning
• Is any caregiver unable to cope appropriately with stress?
• Does any caregiver have a history of mental illness such as depression, attempted suicide, schizophrenia, bi-polar disorder, etc? (diagnosed or indications)
• Does any caregiver have a significant impairment in mental capacity such as retardation, brain damage, etc? (diagnosed or indications)
• Does any caregiver have a history of drug or alcohol abuse?
• Were any caregivers abused or neglected as children?

QUALITY OF CARE

Emotional Care
• Does any caregiver lack empathy for or show lack of attachment to any child?
• Is any caregiver so self-centered or needy that his/her own needs are placed above the needs of any child?
• Is any child unwanted, disliked, or seen as a burden by any caregiver?
• Is any child scapegoated, rejected, humiliated, or treated differently by any caregiver?
• Has any child experienced a significant separation from the primary caregiver?

Physical Care
• Has any child been inadequately supervised or left with an inappropriate caregiver?
• Has any child been denied essential medical treatment?
• Is there an overall lack of physical care for any child?
MALTREATMENT PATTERN

Current Severity
- Is actual or potential harm severe?
- Was any child addicted or exposed to drugs or alcohol?
- Has any child suffered physical injuries or sexual abuse?
- Did the abuse/neglect of any child require immediate medical care?
- Is the maltreatment premeditated, bizarre, or sadistic?

Chronicity
- Is there a history of sexual abuse of any family member as a victim or perpetrator?
- Has there been a recent incident, or indication, of abuse/neglect (within the last six months or so)?
- Has there been a prior abuse/neglect investigation regardless of finding?
- Has any child been removed from the home by a protective service agency?
- Has any prior incident resulted in a severe outcome?

Trend
- Are incidents escalating in severity?
- Are more people becoming involved, (as either a victim or perpetrator)?
- Have incidents been occurring more frequently?
- Have more types of abuse or neglect been occurring?
HOME ENVIRONMENT

Stressors
• Is any caregiver experiencing any recent stress about child development issues, such as toilet training, identity development, or parent-child conflict?
• Is the family experiencing any recent significant stress?

Dangerous Exposure
• Is the home so crowded or chaotic that responsibility for caregiving is unclear, leading no one to assume responsibility for the children?
• Are conditions in and/or around the home hazardous or unsanitary?
• Do behaviors of any household member expose children to dangers?

SOCIAL ENVIRONMENT

Social Climate
• Is the family socially isolated or unsupported by extended family?
• Are the social relationships of any caregiver primarily negative?

Social Violence
• Has any person in the home ever been a victim of spousal abuse?
• Has any person in the home ever been a perpetrator of spousal abuse?
• Does any person in the home promote violence?
• Does any person in the home have a history of criminal involvement?
• Is there an imbalance of power between adults that affects any non-perpetrators’ ability to protect a child?
**RESPONSE TO INTERVENTION**

**Attitude**
- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is a caregiver unmotivated/unrealistic about change?

**Deception**
- Is any caregiver hostile toward or refusing to cooperate with CPS?
- Does any caregiver offer implausible explanations, attempt to deliberately mislead CPS, or refuse to disclose important information?

>Note: a detailed version of this chart is in a separate electronic file!
Policy 2101.5 Definitions: Scale of Concern

- **Extreme:** Based upon the conditions within the family, your interactions with the family and those who know them, you have definite reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, there is an imminent or future risk to child safety.

- **Considerable:** Based upon the conditions within the family, your interactions with the family and those who know them, you have significant reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, imminent or future risks to child safety appear to be probable.

- **Somewhat:** Based upon the conditions within the family, your interactions with the family and those who know them, you have some reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, imminent or future risks to child safety appear to be fairly, likely.

- **Very Little:** Based upon the conditions within the family, your interactions with the family and those who know them, you have a few reasons to suspect there are circumstances that will adversely impact the well-being of the children. Imminent or future risks to child safety appear to be slight.

- **None:** Based upon the conditions within the family, your interactions with the family and those who know them, you have no reason to suspect there are circumstances that will adversely impact the well-being of the children. Given age appropriate childhood activities and behaviors, there appear to be no imminent or future risks to child safety.
Response to Intervention
The non-offending parent, Ms. Mary Smith, and her child, Elizabeth, both say the putative father, Mr. Thomas Jones, has moved out of the house. However Mr. Jones’ wallet and clothes were still observed in the residence. Concerned that parent is not being truthful and therefore plans to control risk may be in question.

Maltreatment Pattern
The Maternal Grandmother, Ms. Janie Smith, stated that she had never seen the mother be disproportionately harsh. However, the Paternal Aunt, Ms. Robin Suddeth advised that there were multiple complaints of physical abuse called in by the Maternal Grandmother in their former state before moving to Georgia. This no longer appears to be an isolated incident.

Caregiver Capabilities
Mr. Lyle Dutton, father, disagrees that having his son, Michael, walk up and down steps with 50 pounds of books in his backpack is excessive punishment for a 6-year-old child. His failure to recognize the need to make changes in his child-rearing practices leaves Michael at risk of maltreatment.
DIRECTIONS FOR ACTIVITY: LIKERT SCALE (SOC) DEFINED

FORM 5 groups: Mix with people you know and don’t know

TRAINER WILL ASSIGN each group a level of the Likert Scale (SOC).

Do not allow other groups to see assignment

TRAINER WILL ASSIGN the class a Scale of Concern

READ the SOC Definition of the Likert scale level your group was assigned

WRITE a Justification of Finding (based on the case scenario below) on an easel chart sheet that the investigator would have written to justify the level assigned to your group. Be specific to the language used in the definition

SELECT one representative to read your JOF example to the class

CLASS WILL GUESS what level is documented

CASE SCENARIO:
These are the case allegations as reported on the Intake worksheet:

Mr. Christopher Orr (age 33) has custody of his daughter, Rita (age 8) from a previous relationship. He is currently living with, and is engaged to be married to, another woman, Ms. Diana Hall (age 34). The reporter states that Mr. Orr enjoys “running with the boys” on the weekends and often leaves Rita alone with Ms. Hall. Ms. Hall reportedly gets angry that Mr. Orr is gone and reportedly yells at Rita often and tells her she is going to grow up to be just like her “no-good mother” or her “never-grow-up father.” Rita is reportedly very quiet at school and begs her teacher for help after school so she doesn’t have to go home. The reporter feels the child should be removed from the home immediately.
Seven Concepts: Small Group Activity

DIRECTIONS:

1. Read the Risk Assessment Definitions for your assigned Concept.

2. Using your OWN WORDS, as a group, summarize what your assigned Concept, and the related Categories, are assessing.

3. Select a spokesperson to report for your group who has not previously led an activity. Report on both the Concept and the Category level.

4. You have ONLY 5 minutes to summarize and report your group’s discussion.
Structured Narrative: Tips for Completion

Current Allegations

This section is pre-printed and reads “See Intake Worksheet.” There is additional space for you to include extra information gathered regarding the current report. For example, you could add an additional comment left out of the original complaint by the caller.

Detailed Previous CPS Involvement/FC History

To complete this section, you must read all previous case files for prior CPS/FC history.

Remember historical files will have already been checked and documented as existing (or not) on the Intake Worksheet by the Intake worker. However, to complete this section, you must read all previous case files for prior CPS/FC history. Every prior complaint is documented and includes:

- Date complaint received
- Allegations made
- Who was the Alleged Perpetrator(s)?
- Who was the Alleged Victim(s)?
- Case Dispositions: Were allegations substantiated? Was case transferred to Ongoing, Foster Care or closed? Which child was removed from the home?
- Court Involvement in the past?
- Preventative services provided to keep family together?
- Has there ever been a previous serious injury/child death? Explain details if yes
- Date case previously closed
Sometimes we fall short in our investigations in gathering all the past records of agency involvement with a family.

After you document each prior contact, you summarize the case history and the effect on the current risk determination. Case history is pivotal in risk finding decisions. The history is often what determines when a family needs further services even though the current issues appear resolved. Be sure to look for and include any information available regarding CPS history in other states as well as from Georgia.

WHEN YOU DON’T READ THE CASE HISTORY AND DON’T SEE WHAT HAS ALREADY BEEN TRIED PREVIOUSLY TO REMEDY A PROBLEM, YOU WILL BE FOOLED INTO WRITING A SAFETY PLAN AND FAMILY PLAN THAT LOOK IDENTICAL TO THE ONES YOUR PREDECESSORS WROTE YEARS AGO FOR THE SAME FAMILY. DON’T JUST SKIM THE RECORD: READ IT!

**Log of Contacts**

The contacts with, and observation of, each child is documented in this section. Although the form uses the term “summary” for this section, you are to specify the complete details on the contact.

Investigators and Ongoing Case Managers can document speaking to (or observing) multiple people (often young children) in the same entry. Identify the primary person on the first line as the contact person and add the names of additional parties underneath in the text box.

You document your contact or attempts to contact absent parents in the Log of Contacts section of the Risk Assessment Tool. When you contact an absent parent, you are gathering additional information to prove or refute the allegations of maltreatment. The basic identifying information about an absent parent is documented on the Basic Information Worksheet.
**Relatives**

You are mandated to conduct a diligent search for relatives when children are placed in DFCS care. With every agency contact, you should ascertain the names and contact information for relatives. Information gathered is documented on the Basic Information Worksheet. Contacts, or attempts to contact, should be documented in the Log of Contacts.

**Investigation Actions**

This section verifies that you have completed two requirements of the investigation.

- (Policy 2104.16) You give the parent a copy of the Parent’s Guide to help them understand the investigative process, their rights, and expected outcomes. This is a MANDATORY responsibility for Investigators.

- (Policy 2104.13) Notify parents *immediately* after you contact their child without them present.
Notice of Privacy Practices
Georgia Department of Human Resources

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice please contact the Legal Services Office at the address below.

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information." Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

1. Uses and Disclosures of Protected Health Information
Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

**Treatment:** Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

**Payment:** Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as; making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party “business associates” who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

**Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object:** The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person’s involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal...
representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

**Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object:**
The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authorized authority to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director; for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

**Required Uses and Disclosures:** Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department’s compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et. seq.

### 2. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

**You have the right to request restriction of your protected health information.** You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

**You may have the right to request amendment of your protected health information.** If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

**You have the right to receive an accounting of certain disclosures the Department has made of your protected health information.** This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from the Department,** upon request.

all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.
3. Complaints
You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility Privacy Coordinator or the Department's Legal Services Office at telephone (404) 656-4421, facsimile (404) 657-1123, or by mail to 2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142 for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

________________________________________  __________________________
Signature                                      Date
GEORGIA DEPARTMENT OF HUMAN RESOURCES (FC 124)
INFORMATION WHICH MAY BE MAINTAINED IN CASE RECORDS
BY COUNTY DEPARTMENTS OF FAMILY AND CHILDREN SERVICES

A. Information the County Department Can Release

1) Contact sheets summarizing information observed or given orally by Parents and others to the Services Caseworker, except as prohibited in Section B below.
2) 30-Day Case Plan and Social Study
3) Case Review Forms/Summaries
4) Other Summary Reports prepared by County Department staff
5) Court Petitions and Orders
6) Service Plans, Goals and Objective, and Service Agreements separate from information in 3 and 4 above
7) Pictures of abuse and neglect (pictures may be viewed by the client and/or his attorney at reasonable times arranged with the service worker)

Copies will be released at no charge.

B. Information the County Department Cannot Release

1) Any initial or corroborating reports of child abuse and neglect or information in the case recording quoted from third parties constituting a direct report of child abuse or neglect.
2) Medical records must be requested from the hospital, doctor, psychologist, or other agency.
3) School records must be requested from the Local Education Agency.
4) Information from other public and private agencies, including other DHR agencies, must be requested from the appropriate agencies.
5) Information from privileged sources must be requested from the psychiatrist, psychologist, minister, or other person.
6) Without written authorization from the person involved, information about a spouse or other adult family member may not be released.

Upon request, the County Department will release to the parent/guardian a written list of the primary sources of information for Items B.2 – B.5 and a general statement about the type of report available from these sources.

PARENT SIGNATURE: ________________________ DATE: _____

________________________________________
CASEWORKER: ___________________________
DATE: _____

________________________________________
INSTRUCTIONS:

The 10 sample case scenarios listed are only a brief glimpse of complete assessments. The facts of the cases would be documented fully in the Structured Narrative section of the Risk Assessment Tool.

1. **Take 10 minutes to READ** the scenarios and mark the identified **Category** Scales of Concern.

2. Use the Risk Assessment Definitions to gauge your response. You are rating the Category Scale of Concern—not the overall Concept.

3. **CAUTION:** Be sure that you are only utilizing the pertinent information from the scenario that fits the Scale of Concern you are rating.

4. Note: This is an **individual** activity/opportunity to practice rating Scales of Concern. Do not discuss your answers.

**EXAMPLE 1: FORBES**

Ms. Jackie Forbes continued to file her nails as we discussed the allegation that Mr. Forbes had sexually assaulted their daughter, Julie (age 5). While the child was crying and disclosing very emotional details of the molestation, Ms. Forbes excused herself twice to take “important” phone calls.

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<tr>
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**Category: Attitude Scale of Concern**

**Concept: Response to Intervention**

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is a caregiver unmotivated/unrealistic about change?
EXAMPLE 2: GRANDIES

The Maternal Grandmother, Ms. Martha Grandies (68), wept as she told of her struggles raising her 14-year-old granddaughter, Debbie. The child’s schedule is so demanding: she is an honor student, and she has to attend Debate Club meetings during her 6th period. On her way to school, Debbie passes a Nursing Home and offers to walk around the campus with the early risers. Ms. Grandies is most upset that last year, Debbie disclosed to a Drug Task Force official that sometimes her grandmother smokes pot for medicinal purposes. They raided Ms. Grandies home, seized her “medication” and charged her with Intent to Distribute since some of the neighbors “borrowed” when their own supply was empty. Ms. Grandies is adamant that she needs the extra income so that Debbie doesn’t have to go without adequate food, clothing, and housing as Ms. Grandies did as the child of 2 alcoholic parents. We are assessing the Functioning Scale of Concern.

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Category: Functioning Scale of Concern  
Concept: Caregiver Capability

- Is any caregiver unable to cope appropriately with stress?
- Does any caregiver have a history of mental illness such as depression, attempted suicide, schizophrenia, bi-polar disorder, etc? (diagnosed or indications)
- Does any caregiver have a significant impairment in mental capacity such as retardation, brain damage, etc? (diagnosed or indications)
- Does any caregiver have a history of drug or alcohol abuse?
- Were any caregivers abused or neglected as children?
EXAMPLE 3: JACKSON

This is the 2nd report in 5 months of physical abuse of Jamie (age 10). The initial report was substantiated; the mother, Ms. Leila Jackson had whipped the child and left bruises. Now the maternal uncle, Mr. John Raycheck has been called in and he too has left bruises on Jamie. This second time Jamie again has marks on his buttocks but also has an injury to his hand from when he tried to grab the belt from the uncle. Both adults have spanked Jamie for fighting with other kids on the school bus. If there is one more incident, Jamie will be expelled from the bus and Ms. Jackson does not have the money to repair her car right now.

None         Very Little         Somewhat       Considerable         Extreme

Category: Trend Scale of Concern  
Concept: Maltreatment Pattern

• Are incidents escalating in severity?  
• Are more people becoming involved, (either as a victim or as perpetrator)?  
• Have incidents been occurring more frequently?  
• Have more types of abuse or neglect been occurring?

EXAMPLE 4: JACKSON (Same scenario from Example 3)

None         Very Little         Somewhat       Considerable         Extreme

Category: Chronicity Scale of Concern  
Concept: Maltreatment Pattern

• Is there a history of sexual abuse of any family member as a victim or perpetrator?  
• Has there been a recent incident, or indication, of abuse/neglect (within the last six months or so)?  
• Has there been a prior abuse/neglect investigation regardless of finding?  
• Has any child been removed from the home by a protective service agency?  
• Has any prior incident resulted in a severe outcome?
EXAMPLE 5: GONZALEZ

Eight-year-old Maria Gonzalez is watched by her Great Aunt, Ms. Lucinda Alvarez (86) while her mother, Ms. Jacqueline Warez works overnight at Wal-Mart. Maria has diabetes which requires monitoring of her glucose levels and insulin intake. Ms. Alvarez is legally blind and unable to monitor Maria’s medical needs. Maria is learning her own medical regimen but still needs to be double-checked for compliance.

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Category: Physical Care Scale of Concern
Concept: Quality of Care

- Has any child been inadequately supervised or left with an inappropriate caregiver?
- Has any child been denied essential medical treatment?
- Is there an overall lack of physical care for any child?

EXAMPLE 6: ROBERTS

The Roberts family lives in an old caretaker’s trailer at the back of a graveyard. The city has condemned the building and is in litigation to close the graveyard permanently. The markings are no longer legible and no one ever visits any of the graves. There is a 9 foot locked fence around the property. Mr. Horace Roberts will not allow any of the maternal relatives to visit his common law wife, Ms. T’era Franklin because they harass him to find the family a new place to live. The children, Sara, age 6, and Benjamin, age 4 live with their parents.

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Category: Social Climate Scale of Concern
Concept: Social Environment

- Is the family socially isolated or unsupported by extended family?
- Are the social relationships of any caregiver primarily negative?
EXAMPLE 7: THOMAS

Thomas (12) has been in 2 fights at school this year but comes close to many others. The teachers report that Thomas is usually the one left with the most injuries. He often starts fights with offensive remarks. For example, he taunts other kids about what neighborhood they live in, rumors about their siblings, or physical features they cannot change. The school feels the need to keep an eye on Thomas for his safety.

None Very Little Somewhat Considerable Extreme

Category: Child Behavior Scale of Concern
Concept: Child Vulnerability

• Is the behavior of any child hostile or aggressive or unusually disturbed, fussy, or irritable?
• Is any child’s behavior seen as provoking?

EXAMPLE 8: BYERS

Mr. Jackson Byers, Maternal Uncle, reports that his home is finally paid for, he was just promoted at the bank where he works and his nephew Jason (16) has enriched the lives of the entire family since he moved in 3 years ago. Jason is the son he never had and the two of them are inseparable. Mr. Byers does not remember a happier time in his life.

None Very Little Somewhat Considerable Extreme

Category: Stressors Scale of Concern
Concept: Home Environment

• Is any caregiver experiencing any recent stress about child development issues, such as toilet training, identity development, or parent-child conflict?
• Is the family experiencing any recent significant stress?
EXAMPLE 9: DANIELS

The Daniels residence houses three men and a boy who don’t like to pick up after themselves. Every dish used remains in the sink for several weeks. Clothes are piled everywhere. Kyle (14) is supervised by his older brother, Jeffrey (20), his Great Uncle Bobby (42), and his brother’s best friend Sam (22). However, last Saturday night everyone realized Kyle’s whereabouts were unclear as he had told each of the three adults in the house a different story about where he was going. This is the first time this had happened and Uncle Bobby now insists he is in charge and in the future Kyle is only to ask permission from him.

None   Very Little   Somewhat   Considerable   Extreme

Category: Dangerous Exposure Scale of Concern
Concept: Home Environment

• Is the home so crowded or chaotic that responsibility for care giving is unclear, leading no one to assume responsibility for the children?
• Are conditions in and/or around the home hazardous or unsanitary?
• Do behaviors of any household member expose children to dangers?
EXAMPLE 10: LECTOR

The explanations for the injury to the infant, Sophie (3 months) were inconsistent. The father, Mr. George Lector said he laid Sophie on the bed for just a second while he ran to get another diaper and assumes she must have fallen. The mother, Ms. Cynthia Lector states that she keeps plenty of diapers by the bed so she isn’t sure why the father would have needed to leave the baby alone. She states she does not know how the baby was injured but Mr. Lector has always been a very loving, capable, and attentive parent to Sophie.

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Category: Deception Scale of Concern
Concept: Response to Intervention

- Is any caregiver hostile toward or refusing to cooperate with CPS?
- Does any caregiver offer implausible explanations, attempt to deliberately mislead CPS, or refuses to disclose important information?
Module Four:
LEGAL MANDATES OF CPS

PURPOSE: Participants will understand CPS policy mandates of legal proceedings and recognize that the Risk Assessment process will help prepare them to testify in court.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Identify the policy mandates of legal intervention in CPS
- Prepare for court using the Risk Assessment process to support testimony and recommendations
ASSESSMENT
CGRA
CHILD
CONCEPT
DEPRIVED
DISCIPLINE
FAMILY
GOALS
JUDGMENT
MALTREATMENT
NEGLECT
RISK
SAFETY
STEPS
SUBSTANTIATED
UNSUBSTANTIATED

BE PREPARED TO DEFINE ANY WORDS YOU CAN NOT LOCATE

CPS: PROCESS,

ASSESSMENT
CGRA
CHILD
CONCEPT
DEPRIVED
DISCIPLINE
FAMILY
GOALS
JUDGMENT
MALTREATMENT
NEGLECT
RISK
SAFETY
STEPS
SUBSTANTIATED
UNSUBSTANTIATED
GEORGIA DEPARTMENT OF HUMAN RESOURCES (Form 40)

_________ County Department
of Family and Children Services

AGREEMENT

Case Number: __________

Foster Home

I have this date ______ accepted in my home:

____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____
____   BORN: _____          CASE NO: _____

(from) _________________
(to) _________________ County

NAME OF PERSON

Department of Family and Children Services (for) foster care in accordance with the agreement with the

(from)

_______________ County Department of Family and Children Services to provide foster care

Signed, _________________________________

FOSTER FATHER

_______________________________

FOSTER MOTHER

Date: _____

Representative of the _______________
County Department of Family and Children Services
GEORGIA DEPARTMENT OF HUMAN RESOURCES

FOSTER CHILD INFORMATION SHEET (Form 469)

Birthdate____
Name child likes to be called______ ____________________ Social Security Number____
Medical history (disorders, allergies, dental history) ______

Psychological and social history ______

School history (last school attended, achievement level, school adjustment) ______

Why child is in foster care ______

History of foster care (other families: where (City or part of town), and why child was moved)_____

Does child have special toy or object? _____ Is it in his possession now? _____

Sleep patterns and rituals ______

Food preferences and dislikes ______

Are pictures of natural family available? _____ Does child have them with him now? _____
Where is his natural family? ______

Who are the members? _____

Are siblings in foster care? Where? _____

What are the plans for this child? ______

Religious preferences (if any) ______
Clothing preferences (colors and style) ______
Fears ______
Special skills or achievements ______
Justify This

Sample Families

- Flintstones
- Andy Griffith Family
- Huckstable’s Family
- Tim the Tool Man’s Family
- Beaver Cleaver’s Family
- Walton Family
- Ozzie Osborne Family
- Bill Clinton’s Family
- Malcolm in the Middle Family
- George W. Bush Family
- Homer Simpson Family
- Dan and Roseanne Conner’s Family
- Venus/Serena Williams’ Family
- The Addams Family
- The Munsters
- Hilton Family (Nikki/Paris)
- British Royal Family

Directions for Both teams:

1. Designate who on your team will be the witness (DFCS Case Manager.) The remaining group members will form the legal team.

2. Select a family from the list or identify another famous family.

3. Select a Concept to defend (listed on the next page). Check the risk indicator questions for that Scale to be sure you can answer.

4. Create a court summary (in your head)
   - When did you first meet the family?
   - What was the initial complaint?
   - As of today how would you rate the family on the Scale of Concern you selected?
   - Justify your response!
## Concepts and Categories

<table>
<thead>
<tr>
<th>Child Vulnerability</th>
<th>Home Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Fragility/Protection</td>
<td>• Stressors</td>
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<tr>
<td>• Child Behavior</td>
<td>• Dangerous Exposure</td>
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<table>
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<tr>
<th>Caregiver Capability</th>
<th>Social Environment</th>
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</thead>
<tbody>
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<td>• Knowledge/Skills</td>
<td>• Social Climate</td>
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<td>• Control</td>
<td>• Social Violence</td>
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<td>• Functioning</td>
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<tr>
<th>Quality of Care</th>
<th>Response to Intervention</th>
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<tbody>
<tr>
<td>• Emotional Care</td>
<td>• Attitude</td>
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<tr>
<td>• Physical Care</td>
<td>• Deception</td>
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<tr>
<th>Maltreatment Pattern</th>
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<tbody>
<tr>
<td>• Current Severity</td>
</tr>
<tr>
<td>• Chronicity</td>
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<tr>
<td>• Trend</td>
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Module Five:
BRIDGE OF SUPPORT

PURPOSE: To build confidence that judgments made using the Concept-Guided Risk Assessment process are supported in supervision and by the design of the ECM system.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Identify role of the Supervisor in the assessment process
- Locate policy to direct actions when families fail to cooperate or cannot be located
- Identify supports built into the ECM system for Case Managers and Supervisors
RISK ASSESSMENT INTAKE CHECKLIST

Case Name: ______________________________
Case Number: ____________________________  Date: ______________________

_________ Verbally notify supervisor of intake report immediately upon receipt
_________ Form 453 Child Abuse/ Neglect Intake Worksheet (all items completed)
_________ Previous History pulled and attached on all parents, children, secondary caregivers and household
members. (Indicate on Form 453)

County Master Files (Closed Record attached, if applies)

☐ Screen outs
☐ PSDS (Printout and clear parent’s under all names according to DFCS knowledge they have
used)
☐ IDS online Master Index  ALL SITES (Attach printout)
☐ Success
☐ Sexual Offender Registry (Put name on printout) – All adult HH members
☐ Dept of Corrections – All adult HH members
☐ Board of Pardons and Parole – All adult HH members
Response time decision

24 Hour Response Required:
• Any report of maltreatment to a child 4 an under
• Any report of serious multiple bruises/welts
• Self-referrals from parents who state that they are unable to cope, feel like they will hurt or kill their child or
who wish a child’s immediate removal and placement away from home
• Any report alleging cruel bizarre punishment or behavior. Caretaker describes or acts toward child in
negative terms or has unrealistic expectations
• Any report alleging that parents of a child are behaving in a bizarre manner, including situations where a
parent believes the child to be a religious figure of the devil or where a parent believes exorcism or other
extreme measures are necessary to control the child or make the child better
• Any allegation of current sexual abuse involving a child who remains accessible to the alleged maltreated
• Self referrals from a child under 13 years of alleging maltreatment and who expresses fear of returning home
• Any report alleging children, age eight years or under, or who are otherwise unable to care for themselves,
have been left alone
• Any report involving a child who is suffering from a serious, untreated medical condition
• Any reports concerning a child who resides in the same household of a child who died of what may have
been child maltreatment
• Any report from medical personnel indicating that a mother has given birth to an infant when either the
mother or the infant has tested positive for illegal drugs and/or alcohol or when it is suspected that the infant
will test positive for illegal drugs or for having fetal alcohol syndrome
• Any report of a new birth to a parent with another child in placement
• Any report of maltreatment that occurs to a child in custody, regardless of placement
• Any report that a child is detained in temporary custody by a physician receives immediate attention and
assignment
• Any request for short-term emergency care of a child when that report is received from a law enforcement
officer, emergency personnel employed by a licensed ambulance provider, fire rescue personnel, or a
hospital administrator/designee receives immediate attention and assignment

_________ Report to Law Enforcement and indicated on Form 453 (attach fax confirmation)
_________ Mandated Reporter Letter
_________ Form 590 (IDS)
_________ Confidentiality Statement (Check on Form 453)

Region VII Field Program Specialist Unit Revised 02-07
RISK ASSESSMENT INVESTIGATION CHECKLIST

CLIENT’S NAME ________________________________  CASE NUMBER ______________

CASE MANAGER_______________________________ DATE _______________________

REVIEWER: ________________________________________________________________

FORMS

_______  453 Intake (all sections completed)

_______  Notification to Law Enforcement

_______  713/Groupwise email notification to Economic Support for case open, changed, or closed.

_______  Mandated Reporter Letter

_______  450 Basic Information
  • Child Information (Educational, medical, etc.)
  • Significant others
  • Absent Parents

_______  HIPPA Statement (on all adults in household)

_______  590 IDS (Within 5 workdays of receipt of report, change or closure)

_______  Criminal and conviction background checks conducted in IDS/PSDS, Dept of Corrections, Sexual Offender Registry and Board of Pardons and Parole on all adult who live in the household or who has any caretaking responsibilities to the children in the home. GCIC – 2104.10a all adults and significant others who take on a caretaker role Placement Central Screenings

_______  Risk Assessment

_______  455A Safety Assessment (completed prior to completing the safety plan)

_______  455B Safety Plan
  • 2104.20 – if case is opened based on risk only – you must complete a safety plan

_______  431 Child Abuse and Neglect Report
451 Targeted Case Management for all Ongoing cases
(Date the RA is signed by the supervisor)

Case Determination letter/Documentation of verbal acknowledgement of
case disposition

TIME REQUIREMENTS

Met Response time for seeing child (ren). Date met ______________

POLICY NOTES

Prior CPS Case History reviewed by Case Manager and review documented
in the Risk Assessment section 2.

Children initially seen/interviewed at location away from parent/caretaker in
cases alleging physical/sexual abuse.

All children in the home seen/interviewed.

All infants under the age of one year were undressed to determine whether
there were any physical signs of child maltreatment regardless of type of
allegations.

All children four and under who are the subject of physical abuse allegations
were undressed to identify any physical signs of child maltreatment.

If intake report alleged neglect, or if the initial contact occurred in the home,
was the initial contact unannounced?

If the child victim was interviewed prior to contacting parent, was the parent/
caretaker subsequently contacted immediately?

Does the case documentation support that interactions between the parents
and children were observed in the home.

Were appropriate collaterals contacted:

School/day care collateral

Medical collateral

Law enforcement collateral

Other collaterals

All caretakers in the home seen and interviewed
_______ Was the alleged maltreater interviewed?

_______ Assess the need for substance abuse treatment and or drug screens in a substantiated investigation where substance abuse was alleged.

_______ Request a voluntary drug screen in investigations where there is alleged alcohol or substance abuse and there is corroborating evidence of such or other risk issues are identified. (Turn around time is 24 hours from request)

_______ Report to district attorney/law enforcement for substantiated cases. – per county policy

_______ Evaluation of safety resources where needed to include IDS 590 (to be completed to include Supervisory signature within 3 working days of child’s placement)

_______ CPS alert must be done if family cannot be located. See 2104.41.

_______ All children (victims or not) under the age of 3 years old referred to Children’s 1st to comply with CAPTA on all substantiated cases. 2104.27 (page 121)

_______ PUP in safety plan

_______ Supervisory conference held within 10 days of initial home visit

_______ Parent Guide (2104.16) given at initial contact

_______ Refer all closed substantiated risk controlled and unsubstantiated no risk factors indicated to available community resources. 2104.37

_______ Case staffed within 5 days of case transfer to ongoing services (supervisor, ongoing worker to be included)

Region VII Field Program Specialist Unit revised 2-07
### CPS DIVERSION CHECKLIST

| Case Name: ______________________________ | Date of Referral: __________ |
| Case Number: ____________________________ | Date: ______________________ |
| Case Manager: ____________________________ |

______ Intake packet and prior history reviewed (452 documentation of results of prior history)

______ Response time met with family (Referral is initiated within 24 hours if child is age 4 and under and 3 work days for child age 5 and over)
   Date met: __________

______ Form 450 updated from Intake, if needed

______ Record of reports form completed/updated

______ Supervisory conference held (Within 3 work days the worker must staff the case with the supervisor to decide whether or not to continue the case as a diversion or proceed with the investigation)
   Date held: __________ Date 590 submitted to open_____________

______ If diversion is staffed and decision made to loop back to Investigation (after initialing staffing held):
   o Diversion worker to complete Form 453 with additional information (copy of original screening to be attached and updated if needed) using date of decision to loop back as Intake date.
   o Diversion worker to complete new Intake packet and submit along with diversion record to Supervisor within 24 hours from Form 453 referral date.
   o Diversion Worker to complete 590 to close diversion case on date of decision to loop back.

______ Justification statement documented for disposition with Supervisor’s signature indicating agreement

______ Form 590 completed for closure (within 5 work days of disposition date)
   (Copy for record filed) Note: Case must be completed within 30 days.

______ Case record organized with tabs/label and submitted to Supervisor (within 5 work days of disposition) Date submitted: __________

______ Complete Diversion Summary with Case Manager’s and Supervisor’s signature.

______ Documentation from Providers (OFI)

______ Form 100 and 101

______ Referrals to community resources/Early Intervention providers made and discussion with family documented of agency’s decision.

______ Local County Diversion Protocol followed

Region VII Field Program Specialist revised 02-07
CHILD PROTECTIVE SERVICES ONGOING CHECKLIST

CLIENT’S NAME ____________________________  CASE NUMBER____________________

CASE MANAGER__________________________   DATE ______________________________

FIRST 90 DAYS OF CASE

______  IDS Form 590 within five days of transfer

______  TCM Form 451 (if not completed by Investigator)

______  HIPPA Statement (if not done previously)

______  Case contact requirements first month. If Form 457 is completed between the 1st and 15th of the month, meet case contact requirements by the end of the month. If the Risk Assessment Scale is completed between the 16th and the last calendar day of the month, full case contact requirements begin the following month.

______  Criminal and conviction background checks conducted in IDS/PSDS, Dept of Corrections, Sexual Offender Registry, and Board of Pardons and Parole on all adults who live in the household or who has any caretaking responsibility for children in the home. (2104.10a)

______  Form 458 Strengths and Needs Assessment

______  Form 387 Social Services Case Plan

______  Form 388 Case Plan Goals/Steps

______  Drug screens included in case plan if substance abuse is evident.

______  P.U.P., Parent Aide or Homestead included in the case plan where necessary.

______  Parents were involved in development of the case plan and such involvement is documented.

______  Record of Reports thoroughly completed and updated if subsequent report received

______  Referral to Children’s 1st on all children under 3 years of age on all substantiated cases whether child(ren) was a victim or not. (CAPTA)
CAPTA CHECKLIST - CHILD PROTECTIVE SERVICES

_____Referral completed on all children under the age of three (3) to Children’s 1st (this includes all children in the household even if they are not the victim in a substantiated case.)

_____Children’s 1st Referral completed within five (5) days of substantiating the case (completion of RA Tool) or within five (5) days of the 72 hour hearing to the Health Department in the county where the child resides.

_____Family informed referral will be made. Should family refuse service SSCM explained the agency is mandated to complete the referral.

_____Obtained a Release of Information from the Parent authorizing BCW to share information

_____Has the referral to Babies Can’t Wait (BCW) been included in the Case Plan.

_____Has a minimum monthly contact with the BCW Coordinator been completed

_____Requested service notes/plan from BCW Coordinator for case file.

_____Obtained Court Order when necessary
SUBSEQUENT 90 DAY PERIODS

Form 460 Risk Reassessment Scale
Form 458 Strengths and Needs Assessment
Form 387 Social Services Case Plan
Form 388 Case Plan Goals/Steps
Two drugs screens per month if substance abuse is in the case plan.
Parental involvement in the development of the case plan is documented.
CPS alert when family cannot be located.

Region VII Field Program Specialist revised 02-07
Role-Play:
Gary Ryder Case
See Handout
1. ** Decide which of you will play the role of Supervisor and which one will be Mr. Jacobs (DFCS Case Manager)
2. ** Read the documentation on the Risk Assessment Tool
3. ** Discuss the maltreatment decision made in Section #8. The supervisor will probe for more information and Mr. Jacobs can only answer that which is documented. Remember, if he didn’t write it down, it didn’t happen!
4. ** Decide what evidence supports the Unsubstantiated finding
5. ** Discuss the risk determinations in Section #9. Supervisor, double check with Mr. Jacobs to be sure he has asked all the risk factor questions.
6. ** Discuss the family strengths identified in #10
7. ** Decide: Is there any other family strength not identified?
8. ** Discuss the overall risk finding in #11

9. ** Decide: Do you agree or disagree with the risk finding selected? Supervisor, did he get it right? Mr. Jacobs, do you still agree with your initial decision?
10. ** Decide: What, if anything, is missing in the supporting rationale that you need to know to decide the risk finding?
11. ** Decide: What other services does this family need?
12. ** Decide: Supervisor, are you prepared to sign off on the work of Mr. Jacobs, Case Manager Extraordinaire? Mr. Jacobs, do you need to take the case back and do some more work before resubmitting?
13. ** Decide: Will the case be closed, open for Ongoing or Foster Care services?
14. ** Decide: Is this the Right Work (decision) for Gary Ryder?
Module Six: INTAKE: PRACTICE

PURPOSE: Participants will practice employing assessment skills on a maltreatment report to prioritize what information is relevant for the Intake Worksheet. The allegations will be documented in the ECM format followed by a discussion of case disposition options.

LEARNING OBJECTIVES:

After completion of this module, participants will be able to:

- In a case scenario, prioritize what information is relevant for a CPS report of maltreatment
- Document case scenario information on an Intake Worksheet
- Identify steps in the Intake screening process
- Make an Intake decision regarding acceptance of the report and response time based on CPS policy
- Explain why and when maltreatment reports made by anonymous callers are opened for investigation
Skills vs. Knowledge

*First* identify which statements reflect Knowledge or Skills attained

*Then* match the first column to the best answer in the second column

<table>
<thead>
<tr>
<th>#_____</th>
<th>Make accurate case dispositions</th>
<th>1) Identify caretakers abusing substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>#_____</td>
<td>Prioritize which goals to work on first with a family</td>
<td>2) Interview techniques that encourage family disclosure</td>
</tr>
<tr>
<td>#_____</td>
<td>Obtain more information than the caller intends to share</td>
<td>3) Accurately assess future risk of maltreatment</td>
</tr>
<tr>
<td>#_____</td>
<td>Indicators of parents who abuse drugs/alcohol</td>
<td>4) Analyze facts to draw conclusions</td>
</tr>
<tr>
<td>#_____</td>
<td>This is not a skill or knowledge needed in CPS</td>
<td>5) Managing caseload in my county</td>
</tr>
<tr>
<td>#_____</td>
<td>Ability to connect to a child to discuss maltreatment issues</td>
<td>6) Engagement skills in interviewing individuals</td>
</tr>
<tr>
<td>#_____</td>
<td>Accurate assessment of child safety</td>
<td>7) Understand high risk indicators</td>
</tr>
<tr>
<td>#_____</td>
<td>Recognize risk indicators that are not mitigated by family strengths</td>
<td>8) Determine which parent should have custody of a child</td>
</tr>
<tr>
<td>#_____</td>
<td>Ability to identify family strengths</td>
<td>9) Safety assessment process</td>
</tr>
<tr>
<td>#_____</td>
<td>Replicate the skills of veteran worker who (regardless of many obstacles) 1. can maintain files in order 2. is respected in court and the community 3. cares about and connects to the family he/she serves</td>
<td>10) Probing techniques for Intake Case Manager</td>
</tr>
</tbody>
</table>
ACTIVITY: POLICY CHECK: INTAKE

Answer each of the following questions and identify the policy where the answer is located:

1. Name 5 of the 15 situations that always require an immediate to 24-hour response?

2. When you screen out reports from “questionable” reporters, on what basis are you making that decision?

3. What policy determines whether the agency accepts a referral on a 15-year-old girl who reportedly had “consensual” sex with her 17-year-old boyfriend?
4. List 4 reports that can be considered for screen out?

5. If a single mother (with no family resources or close support systems) goes into labor prematurely, what policy determines the childcare plans for her 2-year-old daughter?

6. If the same single mother wants to know how she will get her two year old back after delivery, what policy will you reference to explain DFCS procedures to her?

7. If a reporter wants to review the state/federal laws that will protect their identity, what policy reference would you check for a website address and law reference?

8. If another county DFCS office calls in a report to your agency requesting an investigation, why would you take the referral when it would be just as easy for them to respond as one of your coworkers?

9. When the mother of a teenager (who is in foster care) has a new baby, why should DFCS accept a report of maltreatment without other new concerns? The teenager is in custody after the parents refused to pick her up from RYDC.
# STEPS TO TAKE WHEN CALLER WILL NOT IDENTIFY HIM/HERSELF

<table>
<thead>
<tr>
<th>Write down the gender of the caller.</th>
<th>Write down whether this is a local or long distance call based on information gathered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify if you believe the caller is a family member or household member based on the information they know (for example, friends rarely know correct birth dates of children but family members do.)</td>
<td>Ask who else has similar concerns you can contact as collaterals. This may help the Investigator later figure out who the original caller was.</td>
</tr>
<tr>
<td>Ask the caller to call back tomorrow to be sure DFCS has been able to locate the child.</td>
<td>Try to ascertain the motive for the call. Why are you calling today? Has something changed that has made you more concerned now?</td>
</tr>
<tr>
<td>Advise the caller that you fear that more information will be needed and no one will have access to call back to clarify.</td>
<td>Try to engage the caller in a solution as to how further information can be obtained if the Investigator is unable to see the concerns being reported.</td>
</tr>
</tbody>
</table>
### SCREENING RESULTS SUCCESS: CULHANE FAMILY

**Message 0543**

*0543 THIS DATA WILL BE WRITTEN TO THE DATABASE*

**CHANGED HOUSEHOLD ADDRESSES**

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<thead>
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<th>ADDR 01</th>
</tr>
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<tbody>
<tr>
<td>12/96</td>
<td></td>
</tr>
</tbody>
</table>

**Address Line 1**

- Street Number: 123,
- Name: MARY
- Type: SAY
- City: NEW YORK, STATE: NY, ZIP: 10001

**Address Line 2**

- Street Number: 123,
- Name: JOE
- Type: SAY
- City: CHICAGO, STATE: IL, ZIP: 60601

**Previous Addresses in last 2 years**

- 1084 STREET NAME NOT FOUND IN ZIP CODE AREA
  - 21-narr: 23-same: 24-del
<table>
<thead>
<tr>
<th>NAME</th>
<th>REL V</th>
<th>Mand Pinal</th>
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<th>Run</th>
<th>Applt</th>
<th>Begin</th>
<th>Ed Thru</th>
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<tr>
<td>HEATHER</td>
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**Message**

13-retn
22-alau(arch)
23-alau(curr)

CONNECTED TO HOST ge-screen: does state ge.us [199.179.174.50] (186471)
10:42 AM

**UPDATE**

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<td></td>
<td></td>
</tr>
<tr>
<td>HEATHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A/R STATES THEY PURCHASE AND PREPARE SEPARATELY? Y/N (Y)

THEY MEET THE DEFINITION FOR SEPARATE STATUS BECAUSE: MR. AVERS IS NOT MARRIED TO MS. CULHANE NOR IS HE THE FATHER OF HEATHER.

INELIGIBLE/SANCTIONED AU MEMBER? Y/N (N)

EXPLAIN:

IDENTITY OF APPLICANT VERIFIED BY: GA DRIVERS LICENSE.

SRR EXPLAINED AND FORM 339 GIVEN: Y/N (Y)

IF 500 DENIAL CODE USED, EXPLAIN: More
CHANGE

CLIENT DEMOGRAPHIC 1 - DEM1

Month 11 96

Client Name HEATHER

Alt SSI/SSN SSI Appl

Message 0005 0013

0005 DATE CANNOT BE IN THE FUTURE

15-letter

16-letter

23-alphanumeric

30/30
### Child Protective Services March 2007

**Electronic Participant Guide**

---

#### Section 1: Resources

**Client Name:** MARCIB

**Client ID:** 786013324

Do you have any of the following: cash, money loaned out, checking, savings, credit union, CD’s, stocks, bonds, or secured notes?

<table>
<thead>
<tr>
<th>Debit Type</th>
<th>Amount</th>
<th>Acct Num</th>
<th>Institution Name</th>
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<tbody>
<tr>
<td>CH</td>
<td>250.00</td>
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<td>BANK OF AMERICA</td>
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Do you have any of the following: life insurance, pre-paid burial contracts, real estate, or cemetery lots?

<table>
<thead>
<tr>
<th>Debit Type</th>
<th>FaceAmt</th>
<th>CashAmt</th>
<th>Policy Num</th>
<th>Company Name</th>
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---

#### Section 2: Earned Income

**Client Name:** MARCIB

**Client ID:** 786013324

Do you have any of the following: wages, self employment, commissions/tips, roomer/boards income, rent, mortgage payment, sick pay, work program, JTPA, Job Corps, training allowance, use/sale of personal property, or other income?

**Employer Name:** JOE’S BAR

**Line 1:** 321 WORKERS WAY

**City:** ATLANTA

**State:** GA

**Zip:** 30309

**Type:** ET

**Date:** 01 03 94

**Pay Date:** 01 12 94

**Date Rpt:** N

**Ovrd Ind:** AFDC

**Ind Cntr:** ARM

---

**Num of Jobs:** AEB Stnt

**AFDC Student:** -----JTBA-----

**Bords Excl:** Ind Cnt

**Excl:** Ind Cnt

---

**Message:**

15-let

---

**Child Protective Services Electronic Participant Guide**

**March 2007**
**Employer Name:** Joe's Bar

**Avg Hrs:** 0.40  |  **Freq WR:** Day Week 2d FR  |  **Extra Pay:**

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<th>Amt</th>
<th>V</th>
<th>Amt</th>
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<th>Extra</th>
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**Type** | **Amount** | **Freq** | **V** | **Type** | **Amount** | **Freq** | **V**

**Message:**

More Jobs

---

**DATE 2D** | **GROSS** | **TIPS** | **VER2** | **REF(Y/N)**

| 1:10/16/96 | (219.00) | ()   | ():LETTER (Y) |
| 2:10/09/96 | (219.00) | ()   | ():LETTER (Y) |
| 3:10/02/96 | (219.00) | ()   | ():LETTER (Y) |
| 4:09/25/96 | (219.00) | ()   | ():LETTER (Y) |
| 5:_____ | ()   | ()   | ():_____ () |
| 6:_____ | ()   | ()   | ():_____ () |

**TOTAL:** 1,121.00 / 4 = 280.25 **REF PAY**

**IF NOT REF, EXPLAIN:**

**FREQ OF PAY:** WK(Y)  | **Bryn ( ) SEMIMTH ( ) MONTHLY ( ) ACTUAL ( )**

**HR RATE:** $7.00

**CALCULATE Y/N ( ) CAL MONTHLY INCOME:** 1,213.32

More Jobs
**UPDATE**

**REMARKS - REMA**

01


A/R IS IN ACTIVITY THAT ALLOWS DEPENDENT CARE DEDUCTION Y/N (Y)

IS DEPENDENT CARE DEDUCTION NEEDED Y/N (N)

A/R IS NOT INCURRING AN EXPENSE BECAUSE: BOYFRIEND WATCHES HER DAUGHTER

RECEIVING SUBSIDIZED CHILD CARE? Y/N (N) IF YES, DATE W 2 NOTIFY CHILD CARE WORKER OF ANY TANF/EFS/MAC CHANGES:

(AUTO APPROVALS/CHANGES/CLOSURES)

**MESSAGE**

13-bott
### CHILD PROTECTIVE SERVICES

**March 2007 67**

**Electronic Participant Guide**

---

**WORK REGISTRATION/PARTICIPATION - WORK**

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<th>0002</th>
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<tr>
<td>Client Name</td>
<td>MARCIE</td>
<td>CULHANE</td>
<td>Client ID</td>
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**Employment Services**

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**High School**

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**SHELTER EXPENSES - SHEL**

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<tbody>
<tr>
<td>Client Name</td>
<td>MARCIE</td>
<td>CULHANE</td>
<td>Client ID</td>
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</table>

**Primary**

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<th>Receive</th>
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**Expense Type**

<table>
<thead>
<tr>
<th>Rent</th>
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</thead>
</table>

**Expenses**

- Mortgage
- Insurance
- Electric
- Water
- Garbage
- Oil
- Other Housing

<table>
<thead>
<tr>
<th>Landlord Name</th>
<th>Address</th>
<th>City</th>
<th>Phone</th>
<th>ST</th>
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<tbody>
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**Message**

- 15-lea

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**Notes**

- Connected to host go-screen, does state, ge us [198.176.174.50] [11/3/71] (10:52 AM)
- CAP NUM | 10:52 AM

---

**March 2007 67**

**Electronic Participant Guide**
**UPDATE**

**REMARKS - REMA**

*************** SHELTER/UTILITY EXPENSE ***************


DOES ANYONE PAY PART OF THE SHELTER UTILITIES? Y/N (Y) IF YES, EXPLAIN.

(MS. CULAH DO LIE IN BOYFRIEND PAYS HALF OF THE RENT)

HOUSING COST? A/N INSUR RENT(X) AG10(Y) INSUR( ) TAXES ( ) LOT RENT ( )

CALC IF OTHER THAN MONTHLY:

INCLUDED IN MORTG? INSURANCE ( ) TAXES ( ) IF NONE, EXPLAIN:

UTILITY EXPENSE INCURRED BY DWELLING? Y/N (Y) INCLUDED IN RENT? Y/N (N)

IF NONE, EXPLAIN:

DWELLING IS ELIGIBLE FOR UTILITY DEDUCTION BASED ON:

(X) H/C SUA BASED ON, HEATING (X) AC( ) LIHEAP( ) EXCESS H/C PUBLIC HSG ( )

( ) NON H/C BASED ON TWO TYPES OF EXPENSES:

( ) OR EXCESS NON H/C PUBLIC HSG ( )

( ) ACTUAL BASED ON ONE TYPE OF EXPENSE:

( ) ELIGIBLE FOR PHONE STD ONLY?

IS THE AU SHARING UTILITY EXPENSES? Y/N (Y) SEE NEXT SCREEN FOR SHEL SHARED.

**MESSAGE**

0019

0019 UPDATE COMPLETED SUCCESSFULLY

10:26 pm

03/04

Connected to host go-screen.doas.state.ga.us [198.175.174.50] (TNPS84)
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<td>75 Y</td>
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Message 0428

0428 PRESS ENTER TO COMMIT

16-prop 20-sed 21-narr
Module Seven:  
INVESTIGATION: PRACTICE

PURPOSE: Participants will practice assessment skills on a scenario CPS case scenario and document in ECM system format.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Demonstrate how to complete a Basic Information Worksheet
- Demonstrate how to complete a Safety Assessment
- Demonstrate how to complete a Safety Plan
- Demonstrate how to complete a Risk Assessment Tool
If you prefer to take Ink Annotation Notes during the film (using your pen), move your cursor to the next page and select **TWO PAGES** above so you can work on the entire document at the same time.
**CULHANE FAMILY SCENARIO NOTES**

**Complete:**
- To start: Complete the LOG OF CONTACTS ONLY of the RA Tool
- 6 ECM forms
- 2 IDS forms

<table>
<thead>
<tr>
<th>Immediate safety concerns</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Indicators of future risk</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family strengths</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifiers: collaterals, schools, relatives, etc. - Specifics to complete Log of Contact</th>
</tr>
</thead>
</table>
INVESTIGATION AND RISK ASSESSMENT: ADDITIONAL INFORMATION LEARNED AFTER THE INITIAL VISIT (DURING THE 30-DAY INVESTIGATION PERIOD) IS PROVIDED BELOW.

Heather Culhane’s (3-month-old) diaper rash was infected. The area appeared red and raw. It was starting to blister and was bleeding.

Ms. Culhane and Mr. Avers do not have a history of mental illness. There is no prior abuse/neglect history for Ms. Culhane as a perpetrator. It is unknown if Mr. Avers was a victim of child abuse/neglect, but he hesitantly denied any such history.

Ms. Culhane receives food stamps (although the tape erroneously states she is applying for them, she is actually just updating her application). She voluntarily chose to send her older daughter, Ashley, to live with the paternal grandparents without CPS intervention.

As told by the PGM of Ashley, Ms. Culhane experienced domestic violence by both of her children’s fathers. Heather’s father, Billie Johnson, has not been involved with Heather. He moved to an unknown location shortly after Ms. Culhane became pregnant, and he advised her to not have the baby because he was not ready to be a father. Note on the tape, Ms. Culhane denies ever being victimized by significant others.

The worker suspected domestic violence and provided Ms. Culhane with information about domestic violence resources that are available in the community. To date she has not called back for further information or resources.
IN A SUBSEQUENT FOLLOW-UP OFFICE VISIT WITH MS. CULHANE AND MR. AVERS, THE INVESTIGATOR LEARNED THE INFORMATION BELOW:

Ms. Culhane had taken Heather to the doctor for the diaper rash as agreed on in the safety plan. CW saw the medication and examined Heather. The diaper rash was healing appropriately.
Ms. Culhane and Mr. Avers discussed how they think things will be better when Mr. Avers finds a job and Ms. Culhane can stop working at the bar. Mr. Avers said that they plan to marry.

The Investigator contacted Dr. Smith, Pediatrician. Dr. Smith confirmed that Heather was seen at his office on 3/9. He treated her for an upper respiratory infection and severe diaper rash. Heather was prescribed Amoxil for the diaper rash infection and the upper respiratory infection. Ms. Culhane was also advised to use Neosporin ointment on the diaper rash. Dr. Smith confirmed that Heather is now up to date on her immunizations.

ADDITIONAL COLLATERAL CONTACT

During the Culhane investigation, a collateral contact via telephone was made with Ashley’s PGM, Ms. Mary Smith, who lives in Oklahoma.

Ms. Smith reports that Ms. Culhane was very young when she had Ashley. Due to the fact that Ms. Culhane could not provide for Ashley and meet her needs, Ms. Culhane voluntarily allowed Ashley to live with Ms. Smith without CPS involvement. Ashley has been with Ms. Smith since she was two years old. According to Ms. Smith, Ashley tested negative for drugs/alcohol at the time of birth. Ms. Culhane telephones Ashley once or twice a year and Ms. Smith cannot remember the last time Ms. Culhane came to visit Ashley. Ms. Smith feels that Ashley should remain in her care and that Ms. Culhane is still not stable and capable of meeting Ashley’s needs.

AFTER TRANSFER TO ONGOING CASE MANAGER

A criminal background check was completed out of state for Mr. Avers since he lived in Louisiana previously. The results were returned after the case was transferred for Ongoing services (after the initial safety/risk assessments were completed). No history was found although Mr. Avers himself indicated he suspected there may have been DFCS reports filed on him by his ex-wife.
The purpose of the safety assessment is to help determine whether any children are likely to be in immediate danger of serious physical harm, which may require a protecting intervention, and to determine what interventions should be maintained or initiated to provide protection.

Case Information
Complaint Date – Date the report was received (enter mm/dd/yyyy).
Case Name – Name of the case.
County Number – Three-digit county number.
Case Number – Six-digit case number.
Case Manager’s Name – Name of the investigating case manager.
Case Manager’s ID# - Investigating case manager’s assigned caseload number.
Date – Date case manager completes the Safety Assessment.
Children – List by name each child living in the household.
Caretaker – List by name each person with caretaker responsibility living in the household.

Assessment of Behaviors and Conditions
Identify the presence or absence of each of the thirteen behaviors or conditions for each child by placing an ‘X’ in each child’s ‘Yes’ or ‘No’ column to indicate the presence or absence of the factor. These factors are behaviors or conditions associated with a child’s being in danger of serious harm. “Caretaker” refers to any person with caretaking responsibility. If more than one caretaker’s actions place a child at risk, indicate all caretakers responsible by placing an ‘X’ in the “Yes” column next to the caretaker’s number and for the child being referenced.

1. **Caretaker’s behavior toward child is cruel, malicious or callous.**
   - Physical or verbal, angry or hostile outbursts at child.
   - Use of bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
   - Use of guns, knives or other instruments in a violent way.
   - Violently shakes or chokes baby or young child to stop a particular behavior.
   - Behavior that indicates a lack of self-control (e.g., reckless, unstable, raving, explosive).

2. **Caretaker describes or acts toward child in predominantly negative terms or has unrealistic expectations.**
   - Describes child as evil, stupid, ugly or in some other demeaning or degrading manner.
   - Curses and/or repeatedly puts child down. Scapegoats a particular child in the family.
   - Expects a child to perform or act in a way that is impossible or improbable for the child’s age (e.g., babies and young children expected not to cry, expected to be still for extended periods, to be toilet trained or to eat neatly).

3. **Caretaker caused physical harm to the child or has made a plausible threat to cause physical harm. This is especially critical in any situation where there is a child with a disability.**
   - Other than accidentally, caretaker caused abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.).
   - An action, inaction or threat that would result in harm (e.g., kill, starve, lock out of home, etc.).
   - Caretaker has used torture or physical force that bears no resemblance to reasonable discipline.

4. **Caretaker has previously maltreated a child and the maltreatment, or the caretaker’s response to the previous incidents, suggests that child safety may be an immediate concern.**
   - Previous maltreatment that was serious enough to cause or could have caused severe injury or harm.
   - Caretaker has retaliated or threatened retribution against child for past incidents.
   - Escalating pattern of maltreatment. Both parents cannot/do not explain injuries and/or conditions.
   - Caretaker does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.

5. **The family refuses access to the child or there is reason to believe that the family is about to flee and/or the child’s whereabouts cannot be ascertained.**
   - Family has previously fled in response to a CPS investigation.
   - Family has removed child from a hospital against medical advice.
   - Family has history of keeping child at home, away from peers, school or other outsiders for extended periods.
6. Caretaker has not, cannot or will not provide supervision necessary to protect child from potentially serious harm.
   - Caretaker does not attend to child to the extent that child’s need for care goes unnoticed or unmet (e.g., although caretaker is present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
   - Caretaker leaves child alone (time period varies with age and developmental stage).
   - Parents’ whereabouts are unknown.

7. Caretaker is unwilling, or is unable, to meet the child’s needs for food, clothing, shelter and/or mental health care.
   - No food provided or available to child or child starved or is deprived of food or drink for prolonged periods.
   - Child without minimally warm clothing in cold months.
   - No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, etc.
   - Caretaker does not seek treatment for child’s immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
   - Child appears malnourished.
   - Child is suicidal and parents will not take protective action.
   - Child shows effects of maltreatment such as serious emotional symptoms and lack of behavior control or serious physical symptoms.

8. Explanation for the injury is unconvincing and/or inconsistent.
   - Caretakers’ explanation for the observed injury is inconsistent with the type of injury.
   - Caretaker’s description of the causes of the injury minimizes the extent of harm to the child.
   - Medical evaluation indicates injury is result of abuse, but parent denies or attributes injury to accidental causes.

9. Child is fearful of caretaker(s), other family members or other people living in or having access to the home.
   - Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals.
   - Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situations associated with persons in the home.
   - Child has reasonable fears of retribution or retaliation from caretakers.

10. The child’s physical living conditions are hazardous, threatening, or unsafe.
    - Leaking gas from stove or heating unit.
    - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
    - Lack of water or utilities and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
    - Open windows, broken or missing windows, exposed electrical wires.
    - Serious illness or significant injury has occurred, attributed to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
    - Evidence of human or animal waste throughout living quarters.
    - Guns and other weapons are not locked.

11. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
    - Access by possible or confirmed perpetrator to child continues to exist.
    - It appears that caretaker or other has committed rape, sodomy or has had other sexual contact with child.
    - Caretaker or others have forced or encouraged child to engage in sexual performances or activities.

12. Caretaker’s current drug or alcohol abuse affects ability to supervise, protect or care for the child.
    - Caretaker has misused drugs or alcoholic beverages to the extent that control of his/her action is lost or significantly impaired. As a result, the caretaker is unable, or will likely be unable, to care for the child, or has harmed the child or is likely to harm the child.

13. Domestic Violence/Other (specify)
    Possible examples:
    - Child saw or heard the violent incident.
    - Child was injured during the violent incident.
    - Child’s behavior likely to provoke caretaker to harm the child.
    - Unexplained injuries. Caretaker refuses to cooperate or is evasive.
    - Abuse or neglect related to child death or unexplained child death.
    - Serious allegations with significant discrepancies or contradictions by caretaker.
    - Criminal behavior occurring in the presence of the child.
Reasonable Efforts Checklist

For each condition identified for each child, consider the resources available in the family and the community that might help to keep the child safe. Below each child’s number, place ‘X’ in the space for each response selected to protect that child. Describe in the “Evidence” section of Form 454 all safety interventions taken or immediately planned and explain how each intervention protects (or protected) each child.

If CPS is initiating legal action to place the children: (1) explain why responses 1 – 6 could not be used to keep the children safe and (2) describe your discussion with caretakers regarding the placement (continue on 452, if necessary).

Safety Decision
Identify each child’s safety decision by placing ‘X’ below the child’s number by the selected safety decision (Unsafe, Conditionally Safe or Safe). Base each decision on an assessment of all safety factors and any other information known about the child and this case. Select “Safe” only if no safety factors were identified.

Supervisor Signature / Approval of Plan and Date Approved
The supervisor’s signature on the Safety Assessment means that the supervisor has discussed the plan with the case manager and agrees that the plan to ensure safety will provide for children’s conditional safety.
**SAFETY ASSESSMENT/PLAN POLICY REVIEW**

**Directions:**
- Find out which team you are assigned to
- Complete the following individually **before** joining your assigned group
- On the “question” lines below, write out 3 questions from CPS policy 2104.18 Safety Assessment OR CPS policy 2104.20 Safety Plans
- All questions must be “Open-ended”. “Closed-ended” questions are not acceptable for this activity
- Leave the Answer and “Gift” Q/A sections blank
- Write down the correct response (for yourself) so that you can double-check the answer given

**QUESTION 1:**
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**ANSWER 1:**
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
QUESTION 2:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

ANSWER 2:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

QUESTION 3:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

ANSWER 3:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

“GIFT”: QUESTION 1:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

“GIFT” ANSWER 1:

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
Module Eight:
INVESTIGATION: CASE DISPOSITIONS

PURPOSE: Participants will learn how to ANALYZE the facts they have documented in a case scenario to draw accurate case conclusions.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Identify the policy cites that support the Investigation Case Disposition
- Identify the Scale of Concern response for the 54 risk indicators in a case scenario
- Demonstrate how facts documented are used to draw case conclusions on the Risk Assessment Tool
## Screening and Referral Form

### CHILD AND FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Child: Last Name</th>
<th>First</th>
<th>MI</th>
<th>Mother: Last Name</th>
<th>First</th>
<th>MI</th>
<th>Maiden</th>
<th>Father: Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

### CHILD’S INFORMATION

- **Child’s Address:**
  - Street/Route: 
  - Apt Complex #: 
  - Mobile Hm Park #: 
  - City: 
  - County: 
  - Zip: 

- **Phone #:** 
  - Emergency Contact #: 

- **Directions to Home:** 
- **Latino/Hispanic:** Yes [ ] No [ ] Unknown [ ]
- **Select one race:**
  - (1) White [ ]
  - (2) Black or African American [ ]
  - (3) American Indian or Alaska Native [ ]
  - (4) Asian [ ]
  - (5) Hawaiian or Other Pacific Islander [ ]
  - (6) Multiracial [ ]
  - (7) Unknown [ ]

- **Sex:** Male [ ] Female [ ] Unknown [ ]
- **Unknown:** Date of Birth
- **Birth weight:**
  - Gestational Age: 
- **Hospital:**
  - Transfer Hospital: 
  - Discharge Date: 

- **Type of Insurance:**
  - Private [ ]
  - Tri-Care [ ]
  - PeachCare [ ]
  - Medicaid [ ]
  - None/Unknown [ ]

- **Medicaid #:** (if known)

### LANGUAGE NEEDS

- **Primary Language:**
- **Translator/Interpreter Needed:** Yes [ ] No [ ]

### HOSPITAL INFORMATION

- **Newborn Hearing Screening:** Not screened [ ] Family Refused Screening [ ]
- **Inpatient:**
  - Date: 
  - L: Passed [ ] Referred [ ] R:Passed [ ] Referred [ ] 
  - Equipment: AOAE [ ] AABR [ ] Other [ ]
- **Outpatient:**
  - Date: 
  - L: Passed [ ] Referred [ ] R:Passed [ ] Referred [ ] 
  - Equipment: AOAE [ ] AABR [ ] Other [ ]

- **Vaccines Given During Hospital Stay:**
  - Hepatitis B (date)
  - HBIG (date)

### LEVEL 1 RISK CONDITIONS

(Circle all that apply) (Families Offered In-Home Assessment)

- **Socio-Environmental Conditions Present in the Family (Any 1) **
  - V19.2: Family History of Hearing Impairment
  - V61.5: Multiparity in Mother <20 Years (more than 3 pregnancies)
  - V61.21: Previous or Current Child Protective Services/Foster Care
  - V61.8: History of Family Violence
  - V62.89: Difficulty Parenting Due to Lack of Family/Social Support
  - V61.20: Questionable Mother/Child Attachment
  - V61.7: Abortion Sought or Attempted this Pregnancy
  - V61.4: Maternal Substance Abuse (alcohol, street, prescription or OTC drugs as documented by self-report, drug screen or court record)
  - V60.0: Homelessness
  - V17.0: Maternal Mental Illness, Especially Depression
  - V18.4: Maternal Mental Retardation
  - V16-V19: Maternal Physical Illness or Disability Affecting Care of Child
  - V60.2: Inadequate Material Resources Affecting Care of Child
  - V62.5: Parental Incarceration
  - XXX.16: Three or More Injuries in 1 Year Requiring Medical Attention
  - XXX.06: Other Maternal Conditions Significantly Affecting Care of Child

### SIGNATURES

- **Name of Person Completing Form:** 
- **Agency:** 
- **Phone:** 
- **Date:** 

---

**Parent Signature** (encouraged but not required for referral) 
**Parent Informed of Referral?** Yes [ ] No [ ]
### Child’s Name:

### Mother’s Name:

#### Section E: LEVEL 2 RISK CONDITIONS

(Circle all that apply) (Medical/Biological Conditions Present in Child Indicating Referral to Public or Private Sector Care)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth weight &lt; 1000gms (2lbs. 3oz.)</td>
<td></td>
</tr>
<tr>
<td>Significant Respiratory Distress (vent. &gt; 48hrs)</td>
<td></td>
</tr>
<tr>
<td>Apgar &lt; 3 at 5 Minutes (asphyxia)</td>
<td></td>
</tr>
<tr>
<td>Intraventricular Hemorrhage (IVH) Grade III or IV</td>
<td></td>
</tr>
<tr>
<td>Perinventricular Leukomalacia (PVL)</td>
<td></td>
</tr>
<tr>
<td>Neocrotizing Enterocolitis Requiring Surgery</td>
<td></td>
</tr>
<tr>
<td>Bronchopulmonary Dysplasia</td>
<td></td>
</tr>
<tr>
<td>Seizures in Newborn</td>
<td></td>
</tr>
<tr>
<td>Apnea</td>
<td></td>
</tr>
<tr>
<td>Retinopathy of Prematurity</td>
<td></td>
</tr>
<tr>
<td>Injury During Perinatal Period</td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (Infant)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (Mother)</td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td></td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
</tr>
<tr>
<td>Meningitis, Bacterial</td>
<td></td>
</tr>
<tr>
<td>Meningitis, All Other</td>
<td></td>
</tr>
<tr>
<td>Abnormal Reflexes/Motor Functioning</td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
</tr>
<tr>
<td>Anencephalus</td>
<td></td>
</tr>
<tr>
<td>Hydrocephalus</td>
<td></td>
</tr>
<tr>
<td>Microcephalus</td>
<td></td>
</tr>
<tr>
<td>Spina Bifida/Myelomeningocoele</td>
<td></td>
</tr>
<tr>
<td>Encephalopathy</td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder/Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Down Syndrome</td>
<td></td>
</tr>
<tr>
<td>Major Chromosomal Abnormal Specify</td>
<td></td>
</tr>
<tr>
<td>Metabolic Disease Specify</td>
<td></td>
</tr>
<tr>
<td>Hemoglobinopathy Specify</td>
<td></td>
</tr>
</tbody>
</table>

#### SECTION G

COMMENTS

Have Parental rights been Terminated?  Yes  No  If no, complete:

Birth Parent(s) Name:__________________________________________

Address-Street:________________________________________________________________

City:____________________   County:____________________   Zip:____________________

Phone #:_____________________________________________________

Date Form Received:_______________________

Source of Referral (circle only 1):

Birth Certificate  Head Start  School

Hospital  Pre-K  Daycare Center

Physician  Parent  Public Health

DFCS  UNHS  Other

SSI (Supplemental Security Income)__________________________________________

Date Assessment Completed:_______________________

Reason for Discharge (circle only 1):

Pending in                         Moved out of State

Active in                         Moved out of Care

Inappropriate Referral             ____________________________

Consent Withdrawn/Refused Date:_______________________

Out of Service Age Group

Date of Referral Directly to PH Programs:

(Let 2 only):

Yes  No

Referrals Resulting from Assessment

Yes  No

Form #3267  www.health.state.ga.us/programs/childrenfirst  (Rev 3/05)
INSTRUCTIONS: FORM 3267
CHILDREN 1ST REFERRAL

Purpose:
The Children 1st Screening and Referral Form is used by Services Staff to refer children, under the age of three, in substantiated cases of neglect or abuse and children in foster care, under the age of five, to the Division of Public Health's Children 1st program for assessment and referral to public health prevention based programs and services.

COMPLETION OF FORM:
Enter as much information as is known to facilitate appropriate follow-up by public health. If information is unknown, enter “unknown” in the field. Send the referral to the Children 1st Coordinator in the county where the child resides. Directory of Children 1st Coordinators is attached to these instructions.

Section A: Child and Family Information
Name of Child Enter last name on birth certificate, first name and middle initial.
Name of Mother Enter last name, first name, middle initial and maiden name.
Name of Father Enter last name, first name, and middle initial.

Child's Information
Child's Address Enter street address (residence of the child at the time of the referral). Include city, county, and zip code.
Phone # List home phone number with area code.
Directions to Home Include directions to child’s place of residence at the time of the referral.
Latino/Hispanic Circle yes, no, or unknown to indicate if child is of Latino or Hispanic descent, based on parent report.
Select one race Circle the race of child based on parent report.
Sex of Child Circle if child is male, female or sex is unknown.
Date of Birth Indicate month, date, and year of birth.
Birth weight Indicate child’s birth weight (indicate if unknown).
Gestational Age Indicate number of weeks of gestation at time of birth (indicate if unknown).
Hospital Indicate name of hospital of delivery (indicate if unknown).
<table>
<thead>
<tr>
<th><strong>Date of Discharge</strong></th>
<th>Indicate date child was discharged from hospital of delivery (indicate if unknown).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Insurance</strong></td>
<td>Circle type of insurance coverage for child (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Medicaid #</strong></td>
<td>List child’s Medicaid number if known.</td>
</tr>
<tr>
<td><strong>Language Needs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>List the primary language spoken by mother.</td>
</tr>
<tr>
<td><strong>Translator Needed</strong></td>
<td>Circle yes or no to indicate if a translator or interpreter is needed for family.</td>
</tr>
<tr>
<td><strong>Mother’s Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Indicate age of mother at time of referral (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>Indicate month, date and year of birth (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Indicate highest level of education completed (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Martial Status</strong></td>
<td>Circle marital status. M – Married, NM – Never Married, SEP – Married but Separated, D – Divorced and not remarried, W – Widowed and not remarried (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Live in Partner</strong></td>
<td>Circle yes or no to indicate if mother is living with partner (indicate if unknown).</td>
</tr>
<tr>
<td><strong>Medicaid #</strong></td>
<td>List Medicaid number if known.</td>
</tr>
<tr>
<td><strong>Guardian/Foster Parent</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Guardian</strong></td>
<td>List name of Guardian, if different from above about mother. Include foster parent’s name and/or private child placement agency information. Use Section G, Comments to list primary language spoken by guardian and if a translator is needed.</td>
</tr>
<tr>
<td><strong>Child’s Primary Medical/Health Care Provider</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Provider Information</strong></td>
<td>Indicate name of primary care provider, address, phone and fax number, include area codes (indicate if unknown).</td>
</tr>
</tbody>
</table>

**Section B: Hospital Information**

Hospital staff may complete this information if newborn is admitted or discharged at the time the referral is completed.
Section C: Level of Risk Conditions (Families Offered In-Home Assessment)

Socio-Environmental Conditions Present in the Family (Any 1)

Circle V61.21 – in the right margin place a S – substantiated, SFC – foster care

Section D: Signatures

Name of Person Completing form Indicate first/last name and title of person completing form. If child is in foster care, indicate name of placement case manager.

Agency: Indicate county DFCS office.

Phone: Indicate phone number of CPS Investigator or Placement Case Manager. Include pager or cellular numbers.

Section G: Comments

Note any pertinent information about family or child that would assist the Children 1st coordinator in supporting the family. Provide if known the address and telephone number of the biological mother and father.
Module Nine:
THE CULHANE FAMILY SCENARIO
UPDATING THE INTERNAL DATA SYSTEM

PURPOSE: Differentiate the Electronic Case Management System (ECM) from the Internal Data System. Participants practice completing an IDS form (590) and a Child Abuse and Neglect Report (431) on the Culhane Family case scenario.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Differentiate the ECM System from the Internal Data System (IDS)
- Complete an IDS form (590) on a case scenario
- Complete a Child Abuse and Neglect Report (431) on a case scenario
Case Action Type: 1 – Initial 2 – Change 3 – Close 6 – Re-Open

Primary Service: 
1 – Placement 13 – Court Ordered Study
2 – CPS Report Screened Out 14 – OTI (Out of Town Inquiry) – From Another County
3 – CPS Report Accepted for Service 15 – OTI, ICPC – From Another State
4 – APS Report Accepted for Service 16 – CPS Safety Resource
6 – Preventive Services

Case Category: (CPS and PLC Only – Select one only according to primary service of the case)

CPS categories Placement (PLC) Categories
☐ Intake/Investigation 1 – Foster Care
☐ Ongoing/Family Preservation 2 – Foster Care/Boarding +
☐ Ongoing/Family Preservation 3 – Foster Care/ICPC Boarding (Not in GA Custody)+
☐ Ongoing/Family Preservation 4 – Foster Care/Parent Services Only +
☐ Ongoing/Family Preservation 5 – Relative/ICPC Boarding (Not in GA Custody)+
☐ Ongoing/Family Preservation 6 – Adoption
☐ Ongoing/Family Preservation 7 – Adoption/Boarding +
☐ Ongoing/Family Preservation 8 – Adoption/ICPC Boarding (Not in GA Custody)+
☐ Ongoing/Family Preservation 9 – ILP

Caseworker: ________________________________

THE FOLLOWING QUESTION APPLIES TO PRIMARY SERVICE TYPE 3 – CPS REPORT ACCEPTED FOR SERVICE

A 431 will be generated for Initial & Reopen CPS cases. If one is not required please select appropriate reason.

☐ 431 Required  ☐ 431 Not Required
☐ 1 – Ongoing case received in transfer
☐ 2 – Request for Assistance
☐ 6 – Courtesy Visit
☐ 7 – Duplicate Case Numbers
☐ 8 – CPS Case Opened in Error/CPS Case Closed in Error

PRIMARY CLIENT

Demographic Info:
Last Name ____________________________ Gender ☐ Male ☐ Female
First Name ____________________________ DOB ________________
Middle Name __________________________ SSN ________________
Suffix (Select One) ☐ Jr ☐ Sr ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI
☐ VII ☐ VIII ☐ IX ☐ X ☐ XI ☐ XII Hispanic Ethnicity ☐ No ☐ Yes ☐ UTD
Race: (Check all that apply) ☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaskan Native
☐ Hawaiian Native or Pacific Islander ☐ Unable to Determine
*Unable to Determine should only be used for child abandonment, adult incapacity/refusal

Address: (Address 1, City, State, Zip required)
Address 1 ________________________________ City ________________________________
Address 2 ________________________________ State ________________________________
Address 3 ________________________________ Zip ________________ Ext. ______
THE FOLLOWING SECTIONS APPLY TO PRIMARY SERVICE TYPE 1 – PLC CASES ONLY

<table>
<thead>
<tr>
<th>PRIMARY CLIENT Cont’d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is US Citizen?</td>
</tr>
<tr>
<td>If Yes. (Not U.S. Born) select one type of verification from the following list:</td>
</tr>
<tr>
<td><strong>Primary</strong></td>
</tr>
<tr>
<td>U.S. Passport</td>
</tr>
<tr>
<td>Naturalization Certificate (N-550)</td>
</tr>
<tr>
<td>Certificate of Citizenship (N-560)</td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
</tr>
<tr>
<td>Report of Birth Abroad/ U.S. Citizen (FS-240)</td>
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<tr>
<td>Certificate of Birth (FS-545)</td>
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<tr>
<td>Birth Certificate</td>
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<tr>
<td>U.S. Citizen ID Card (I-97)</td>
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<tr>
<td>American Indian Card (Issued by INS) Religious Record of Birth</td>
</tr>
<tr>
<td>Final adoption decree</td>
</tr>
<tr>
<td>Evidence of civil service employment by the U.S. government before June 1976</td>
</tr>
<tr>
<td>Official military record of service showing a U.S. place of birth</td>
</tr>
<tr>
<td>Northern Mariiana ID card</td>
</tr>
<tr>
<td><strong>Tertiary</strong></td>
</tr>
<tr>
<td>Extract of U. S. hospital record of birth created at least 5 years before the initial application date</td>
</tr>
<tr>
<td>Life or Health or other insurance record showing U.S. place of birth created 5 years before initial application</td>
</tr>
<tr>
<td><strong>Quaternary</strong></td>
</tr>
<tr>
<td>Census Bureau records of Birth/parentage</td>
</tr>
<tr>
<td>Medical records of birth/parentage</td>
</tr>
<tr>
<td>Religious Record of Birth</td>
</tr>
<tr>
<td>Bureau of Vital Statistics records of birth/ Parentage</td>
</tr>
<tr>
<td>Local government records of birth/parentage</td>
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<tr>
<td>Confirmation of Birth</td>
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<table>
<thead>
<tr>
<th>Non-US Citizens</th>
<th>If No, the primary client is not a U. S. Citizen, check type of immigrant status.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented Immigrant</td>
<td>Undetermined Immigrant Status</td>
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<tr>
<td>If Documented Immigrant, check type of documented immigrant and the verification provided according to type:</td>
<td></td>
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<tr>
<td>Refugee</td>
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<tr>
<td>Asylee</td>
<td>Valid verification</td>
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<tr>
<td>Parolee</td>
<td>Valid verification</td>
</tr>
<tr>
<td>Cuban Haitian Entrant</td>
<td>Valid verification</td>
</tr>
<tr>
<td>Certain Amerasians from Vietnam</td>
<td>Valid verification</td>
</tr>
<tr>
<td>Lawful Permanent Resident</td>
<td>Valid verification</td>
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<tr>
<td>Victim of Human trafficking</td>
<td>Valid verification</td>
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<tr>
<td>Special Immigrant Juvenile Status</td>
<td>Valid verification</td>
</tr>
<tr>
<td>Unaccompanied Minor Child</td>
<td>Valid verification</td>
</tr>
<tr>
<td>Child under 5 found in U.S./Parents unknown</td>
<td>Valid verification</td>
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</table>

Complete the next two fields for all immigrant status types of non-U.S. Citizens:
Child Country of Origin __________________________ Date of Consulate Notification / / (Date Info. Faxed to State Office)

For child who is undocumented immigrant, provide country of origin of the child’s parents:
Mother County of Origin ________________ Father Country of Origin ______

**See List of Countries on Page 4 of this Form**

Special Characteristics: Check all that apply
- Not Yet Diagnosed
- None Diagnosed
- Diagnosed Mental Retardation
- Diagnosed Vision/Hearing Impaired
- Diagnosed Physically Disabled
- Diagnosed Emotionally Disturbed
- Other Medically Diagnosed Condition

Level of Care: Not Applicable Level 1 Level 2 Level 3 Level 4 Level 4W/Ed Level 5 Level 5W/Ed Level 6 Level 6W/Ed Level 3 – Assessment 3
### Legal and Case Planning

**Legal Status (Select Only One)**
- 1 – Temporary Court
- 2 – Temporary Voluntary
- 3 – Permanent Court
- 4 – Permanent Voluntary
- 5 – Aftercare/Supervision + (no agency custody)
- 6 – Short Term Emergency Care (7 Day Custody)

**Most Recent Case Review**

**Most Recent Permanency Hearing**

**Date of Court Order Expiration**

**Date of Mother TPR/Relinq/Death**

**Date of Voluntary Custody Expiration**

**Date of Father TPR/Relinq/Death**

**Primary Permanency Plan (Select Only One)**
- 1 – Reunification
- 2 – Live w/Other Relative
- 3 – Adoption
- 4 – Long Term Foster Care
- 5 – Emancipation
- 6 – Guardianship

**Placement Info**

**Placement Type**
- 1 - Parent (non-AFCARS+)
- 18 - Parent Trial Home Visit
- 2 – Relative
- 3 - Relative Foster Home
- 4 - Family Foster Home
- 5 - Independent Living Aftercare+
- 7 - Adoptive Home
- 6 - Group Home
- 9 - Child Care Institution
- 10 - ICPC - Relative + (Not in GA Custody)
- 11 - ICPC – Foster Care + (Not in GA Custody)
- 20 - ICPC - Adoption + (Not in GA Custody)
- 14 - (R)YDC
- 15 - Other
- 19 - Emergency Shelter
- 16 - Boarding County+
- 17 - Placement Services to Parents+

### AFCARS

**Case Info**

- **Caretaker/s from whom child was removed:**
  - Married Couple
  - Unmarried Couple
  - Single Female
  - Single Male
  - Unable to Determine

- **Has the child ever been adopted?**
  - Yes
  - No

- **If Yes, what was the child's approximate age when adopted?**
  - Less than 2 Years Old
  - 2-5 Years Old
  - 6-12 Years Old
  - 13 Years Old or Older
  - Unable to Determine

**Removal**

- **If the child has been in custody before, enter the date the child was first removed**

- **What is the total number of removals from home the child has experienced?**

- **If the child was in custody before, what date was the child last discharged from custody?**

**Reasons for removal from home (Check all that apply)**

- Physical Abuse
- Child Behavior Problem
- Sexual Abuse
- Neglect
- Incarceration of Parent(s)
- Parent(s) Alcohol Abuse
- Parent(s) Drug Abuse
- Child Abuse
- Relinquishment
- Child Disability
- Inadequate Housing

**Placement Info (AFCARS)**

- **Date of Placement in Current Foster care setting**
  - Is the Placement Out of State?
  - Yes
  - No

**Financial Support**

- IV-E Foster Care
- IV-A TANF
- Medicaid
- Initial
- No Federal Support
- IV-D Child Support
- SSI/Other
- IV-B (State) Per Diem

**Foster / Adopt Family Structure (Required if placement type of relative, relative foster home, family foster home or adoptive home).**

- Married Couple
- Unmarried Couple (Unmarried couple not applicable if DFCS foster or adoptive home)
- Single Female
- Single Male
- Unable to Determine

- **1st Foster/Adopt CT**
  - DOB

- **2nd Foster/Adopt CT**
  - DOB

- **If Couple, 2nd Foster/Adopt CT**
  - Hispanic/Latino Ethnicity

- **1st Foster/Adopt CT Race**
  - Select all that apply
  - 2nd Foster/Adopt CT Race

- **Select all that apply**
  - Black/African American
  - White
  - Asian

- **American Indian/Alaskan Native**
  - Hawaiian Native or Pacific Islander

- **Unable to Determine**
  - American Indian/Alaskan Native
  - Hawaiian Native or Pacific Islander

**AFCARS discharge date**

**AFCARS Discharge Reason:**
- 1 – Reunification
- 2 – Live w/Other Relative
- 3 – Adoption finalized
- 4 – Emancipation
- 5 – Guardianship
- 6 – Transfer to another agency
- 7 – Runaway
- 8 – Death of Child
<table>
<thead>
<tr>
<th>Country</th>
<th>Country</th>
<th>Country</th>
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<tbody>
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<td>MACEODONIA</td>
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<td>FALKLAND ISLANDS (Islas Malvinas)</td>
<td>MADAGASCAR (Malagasy Republic)</td>
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<td>YEMEN (Aden)</td>
<td>PALMYRA ATOLL</td>
<td>VATICAN CITY</td>
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<tr>
<td>YEMEN (Sanaa)</td>
<td>PANAMA</td>
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<tr>
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<td>PAPUA NEW GUINEA</td>
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<tr>
<td>ZAIRE</td>
<td>PARACEL ISLANDS</td>
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<td>ZAMBIA</td>
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<tr>
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<td>PAPIRNANT ISLANDS</td>
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### BLANK 431- CHILD ABUSE AND NEGLECT REPORT

<table>
<thead>
<tr>
<th>Case Number:</th>
<th>County Name:</th>
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<thead>
<tr>
<th>Date Reported:</th>
<th>Starting Case Worker:</th>
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#### Caretaker Information

<table>
<thead>
<tr>
<th>Name of Parent(s)/Caretaker(s)</th>
<th>Marital Status</th>
<th>Sex</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Date of Birth</th>
<th>SSN</th>
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<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
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#### Incident Information

<table>
<thead>
<tr>
<th>Case Determination Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 01-Substantiated Open</td>
</tr>
<tr>
<td>□ 02-Substantiated Closed</td>
</tr>
<tr>
<td>□ 03-Unsubstantiated Open</td>
</tr>
<tr>
<td>□ 04-Unsubstantiated Closed</td>
</tr>
<tr>
<td>□ 05-Pending</td>
</tr>
<tr>
<td>□ 06-Transferred within Georgia</td>
</tr>
<tr>
<td>□ 07-Transferred outside Georgia</td>
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<table>
<thead>
<tr>
<th>Previous CPS History:</th>
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<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
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<table>
<thead>
<tr>
<th>If Yes, was most recent closure less than 1 year prior to the current report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
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<table>
<thead>
<tr>
<th>Reported By:</th>
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<tbody>
<tr>
<td>□ 01-Custodial Parent/Guardian</td>
</tr>
<tr>
<td>□ 02-Relative</td>
</tr>
<tr>
<td>□ 03-Neighbor/Friend</td>
</tr>
<tr>
<td>□ 04-Non-Custodial Parent</td>
</tr>
<tr>
<td>□ 05-Religious Leader/Staff</td>
</tr>
<tr>
<td>□ 06-Lawyer</td>
</tr>
<tr>
<td>□ 07-Unknown</td>
</tr>
<tr>
<td>□ 08-Other Non-Mandated Person</td>
</tr>
<tr>
<td>□ 09-Anonymous</td>
</tr>
<tr>
<td>□ 10-School Personnel</td>
</tr>
<tr>
<td>□ 11-Law Enforcement/Court</td>
</tr>
<tr>
<td>□ 12-Hospital/Clinic</td>
</tr>
<tr>
<td>□ 13-Physician, Dentist, Podiatrist, Nurses</td>
</tr>
<tr>
<td>□ 14-Professional Counselors, Social Workers</td>
</tr>
<tr>
<td>□ 15-DHR Staff (Not TANF Sanction Related)</td>
</tr>
<tr>
<td>□ 16-Day Care Center</td>
</tr>
<tr>
<td>□ 17-Alleged Maltreater</td>
</tr>
<tr>
<td>□ 18-Victim</td>
</tr>
<tr>
<td>□ 19-TANF (Sanction Related)</td>
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</table>

<table>
<thead>
<tr>
<th>Living Arrangement (at time of maltreatment):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 01-With Family (Not Foster Care)</td>
</tr>
<tr>
<td>□ 02-Foster Care Relative</td>
</tr>
<tr>
<td>□ 03-Foster Care Non-Relative</td>
</tr>
<tr>
<td>□ 04-Group Home/Institution-Under DFCS Supervision</td>
</tr>
<tr>
<td>□ 05-Group Home/Institution-No DFCS Supervision</td>
</tr>
<tr>
<td>□ 06-Unknown</td>
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</table>

<table>
<thead>
<tr>
<th>Family Violence:</th>
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<tr>
<td>□ 01-Not Alleged</td>
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<tr>
<td>□ 02-Alleged but Unsubstantiated</td>
</tr>
<tr>
<td>□ 03-Substantiated-Children Emotion Abuse</td>
</tr>
<tr>
<td>□ 04-Substantiated-Children Physical Abuse</td>
</tr>
<tr>
<td>□ 05-Substantiated-Children No Substantiated Maltreatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Circumstances:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 01-No Special Circumstances</td>
</tr>
<tr>
<td>□ 02-Case Opened as result of “Safe Place for Newborns” Law</td>
</tr>
<tr>
<td>□ 03-Case Opened as result of “Physician Taking Child into Custody” Law</td>
</tr>
<tr>
<td>□ 04-Case Opened on order of Juvenile Court-No Maltreatment Alleged</td>
</tr>
<tr>
<td>□ 05-Other out of Home Arrangement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 01-Alcohol</td>
</tr>
<tr>
<td>□ 02-Prescription Medicine</td>
</tr>
<tr>
<td>□ 03-Controlled Substance</td>
</tr>
<tr>
<td>□ 04-Alcohol and Prescribed Medicine</td>
</tr>
<tr>
<td>□ 05-Alcohol and Controlled</td>
</tr>
<tr>
<td>□ 06-Prescribed Medicine and Controlled Substance</td>
</tr>
<tr>
<td>□ 07-All Types</td>
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</table>

<table>
<thead>
<tr>
<th>Where Did the Maltreatment Occur?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 01-Victim’s Home</td>
</tr>
<tr>
<td>□ 02-Other Private Home</td>
</tr>
<tr>
<td>□ 03-Center Based Daycare</td>
</tr>
<tr>
<td>□ 04-Family Based Daycare</td>
</tr>
<tr>
<td>□ 05-Residential Foster Care Home</td>
</tr>
<tr>
<td>□ 06-Group Home Foster Care</td>
</tr>
<tr>
<td>□ 07-Family Foster Home-DFCS</td>
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<tr>
<td>□ 08-Family Foster Home-Non DFCS</td>
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<tr>
<td>□ 09-Other Institution (School)</td>
</tr>
<tr>
<td>□ 10-Other</td>
</tr>
</tbody>
</table>
Case Number: 

Case Determination Information

Date Investigation Completed: 
Person Completing Investigation: 

Maltreater Information

☐ Maltreater Unknown

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Race:</th>
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<tbody>
<tr>
<td>□ Never Married</td>
<td>□ Black/African American</td>
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<tr>
<td>□ Married</td>
<td>□ White</td>
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<tr>
<td>□ Separated</td>
<td>□ Asian</td>
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<tr>
<td>□ Widowed</td>
<td>□ American Indian/Alaska Native</td>
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<tr>
<td>□ Divorced</td>
<td>□ Native Hawaiian/Other Pacific Islander</td>
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<td></td>
<td>□ Unable to Determine</td>
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</tbody>
</table>

Sex: 
☐ Male
☐ Female

DOB: 

Ethnicity: Hispanic/Latino: 
☐ No
☐ Yes

Criminal Charges Filed: 
☐ Yes
☐ No

Household Members

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Marital Status</th>
<th>Sex</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Family Role</th>
<th>Foster Child Case# (If Applicable)</th>
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</table>

Please check the Maltreated Children in the list above.
Division of Family and Children Services

CHILD ABUSE AND NEGLECT REPORT – FORM 431 (Child Maltreatment Information)

NOTE: Page 3 of this form must be filled out separately for each Maltreated Child. Make copies as needed.

Case Number: ___________________________ County Name: ___________________________

Child Name: ___________________________ Date Reported: ___________________________

Alleged Maltreater Relationship:

- 01-Biological Parent
- 02-Adoptive Parent
- 03-Step Parent
- 04-Foster Parent (DFCS)
- 05-Foster Parent (Non DFCS)
- 06-Grandparent
- 07-Uncle/Aunt
- 08-Biological Sibling
- 09-Other Relative
- 10-Baby Sitter/Child Care
- 11-Other Non-Related Person
- 12-Relationship Unknown
- 13-Live in Boyfriend or Girlfriend
- 14-School Personnel
- 15-Residential Facility Staff (DFCS)
- 16-Residential Facility Staff (Non-DFCS)

Custody transferred to the Dept. thru Court Action:

- Yes
- No

Physical Injury:

- 01-No Physical Injury
- 02-Physical Injury – No Treatment Needed
- 03-Physical Injury – Treatment Needed

Child Death:

- 01-Child Alive
- 02-Death Attributed to Substantiated Abuse
- 03-Death Attributed to Substantiated Neglect
- 04-Death-No Maltreatment

Special Characteristics – Check All That Apply:

- Diagnosed Mental Retardation Moderate
- Diagnosed Physically Disabled
- Alcohol Abuse/Child
- Not Yet Diagnosed
- Diagnosed Mental Retardation Severe
- Diagnosed Emotionally Disturbed
- Drugs/Other Substance Abuse
- None Diagnosed
- Diagnosed Mental Retardation Profound
- Other Medically Diagnosed Condition
- Diagnosed Mental Retardation Mild
- Diagnosed Vision/Hearing Impaired
- Behavior

A-Alleged    AU-Alleged but Unsubstantiated    AS-Alleged and Substantiated    NAS- Not Alleged but Substantiated

Neglect:

- 01-Malnourishment/Failure to Thrive
- 02-Abandonment/Rejection
- 03-Inadequate Supervision
- 04-Inadequate Food, Clothing, Shelter
- 05-Inadequate Health, Medical Care
- 06-Emotional/Psychological Neglect
- 07-Educational/Cognitive Neglect
- 08-Gunshot
- 09-Suffocation/Drowning
- 10-Birth Addicted/Birth Exposed

Emotional Abuse:

- Verbal Threats
- Bizarre Discipline (Non Physical)

Other Abuse:

- 01-Case Opened on Report; however, No Maltreatment Reported

Physical Abuse:

- 01-Fractures, Dislocations, Sprains
- 02-Intracranial Injury, Skull Injury
- 03-Spinal Cord, Nerve Damage
- 04-Subdural Hematoma
- 05-Internal Chest, Abdomen, Pelvic Injury
- 06-Lacerations, Cuts, Punctures
- 07-Bruises, welts, Abrasions
- 08-Burns, Scalding
- 09-Poisoning
- 10-Suffocation/Drowning
- 11-FDM/MBP
- 12-Gunshot
Child Protective Services March 2007 97
Electronic Participant Guide

INSTRUCTIONS: Desk Reference Guide
Child Abuse and Neglect Report (Form 431)

Case Number: Case Number assigned  County Name: Name of county office
Date Reported: Intake referral date of this incident. One 431 per investigative incident required.

Caretaker Information: The name of the IDS (form 590) primary client must be one of the
Parent(s)/caretaker(s) listed.
Marital Status: Select one: Never Married, Married, Separated, Widowed , Divorced
Sex: Male or Female
Race: Select one or all that apply: Black/African American, White, Asian , American
Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Unable to determine
Ethnicity: Select "Yes" or "No". "Yes" applies to those clients that are of Hispanic/Latino heritage
Date of Birth: Place the date of birth. Estimate the age and birth date if unknown.
Social Security Number: If known, place in blank.
Household Address: Must match household address listed on IDS (form 590). Address must be complete including zip code.

Incident Information:
Case Determination Status: Select one of the case determination choices as listed on the form.
Reported by: Select one reporter type choices as listed on the form.
Special Circumstances: Select one of the choices listed on the form.
Previous CPS History: Select "Yes" or "No" based on the history search that has been completed
If "Yes" Most Recent Case Closure: Select "Yes" or "No" based on the search results.
Living Arrangement: Select one of the choices listed on the form
Family Violence: Select one of the choices listed on the form
Adult Substance Abuse Status: Select one of the choices listed on the form
Substance Abuse Type: If alleged or confirmed , select a choice that best represents the incident.
Where did the maltreatment Occur: Select which location best describes the place of the abuse/neglect

Case Determination Information:
Date investigation completed: Place the date of the completed investigation in this blank
Person Completing Investigation: Place the name of the person responsible for the investigation

Maltreater Information:
Marital Status: Select one of the choices listed on the form
Sex: Male or Female
Ethnicity: Select "Yes" or "No". "Yes" applies to those clients that are of Hispanic/Latino heritage
Race: Select one or all that apply
Date of Birth: Place the date of birth. Estimate the age and birth date if unknown
Criminal Charges Filed: Select "Yes" or "No" based on the incident being reported
Household Composition:

- List all adults and children living in the household. Choose the children subject to the report by marking the first column.

Name: Place the name of the individual in this blank

Marital Status: Select one of the following: Never Married, Married, Separated, Widowed, Divorced

Sex: Male or Female

Race: Select one or all that apply: Black/African American, White, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Unable to determine

Ethnicity: Select "Yes" or "No". "Yes" applies to those clients that are of Hispanic/Latino heritage

Date of Birth: Place the date of birth. Estimate the age and birth date if unknown.

Social Security Number: If known, place in blank.

Family Role: Select one of the following choices: parent, child, spouse, step-child, sibling, grandparent, grandchild, aunt/uncle, niece/nephew, cousin, other relative, live in boy/girlfriend, roommate, other

Child Maltreatment:

- Each child that was alleged or found to be abused/neglected MUST have their own individualized maltreatment findings.

Case Number: Case Number assigned  County Name: Name of county office

Child Name: Name of the individual child that this information represents

Date Reported: Intake referral date of this incident. One 431 per investigative incident required

Alleged Maltreater Relationship: Select which relationship choice best represents the maltreater's relationship with the child. Only one maltreater can be selected.

Custody transferred to the department thru court action: Select "Yes" or "No" based on this incident

Physical Injury: Select one of the choices about this incident

Child Death: Select one of the choices about this incident

Special Circumstances: Select one or all that apply to this child.

Neglect: Select and mark all choices that apply

"A" = Alleged
"AU" = Alleged/Unsubstantiated
"AS" = Alleged/Substantiated
"NAS" = Not alleged/Substantiated
Sexual Abuse: Select and mark all choices that apply

"A" = Alleged
"AU" = Alleged/Unsubstantiated
"AS" = Alleged/Substantiated
"NAS" = Not alleged/Substantiated

Emotional Abuse: Select and mark all choices that apply

"A" = Alleged
"AU" = Alleged/Unsubstantiated
"AS" = Alleged/Substantiated
"NAS" = Not alleged/Substantiated

Other Abuse: Select if it applies

"A" = Alleged
"AU" = Alleged/Unsubstantiated
"AS" = Alleged/Substantiated
"NAS" = Not alleged/Substantiated

Physical Abuse: Select and mark all choices that apply

"A" = Alleged
"AU" = Alleged/Unsubstantiated
"AS" = Alleged/Substantiated
"NAS" = Not alleged/Substantiated
Tips for Completing the Form 431

If you do not fill out the 431 completely and accurately, it will be returned from your Supervisor for correction. Here are some tips to remember as you complete the form:

- This form is used to report the Maltreatment Finding (Incident-based Decision) for the case. ONLY mark areas that directly affected the current incident of Maltreatment.
  - For example, if the boyfriend’s drinking raises risk concerns for the future but has no direct impact on the current allegation of the child not receiving immunizations, then do not confirm the Adult Substance Abuse Status.

- Use the Instruction sheet to accurately complete the form. Do not make up your own shorthand codes instead of using the choices listed.

- Information must match what is already in the system from the IDS form 590. For example, addresses and primary client names must be the same.

- The address must include the zip code.

- Identify the alleged victims of maltreatment by checking the squares to the left of “household members.”

- A separate page 3 of the form 431 must be completed for each child who is an alleged victim.

- Report the most “significant” maltreater on the 431 and document any concerns about other maltreaters in the Log of Contacts. You can only enter ONE maltreater in PSDS.

- Case Determination Status-select 03 for cases where the current incident is unsubstantiated but the risk finding directs you to open for Ongoing services.
Module Ten:  
ONGOING:  PRACTICE

PURPOSE: Participants will learn about Ongoing service provision to families with identified risk indicators.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Demonstrate with a case scenario how to develop and document a Family Plan
- Describe the meaning/value of Family Team Meetings
- Locate policy applicable to providing Ongoing services to families
- Understand a parent’s viewpoint of agency expectations for change
(Optional): Summary of CPS Policy 2105 Case Management

2105.1 Introduction

2105.2 CPS TCM Tearsheet

2105.3 Case Contact

2105.4 Face-to-Face Contacts

2105.5 Collaterals

2105.6 Strengths Assessment and Family Plan Preparation

2105.7 Strengths and Needs

2105.8 Family Plan-Initiation and Time Frame
2105.9  Family Plan
   ❖ 
   ❖ 
   ❖ 

2105.10  Joint CPS/TANF Cases
   ❖ 
   ❖ 
   ❖ 

2105.11  Service Selection
   ❖ 
   ❖ 
   ❖ 

2105.12  Service Provision
   ❖ 
   ❖ 
   ❖ 

2105.13  Use of Drug Screens in Ongoing Case Management
   ❖ 
   ❖ 
   ❖ 

2105.14  Relapse Issues in Substance Abuse Cases
   ❖ 
   ❖ 
   ❖ 

2105.15  Purpose of Case Contacts
   ❖ 
   ❖ 
   ❖ 

2105.16  Case Management Documentation
   ❖ 
   ❖ 
   ❖ 

2105.17  Case Reassessment
   ❖ 
   ❖ 
   ❖ 

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2105.19 Collecting Information for Case Reassessment

2105.20 Family Moves During Ongoing Services

2105.21 Case Closure Decision

2105.21(2) Case Closure Requirements

2105.22 Closure of Cases Active with TANF
PART II: POLICY CHECK
2105 CASE MANAGEMENT

DIRECTIONS: Answer the following questions (and identify the policy cite) using the CPS manual for reference.

1. When substance abuse is identified as a risk indicator in the Family Plan, how many drug screens would a single parent provide if the case has been open 3 months?

2. What are the 2 CPS outcome options on the Family Plan?

3. Identify 7 signs of substance abuse relapse?

4. How many collateral sources should the Ongoing Case Manager contact if the risk indicated level for the family is Very Little?

5. If the same family just described receives services from Babies Can’t Wait, whom would you need to call as collaterals before submitting the case for closure?
6. Where should minimum monthly face-to-face contacts be made with young children who attend daycare every day?

7. Where in the CPS policy manual do you find information about a family’s eligibility to receive PUP funds?

8. If an Ongoing case manager sees a family on Friday afternoon, before a Monday holiday, what day of the week is your deadline to have the documentation of that contact completed in the Log of Contacts of the risk assessment tool?

9. What risk level does the Case Manager record on their monthly tear sheet for families with the Overall Risk Level of:

   - Very Low______
   - Somewhat/Considerable_____
   - Extreme______

10. Since the Family Plan is a “living document”, is there anything you should do if a family makes little to no change on the previously determined goals and steps?

11. What determines who/how the Case Manager should contact as a collateral contact?
If you prefer to take Ink Annotation Notes during the film (using your pen), move your cursor to the next page and select **TWO PAGES** above so you can work on the entire document at the same time.
## Culhane Ongoing Observations

<table>
<thead>
<tr>
<th>Look For...</th>
<th>Observations of Ongoing Case Manager</th>
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<tbody>
<tr>
<td>Facial Expressions</td>
<td><img src="image" alt="Facial Expressions" /></td>
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<tr>
<td>Body Language</td>
<td><img src="image" alt="Body Language" /></td>
</tr>
<tr>
<td>Questions Asked (good/bad?)</td>
<td><img src="image" alt="Questions Asked" /></td>
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<tr>
<td>Engagement Skills</td>
<td></td>
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<td>-------------------</td>
<td></td>
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<tr>
<td>Ability to Motivate</td>
<td></td>
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<tr>
<td>Obstacles Created</td>
<td></td>
</tr>
</tbody>
</table>
How to Develop a Family Plan that Motivates Change

- Listen carefully to what is said and not said by the family
- Clarify points to be sure all understand what is being stated
- Articulate what the family dynamics should “look like” before DFCS services end
- Respectfully address the adults in the room (Families know when you are new and will help you if they like you)
- Write in simple language so as not to appear as if there is a “hidden” message underneath the plan
- Offer PUP funds when available to assist with changes. Most people want to see tangible evidence of help
- Include the children when age-appropriate
- Be sure all adults are present and included. For example, don’t leave out the boyfriend who may be the source of the risk in the household
- Confront inconsistencies to clarify underlying issues
- Remember you may be working with an adult victim of violence. Use good judgment to avoid “re-victimization of the victim” by assigning all the steps for them to accomplish alone
TARGETED CASE MANAGEMENT: CONSENT TO RECEIVE TARGETED CASE MANAGEMENT SERVICES

CLIENT: ________________________________

GUARANTOR (CPS only): ________________________________

SUCCESS MEDICAID #: ________________________________

MHN MEMBER #: ________________________________

BEGINNING DATE: ________________________________

CPS and CPS Safety Resource Cases only

Is there a SSI Medicaid eligible child residing in the home?

Yes  No

Is there a Medicaid eligible child receiving Children’s Medical Services residing in the home?

Yes  No

Is there a Medicaid eligible child receiving services from the Georgia Pediatric Program residing in the home?

Yes  No

Is there a child receiving Adoption Assistance Medicaid residing in the home?

Yes  No

All APS, Placement and CPS/CPS Safety Resource cases will receive TCM Services in order to assist them in gaining access to and managing needed medical services. This includes nutritional interventions, behavioral interventions, substance abuse interventions and other medical interventions.

Signature of
Client/Designee______________________________

451 Consent for TCM Services (Rev. 10/06)
Module Eleven:
CASE MANAGEMENT:
REASSESSMENT AND CASE CLOSURE

PURPOSE: Participants will learn how services, geared toward reducing risk to children, should be provided to families.

LEARNING OBJECTIVES: At the completion of this module, participants will be able to:

- Identify skills needed in case management
- Locate policy to support reassessment and closure decisions
- Understand practice issues of terminating services with a family
IS THIS A DFCS ISSUE?

DIRECTIONS: All 10 examples were called in to DFCS for resolution

➢ Determine whether each of the following is (check):
   An appropriate referral for DFCS services
   Not a DFCS issue to address

➢ Identify what services DFCS could offer to the family for each example

1. A single parent is scheduled to work tonight but does not have childcare arranged for her 3-year-old son.
   - Appropriate referral for DFCS services _____
   - Not a DFCS Issue to address _____
   - Services DFCS could offer _______________________________
   - ____________________ ___________________________________

2. A married couple in the middle of a divorce due to infidelity, request a letter be written to the judge as to which parent is unfit.
   - Appropriate referral for DFCS services _____
   - Not a DFCS Issue to address _____
   - Services DFCS could offer _______________________________
   - ____________________ ___________________________________

3. A married couple is in the middle of a divorce due to domestic violence issues occurring in the home. The father’s attorney wants DFCS to complete an assessment to prove the mother is mentally unstable to raise the child. The teacher also reports she has observed the child to be afraid to go home after school on several occasions.
   - Appropriate referral for DFCS services _____
   - Not a DFCS Issue to address _____
   - Services DFCS could offer _______________________________
   - ____________________ ___________________________________
4. A maternal grandmother calls the agency because the 16-year-old granddaughter she has raised since infancy is scheduled to go off to college and she does not have the funds available to support her attending.
   
   o Appropriate referral for DFCS services _____
   o Not a DFCS Issue to address _____
   o Services DFCS could offer ________________________________
   o ____________________________________________________________________________________

5. A maternal grandmother calls the agency because the 16-year-old granddaughter she has raised since infancy is scheduled to go off to college next year and she does not have the funds available to support her attending. She has gone to the juvenile court and filed a complaint to be relieved of custody of the child.
   
   o Appropriate referral for DFCS services _____
   o Not a DFCS Issue to address _____
   o Services DFCS could offer ________________________________
   o ____________________________________________________________________________________

6. The juvenile court has received reports of an unruly 12-year-old boy who is vandalizing his neighborhood. The complainant alleges the child is allowed by his mother to run the streets all day and night unsupervised which is when the unlawful activity occurs.

   o Appropriate referral for DFCS services _____
   o Not a DFCS Issue to address _____
   o Services DFCS could offer ________________________________
   o ____________________________________________________________________________________

7. The school reports that a 6-year-old girl is falling asleep in class every day.

   o Appropriate referral for DFCS services _____
   o Not a DFCS Issue to address _____
   o Services DFCS could offer ________________________________
   o ____________________________________________________________________________________

8. A parent who successfully completed a drug treatment program and who has remained “clean” for the past 6 months, begins missing days at work, forgets to pick up her 2 year old child at the daycare, and is reportedly “sleeping all the time” now.

   o Appropriate referral for DFCS services _____
   o Not a DFCS Issue to address _____
   o Services DFCS could offer ________________________________
   o ____________________________________________________________________________________
9. A former DFCS foster child, (left care at age 17 and is now 19 years old), calls her former Case Manager for assistance in obtaining housing and employment.

- Appropriate referral for DFCS services _____
- Not a DFCS Issue to address _____
- Services DFCS could offer ________________________________
- __________________ ___________________________________

10. Late on Friday afternoon before a long holiday weekend, the Ongoing Case Manager arrives at the home of her client who has 6 children. There is no food in the house and the agency food bank is closed for the weekend.

- Appropriate referral for DFCS services _____
- Not a DFCS Issue to address _____
- Services DFCS could offer ________________________________
- __________________ ___________________________________
Behavioral Anchors

Child Protective Services Case Managers
DAILY BEHAVIORAL ANCHORS (13)

1. **Acceptance of Feedback from Supervisor/Trainers/Coaches:** Evaluates the way case manager accepts supervisor’s criticism and how that feedback is used to further the learning process and improve performance.

   **Unacceptable** or Rating of 1 is defined as: Rationalizes mistakes, denies that errors were made, is argumentative, refuses to, or does not attempt to, make corrections. Considers criticism as a personal attack.

   **Minimally Acceptable** or a Rating of 4 is defined as: Accepts criticism in a positive manner and applies it to improve performance and further learning.

   **Superior** or a Rating of 7 is defined as: Actively solicits criticism/feedback in order to further learning and improve performance. Does not argue or blame others for errors.

2. **Ability to follow up and ensure tasks are completed and team remains focused on outcomes. Follows through on responsibilities and communications.**

   **Unacceptable** or a Rating of 1 is defined as: Feels accountable only for meeting program requirement deadlines such as timeframes for turning in paperwork; fails to keep client and others informed of case progress and often blames others for lack of progress; does not adhere to timeline standards and acts with no sense of urgency; and makes promises that are unrealistic and offers excuses when promises cannot be kept.

   **Minimally Acceptable** or a Rating of 4 is defined as: Accepts accountability for actions; is willing to accept occasional leadership roles on project teams and generally follows through on assigned tasks; attempts to keep expectations realistic; adheres to timeline standards and acts with a sense of urgency when called for; and usually keeps others informed of actions.

   **Superior** or a Rating of 7 is defined as: Fully accepts accountability for actions and consistently follows through on tasks; readily accepts leadership roles on project teams; keeps others fully informed of progress; sets realistic expectations for self and others; always adheres to timeline standards and acts with a sense of urgency when called for; and accepts responsibility for completion of tasks.

3. **Ability to access and utilize online resources including policy manuals, training materials and other appropriate tools to assist families as well as off-line resources such as reading journal articles, and books on child welfare; signs up for voluntary training or continuing education.**
Unacceptable or a Rating of 1 is defined as: Does not know how to find needed resources online. Consistently asks co-case managers and/or supervisor for information that should be accessed using online resources after being directed to the appropriate web-based location. Does not complete online training components.

Minimally Acceptable or a Rating of 4 is defined as: Knows how to find basic online resources. Can access policy manual online. Completes online training components in timely manner with little assistance. Seeks to complete other forms of enhancement such as reading articles and books on child welfare and signing up for additional training.

Superior or a Rating of 7 is defined as: Navigates through online resources easily. Can access online policy manual and can navigate through sections easily. Completes online training components in a timely manner independently. Utilizes internet appropriately to locate resources to assist families. Seeks to complete other forms of enhancement such as reading articles and books on child welfare and signing up for additional training.

4. Attitude towards DFCS: Views career in terms of personal motivation, goals, organization, and acceptance of the responsibilities of the job.

Unacceptable or a Rating of 1 is defined as: Sees career only as a job, uses job to boost ego, abuses authority, demonstrates little dedication to the principles of the profession (child safety, permanency, and well-being).

Minimally Acceptable or a Rating of 4 is defined as: Demonstrates an active interest in new career and in case management responsibilities, demonstrates dedication to the principles of the profession (child safety, permanency, and well-being).

Superior or a Rating of 7 is defined as: Utilizes off-duty time to further professional knowledge, actively soliciting assistance from others to increase knowledge and improve skills. Demonstrates concern for engaging in best child welfare practice, maintains the high ideals in terms of professional responsibilities and principles of the profession (child safety, permanency, and well-being).
5. **Attitude toward the families served by DFCS:** Ability to interact with families in an appropriate and efficient manner; working in partnership with the family utilizing the Family Centered Practice Principles, involving them in problem solving, recognizing their right and capacity to be decision makers in realizing an improved quality of life within a culturally competent context.

**Unacceptable** or a Rating of 1 is defined as: Abrupt, belligerent, overbearing, arrogant, uncommunicative. Exhibits traits of an Authoritarian: rigid, black and white thinker, racist, hierarchical, power motivated, etc. Dictates plan to the family and does not involve them in problem solving; turns them away with no services or any attempt at referral for services; does not identify any family strengths; displays a condescending attitude toward the family and their concerns; and focuses only on the presenting concern(s) without consideration of other interventions.

**Minimally Acceptable** or a Rating of 4 is defined as: Courteous, friendly and empathetic. Communicates in a professional, unbiased manner, is service oriented. Generally acceptable "non-verbal" skills. Actively listens to the family while keeping a good rapport; shows respect toward them; generally engages them in problem solving; makes referrals to appropriate community partners and usually explores creative alternatives; does not make assumptions regarding those being served; considers other standard needs of the family beyond the presenting concern.

**Superior** or a Rating of 7 is defined as: Is very much at ease with the family. Quickly establishes rapport and leaves people with feeling that the case manager was interested in helping them. Is objective in all contacts. Excellent “non-verbal” skills. Encourages the family to assume ownership of problem solving; actively listens to them and responds appropriately; approaches them with respect and honesty at all times; utilizes creativity in exploring all avenues to achieve positive outcomes with the family; exhibits masterful knowledge of available community resources to meet their needs; takes a holistic approach to the assessment of the needs of the family by focusing on their strengths; actively engages them in creating a road map for their future, based upon attainable outcomes.
6. **Relationship with Cultural Groups other than their own:** Ability to interact with members of groups other than own (ethnic, racial, religious, sexual orientation, social class, etc.), in an appropriate and efficient manner.

   **Unacceptable** or a Rating of 1 is defined as: Is hostile or overly sympathetic. Is prejudicial, subjective and biased. Treats members in this grouping differently than members of her own group would be treated.

   **Minimally Acceptable** or a Rating of 4 is defined as: At ease with members of other groups. Serves their needs objectively and with concern. Does not feel threatened in their presence.

   **Superior** or a Rating of 7 is defined as: Understands the various cultural differences and uses this understanding to competently resolve situations and problems. Is totally objective and communicates in a manner that furthers mutual understanding.

7. **Relationship with other DHR personnel and community partners:** Ability to effectively interact with other co-case managers and partners in various positions and in various capacities. Identifying the key partners, involving others in moving the family toward targeted outcomes, engaging them as a full partner.

   **Unacceptable** or a Rating of 1 is defined as: Patronizes or is antagonistic to other DHR and community partners. Gossips. Is insubordinate, argumentative, and sarcastic. Resists instructions. Considers self superior. Belittles others. Is not a team player. Fawns on others. Does not view or engage the family as allies in moving them toward targeted outcomes; does not identify key partners (including other DHR and community partners) and/or keep them connected; is reluctant to share information with other partners; and does not acclimate the family to the team approach to problem solving.

   **Minimally Acceptable** or a Rating of 4 is defined as: Respectful of other DHR personnel and community partners. Accepts role in the organization. Good peer relationships. Is accepted as a group member. Generally involves the family and DHR and community partners as allies in moving toward targeted outcomes; identifies obvious partners but may fail to identify other potential key partners; utilizes conflict resolution methods and problem solving techniques appropriately; makes efforts to acclimate the family to the team approach toward problem solving but does not check for acceptance.

   **Superior** or a Rating of 7 is defined as: Is at ease in contact with all other DHR personnel and community partners, including superiors. Understands others’ responsibilities. Respects and supports their position. Peer group leader. Actively assists others. Consistently embraces the family and DHR and community partners as allies in moving toward targeted outcomes; is highly effective in identifying key partners (including other DHR and community partners) and keeping them connected through sharing of information and face-to-face meetings; and assures that the family is acclimated to the team approach to problems; and utilizes conflict resolution methods and problem solving techniques appropriately.
8. **Ability to focus on DFCS outcomes rather than just programmatic issues.**

**Unacceptable** or a Rating of 1 is defined as: Provides only programmatic services without regard to DFCS outcomes of safety, permanency, and well-being of children; considers providing program services as entire purpose of job; and does not seek to understand what issues brought the client to the DFCS or what steps are required to achieve targeted outcomes.

**Minimally Acceptable** or a Rating of 4 is defined as: Provides programmatic services and generally understands the need for a holistic approach to providing services; regularly partners with client to identify targeted outcomes and plan an approach to achieve those outcomes.

**Superior** or a Rating of 7 is defined as: Understands the need for a holistic, comprehensive approach to providing services which will lead to success in achieving DFCS outcomes of safety, permanency, and well-being of children; consistently involves others in planning and providing/referring for services; and understands long term client goals and the need for partnering.

9. **Can deal effectively with a resistant client by remaining calm, respectful but authoritative, and understanding.**

**Unacceptable** or a Rating of 1 is defined as: Cannot deal effectively with a resistant client by remaining calm. Not respectful or understanding. Manner and actions tend to make resistant clients more resistant and non-resistant clients become resistant.

**Minimally Acceptable** or a Rating of 4 is defined as: Can generally deal effectively with a resistant client by remaining calm, respectful but authoritative, and understanding. Manner and actions tend to make resistant clients less resistant. Actions do not inflame non-resistant clients.

**Superior** or a Rating of 7 is defined as: Deals very effectively with a resistant client by remaining calm, respectful but authoritative, and understanding. Manner and actions make resistant clients cooperative. Actions do not inflame non-resistant clients.
10. **Engaging Interviews:** Establishes rapport and creates a safe dialogue environment which welcomes the client and provides trust, respect and assurance. Shows empathy. Employs open-ended questions and probing follow-up questions. Utilizes active listening skills. Welcomes family as an equal member of the team while creating a safe, empowering environment which promotes outcome based results.

**Unacceptable** or a Rating of 1 is defined as: Cannot establish rapport. Questions client only about programmatic issues; asks closed-ended questions and rushes through communication; does not utilize active listening techniques; fails to create a safe dialogue environment; sees service to the family as just a job duty; judges the family; and perpetuates the stereotype of uncaring bureaucratic government agencies. Does not show empathy or respect.

**Minimally Acceptable** or a Rating of 4 is defined as: Has a repertoire of tools to establish rapport and does so appropriately, given the context of the situation. Can generally establish rapport with the family. Utilizes a combination of open- and closed-end questions; allows the client(s) to fully express themselves during the interview process. Takes time during the interview to question beyond the scope of the presenting issue and to fully listen to and respond to the family’s concerns; generally employs active listening techniques. Sees the family as a partner in the problem solving process; creates a safe, welcoming environment which encourages participation from the family; suspends judgment while gathering information through assessments. Shows empathy and respect.

**Superior** or a Rating of 7 is defined as: Has a repertoire of tools to establish rapport and does so with great skill. Welcomes the client and creates a safe welcoming environment from the beginning of the interview; allows the client to fully express concerns, questions, opinions and suggestions; recognizes the family is a full partner in the problem solving progress; encourages participation from the family; takes notes in a non-distracting manner; exhibits respect and honesty; always employs active listening techniques and asks a combination of open- and closed-ended questions; asks probing follow-up questions and restates the client’s points for clarification; effectively utilizes “I” statements; suspends judgments gathering information through assessments; takes whatever time is required to fully listen to and respond to the family’s concerns; acknowledges and encourages family’s contributions and celebrates successes with the family. Shows great empathy and respect.
11. **Ability to take actions in the field and in the office to protect themselves.**

   **Unacceptable** or a Rating of 1 is defined as: Does not know actions case manager’s can take in the field and in the office to protect themselves. Does not use these precautions when making home visits or when meeting clients at the office. Puts themselves and others at risk of harm.

   **Minimally Acceptable** or a Rating of 4 is defined as: Can articulate actions case managers can take in the field and in the office to protect themselves. Uses these precautions when making home visits or when meeting clients at the office. Rarely puts themselves and others at risk of harm.

   **Superior** or a Rating of 7 is defined as: Can articulate actions case managers can take in the field and in the office to protect themselves. Diligently uses these precautions when making home visits or when meeting clients at the office. Extremely skilled in avoiding conflict and calming clients.

12. **Ability to identify and use proper hygiene measures.**

   **Unacceptable** or a Rating of 1 is defined as: Cannot articulate the proper hygiene measures to avoid contracting communicable diseases. Does not use these precautions when making home visits or when meeting clients at the office. Puts themselves and others at risk.

   **Minimally Acceptable** or a Rating of 4 is defined as: Can articulate the proper hygiene measures to avoid contracting communicable diseases. Uses these precautions when making home visits or when meeting clients at the office.

   **Superior** or a Rating of 7 is defined as: Extremely knowledgeable in the proper hygiene measures to avoid contracting communicable diseases. Diligently uses these precautions when making home visits or when meeting clients at the office.
13. **Ability to articulate and execute the case continuum: referral, intake, screen-out or assign, investigations, safety assessment, safety decision, case determination, risk assessment, strengths and needs assessment, case plan, case management process, strengths and needs and risk reassessments and closure.** Understands how steps in sequence build upon one another.

**Unacceptable** or a Rating of 1 is defined as: Can only articulate their part of the continuum, not the entire sequence, or misses portions of the sequence or names them out of order. Does not execute their part of the continuum adequately. Does not understand how steps in sequence are related to one another. Resistant to learning about other parts of the continuum saying "that is not my job."

**Minimally Acceptable** or a Rating of 4 is defined as: Can articulate the components along the entire continuum, but says some of them out of order. Executes their part of the continuum adequately. Understands how steps in sequence build upon one another.

**Superior** or a Rating of 7 is defined as: Can articulate the components along the entire continuum in order. Executes their part of the continuum exceptionally well. Understands how steps in sequence build upon one another, and can direct the flow of information across these steps.
CPS: INTAKE AND REFERRAL (6)

1. **Assists the reporter in providing clear and concrete information and recalling important information. Asks appropriate questions during a referral.**

   **Unacceptable** or a Rating of 1 is defined as: Does not assist the reporter in providing clear and concrete information and fails to prompt for recall of important information. Asks inappropriate questions or misses critical questions during the phone call or visit that makes it impossible to make a determination to screen out or assign for investigation within 24 hours or 5 days.

   **Minimally Acceptable** or a Rating of 4 is defined as: Assists the reporter in providing clear and concrete information and prompts for recall of important information. Asks appropriate questions including most critical questions during the phone call or visit that make it possible to make a determination to screen out or assign for investigation within 24 hours or 5 days.

   **Superior** or a Rating of 7 is defined as: Does an excellent job in assisting reporters in providing clear and concrete information and always prompts for recall of important information. Asks appropriate questions including all critical questions during the phone call or visit that make it possible to make a determination to screen out or assign. The details are extensive and the information is extremely helpful to the investigating case manager for investigation within 24 hours or 5 days.

2. **Demonstrates knowledge of acceptable criteria for physical abuse, sexual abuse, emotional abuse or neglect leading to effective investigative decisions.**

   **Unacceptable** or a Rating of 1 is defined as: Does not know the acceptable criteria for physical abuse, sexual abuse, emotional abuse or neglect and makes poor decisions about whether to investigate the case or not.

   **Minimally Acceptable** or a Rating of 4 is defined as: Generally knows and uses the acceptable criteria for physical abuse, sexual abuse, emotional abuse or neglect and makes accurate decisions about whether to investigate the case or not most of the time.

   **Superior** or a Rating of 7 is defined as: Knows and always uses the acceptable criteria for physical abuse, sexual abuse, emotional abuse or neglect and makes accurate decisions about whether to investigate the case or not all of the time.
3. **Can refer non-criterion-based cases and other resource questions for general service needs to the appropriate community partners as a part of the Intake and Referral function.**

   **Unacceptable** or a Rating of 1 is defined as: Cannot refer non-criterion-based cases and other resource questions for general service needs to the appropriate community partners as a part of the I&R function.

   **Minimally Acceptable** or a Rating of 4 is defined as: Usually refers non-criterion-based cases and other resource questions for general service needs to the appropriate community partners as a part of the I&R function.

   **Superior** or a Rating of 7 is defined as: Always refers non-criterion-based cases and other resource questions for general service needs to the appropriate community partners as a part of the I&R function.

4. **Can document the gathered intake information on the Child Abuse/Neglect Intake Worksheet (453 form) and in the Internal Data System using form 590.**

   **Unacceptable** or a Rating of 1 is defined as: Cannot or does not consistently document the gathered intake information on the Child Abuse/Neglect Intake Worksheet (the 453 form) or in the IDS using form 590.

   **Minimally Acceptable** or a Rating of 4 is defined as: Can and does consistently document the gathered intake information on the Child Abuse/Neglect Intake Worksheet (the 453 form) and in the IDS using form 590 with few errors.

   **Superior** or a Rating of 7 is defined as: Can and does document the gathered intake information on the Child Abuse/Neglect Intake Worksheet (the 453 form) and in the IDS using form 590 with no errors.

5. **Uses the Child Abuse/Neglect Intake Screening Tree and consultation with supervisor so that an appropriate determination is made.**

   **Unacceptable** or a Rating of 1 is defined as: Does not use the Child Abuse/Neglect Intake Screening Tree or supervisor input to assist in decision making about a determination to screen in or out or assign for investigation within 24 hours or 5 days.

   **Minimally Acceptable** or a Rating of 4 is defined as: Does use the Child Abuse/Neglect Intake Screening Tree and supervisor input to assist in decision making about a determination to screen in or out or assign for investigation within 24 hours or 5 days.

   **Superior** or a Rating of 7 is defined as: Does use the Child Abuse/Neglect Intake Screening Tree or supervisor input to assist in decision making about a determination to screen in or out or assign for investigation within 24 hours or 5 days. Determinations are always accurate and information is extensive and helpful to investigators.
6. **Sees the role of Intake and Referral as an educational service and part of public relations.**

**Unacceptable** or a Rating of 1 is defined as: Does not respond politely and with helpful information to all referrals whether they are criterion based or not. Does not see the role of Intake and Referral as educational and part of public relations and thus does not act accordingly.

**Minimally Acceptable** or a Rating of 4 is defined as: Does respond politely and with helpful information to all referrals whether they are criterion based or not. Does see the role of Intake and Referral as educational and part of public relations and thus does act accordingly.

**Superior** or a Rating of 7 is defined as: Is particularly skilled at taking referrals and building positive rapport with callers, especially other professionals. Does respond politely and with helpful information to all referrals whether they are criterion based or not. Does see the role of Intake and Referral as educational and part of public relations and thus does act accordingly.
1. Demonstrates knowledge of and executes appropriate time frames for initiation of investigation, and for completion of investigations. Appropriately involves law enforcement in initial investigation visits.

Unacceptable or Rating of 1 is defined as: Does not know or follow the required time frames for response. Does not recognize imminent danger situations. Does not consult supervisor for advice for prioritizing investigations. Does not appropriately involve law enforcement in initial investigation visits. Does not alert supervisor for the need to transfer cases if too many are due at the same time.

Minimally Acceptable or Rating of 4 is defined as: Knows and meets the required time frames for response. Can generally recognize imminent danger situations. Consults with supervisor to help prioritize investigations. Involves law enforcement in initial investigation visits. Alerts supervisor for the need to transfer cases if too many are due at the same time.

Superior or Rating of 7 is defined as: Knows and meets the required criteria for response all of the time. Always recognizes imminent danger situations. Consults with supervisor to help prioritize investigations. Involves law enforcement in initial investigation visits and has a good working relationship with local law enforcement. Has a sense of urgency about responding and acts as immediately as possible. Alerts supervisor for the need to transfer cases if too many are due at the same time.

2. Demonstrates knowledge of stages, tasks, and milestones of normal child development in physical, cognitive, social and emotional domains/birth through adolescence and can accurately identify dynamics and indicators of child maltreatment.

Unacceptable or Rating of 1 is defined as: Cannot articulate knowledge of child development. Rarely picks up on problems with child development in actual cases, rarely documents problems with child development. Cannot articulate dynamics and indicators, including medical indicators or physical abuse or neglect, rarely recognizes them in actual cases and fails to document leaving children at risk. Impaired ability to make an accurate risk assessment or to determine whether abuse is substantiated or not.

Minimally Acceptable or Rating of 4 is defined as: Can articulate knowledge of child development, generally picks up on problems in child development in actual cases, documents those problems that they catch. Can generally articulate dynamics and indicators, including medical indicators of physical abuse or neglect, recognizes them most of the time in actual cases, and documents those that are caught in assessment. Generally able to make an accurate risk and safety assessments and determinations and takes appropriate action.

Superior or Rating of 7 is defined as: Can articulate knowledge of child development, quickly picks up on problems in child development in actual cases, documents in each case. Can articulate dynamics and indicators, including medical indicators of physical
abuse and neglect, recognizes all of them in actual cases, and documents in the assessment. Able to make an accurate risk and safety assessments and determinations and takes appropriate actions consistently. Report gives a great deal of helpful information for the ongoing case manager to use.

3. **Demonstrates knowledge and practice of Family Centered Practice, including engagement, partnering, being culturally sensitive, family-focused and child-centered.**

   **Unacceptable** or Rating of 1 is defined as: Cannot articulate Family Centered Practice principles including engagement, partnering, being cultural sensitive, family-focused and child centered.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate Family Centered Practice Principles including engagement, partnering, being cultural sensitive, family-focused and child centered. Can generally practice using these principles.

   **Superior** or Rating of 7 is defined as: Can consistently articulate Family Centered Practice Principles including engagement, partnering, being cultural sensitive, family-focused and child centered. Can practice using these principles.

4. **Demonstrates knowledge of information needed from medical and psychological personnel for child maltreatment. Knows how to take appropriate action. Is able to understand medical and psychological reports including the terminology used and can synthesize the information.**

   **Unacceptable** or Rating of 1 is defined as: Cannot articulate what knowledge to get for each problem, rarely gets information in cases, rarely gathers medical and psychological reports, does not document findings in own assessment, and does not take appropriate action.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate what knowledge to get for each problem, gets information in cases, gathers medical and psychological reports, documents and synthesizes in own assessment, and often takes appropriate action.

   **Superior** or Rating of 7 is defined as: Can articulate what knowledge to get for each problem, gets information in cases, gathers medical and psychological reports and documents and succinctly synthesizes in own assessment, gathers additional information that would be helpful to the ongoing case manager. Always takes appropriate action.

5. **Knows the policy for the time, place and recommended sequence of interviewing a child, other children in the family, parents, other relatives, teachers, neighbors, and other collaterals in an investigation. Can explain the rationale for a recommended sequence of interviewing and whom to interview.**

   **Unacceptable** or Rating of 1 is defined as: Does not know the time, place, or recommended sequence of interviewing. Cannot explain the rationale for a recommended sequence of interviewing. Does not follow the recommended policy for interviewing leaving children at risk.
Minimally Acceptable or Rating of 4 is defined as: Generally knows the time, place and recommended sequence of interviewing. Can explain the rationale for a recommended sequence of interviewing. Follows the recommended policy for interviewing which helps to ensure the safety of children.

Superior or Rating of 7 is defined as: Consistently knows the time, place, and recommended sequence of interviewing. Can explain the rationale for a recommended sequence of interviewing. Follows the recommended policy for interviewing which helps to ensure the safety of children. Is particularly good at interviewing and getting useful information.

6. **Demonstrates knowledge of safety/risk factors in an Investigation and why gathering this data is important.**

Unacceptable of Rating of 1 is defined as: Cannot document with all of the back up materials that are needed when a child is in the home or in case a child must be taken from the home. Does not know the safety factors. Does not include all details of interviews and interview results, observations and observational results, record review results, risk assessment results, including medical documentation and final assessment conclusions.

Minimally Acceptable or Rating of 4 is defined as: Can generally document with all of the back up materials that are needed when a child stays in the home or in case a child must be taken from the home. Generally knows the safety factors but requires some assistance. Does include details of interviews and interview results, observations and observation results, record review results, risk assessment results, including medical documentation and final assessment conclusions.

Superior or Rating of 7 is defined as: Exceptional documentation with all of the back up materials that are needed when a child stays in the home or in case a child must be taken from the home. Very competent in the use of safety factors. Does include all details of interviews and interview results, observations and observation results, record review results, risk assessment results, including medical documentation and final assessment conclusions.

7. **Demonstrates knowledge and skill in the correct use of Safety Assessments and Plans (Forms 455A and 455B).**

Unacceptable or Rating of 1 is defined as: Does not understand the purpose of the Safety Assessments and Plans. Does not complete Safety Assessments and Plans in a timely manner. Safety Assessments and Plans are not thorough, specific, or consistent with the investigative findings.

Minimally Acceptable or Rating of 4 is defined as: Has a general understanding of the purpose of the Safety Assessments and Plans. Does complete Safety Assessments and Plans in a timely manner. Safety Assessments and Plans are somewhat thorough, specific, and consistent with the investigative findings. Safety plan controls all identified safety factors (e.g., presenting problem, obvious problems).
Superior or Rating of 7 is defined as: Has a thorough understanding of the purpose of the Safety Assessments and Plans. Does complete the Safety Assessments and Plans in a very timely manner. Safety Assessments and Plans are extremely thorough, specific, and consistent with the investigative findings. Safety plan addresses a wide range of safety factors and goes beyond the initial report.

8. **Demonstrates ability to make accurate determinations of substantiated vs. unsubstantiated in an investigation. Is able to defend their decision to their supervisor.**

Unacceptable or Rating of 1 is defined as: Cannot make accurate determinations of status in response to scenarios or in actual investigations, leaving some children at risk.

Minimally Acceptable or Rating of 4 is defined as: Can generally make accurate determinations of status in response to scenarios and in actual investigations. Is persuasive most of the time with their supervisor and rarely has to be over-ridden.

Superior or Rating of 7 is defined as: Consistently makes accurate determinations of status in response to scenarios and is exceptional in the ability to make accurate determinations of status in actual investigations. Is consistently persuasive with their supervisor and is hardly ever over-ridden.
9. **Can document investigative conclusions on form 454 as well as other important documents for an investigation including 450 (Basic Information Worksheet), 452 (Contact Sheet), 453 (Child Abuse/Neglect Intake Worksheet), 455A (Safety Assessment Form), 455B (Safety Plan Form), 431 (Child Abuse and Neglect Worksheet) that can demonstrate back up for substantiation or unsubstantiation of a case.**

**Unacceptable** or a Rating of 1 is defined as: Cannot or does not consistently document the gathered investigative information on the 454 and other forms.

**Minimally Acceptable** or a Rating of 4 is defined as: Can and does consistently document the gathered investigative information on the 454 and other forms with few errors. The documentation is usually of high quality- accurate, thorough and supports the decision.

**Superior** or a Rating of 7 is defined as: Can and does document the gathered investigative information on the 454 and other forms with no errors. The documentation is almost always of high quality-accurate, thorough and supports the decision.

10. **Can conduct and document a Risk Assessment using the Risk Assessment Scale of Abuse/Neglect (Form 457) for all investigated cases.**

**Unacceptable** or a Rating of 1 is defined as: Cannot or does not consistently conduct a Risk Assessment using the Risk Assessment Scale of Abuse/Neglect (Form 457) for all substantiated cases.

**Minimally Acceptable** or a Rating of 4 is defined as: Can and does consistently conduct a Risk Assessment using the Risk Assessment Scale of Abuse/Neglect (Form 457) for all substantiated cases with few errors.

**Superior** or a Rating of 7 is defined as: Can and does consistently conduct a Risk Assessment using the Risk Assessment Scale of Abuse/Neglect (Form 457) for all substantiated cases with no errors.

11. **Can identify child protective services, law enforcement and multi-disciplinary team roles and implementation in a coordinated approach to intervention in child sexual abuse cases.**

**Unacceptable** or Rating of 1 is defined as: Cannot identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and thus does not coordinate well with police officers and other community partners during sex abuse investigations.

**Minimally Acceptable** or Rating of 4 is defined as: Can generally identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and generally coordinates adequately with police officers and other community partners during sex abuse investigations.
Superior of Rating of 7 is defined as: Can clearly identify the different roles of CPS, law enforcement and multi-disciplinary teams in intervention in child sex abuse cases and consistently coordinates well with police officers and other community partners during sex abuse investigations.

12. Can use appropriate child sexual abuse interview procedures and techniques to conduct forensic interviews, including accurate use of interview tools such as establishing the child’s level of development and degree of suggestibility using proper interview techniques, anatomical charts, drawings, etc.

Unacceptable or Rating of 1 is defined as: Does not follow appropriate child sexual abuse interview procedures. Does not use the appropriate interview techniques in child sexual abuse investigations, potentially damaging later attempts to remove the child or prosecute the perpetrator, and does not use interview tools.

Minimally Acceptable or Rating of 4 is defined as: Generally follows appropriate child sexual abuse interview procedures and is able to conduct a sufficient interview, using appropriate interview techniques including accurate use of interview tools most of the time.

Superior or Rating of 7 is defined as: Always follows appropriate child sexual abuse interview procedures and is able to conduct an outstanding interview, consistently using interview tools specific to child sexual abuse, with great skill.
CPS: FAMILY VIOLENCE, SUBSTANCE ABUSE AND MENTAL HEALTH FOR INVESTIGATIONS AND ONGOING ASSESSMENTS (3)

1. Applies knowledge of family violence, substance abuse and mental health issues in investigations.

   Unacceptable or Rating of 1 is defined as: Does not look for evidence of domestic violence, substance abuse or mental health issues. Cannot make accurate determinations in response to scenarios or in actual investigations, leaves children in unsafe situations.

   Minimally Acceptable or Rating of 4 is defined as: Does look for evidence of domestic violence, substance abuse or mental health issues. Can generally make accurate determinations in response to scenarios and in actual investigations. Does not leave children in unsafe situations.

   Superior or Rating of 7 is defined as: Does look for evidence of domestic violence, substance abuse or mental health issues. Consistently makes accurate determinations in response to scenarios and is exceptional in the ability to make accurate determinations in actual investigations. Consistently provides for safety of children in these situations.

2. Can accurately identify dynamics and indicators of family violence (including physical, psychological, etc.), substance abuse and mental health issues

   Unacceptable or Rating of 1 is defined as: Cannot articulate dynamics and indicators, rarely recognizes them in actual cases, and fails to document, leaving children at risk.

   Minimally Acceptable or Rating of 4 is defined as: Can articulate dynamics and indicators of some but not all of these critical areas, recognizes them most of the time in actual cases, and documents those that are caught in assessment. Generally able to make an accurate risk assessment and determination that does not leave children at risk.

   Superior or Rating of 7 is defined as: Can articulate dynamics and indicators, pick all of them up in actual cases, and documents in the assessment. Consistently able to make an accurate risk assessment and determination that does not leave children at risk. Report gives a great deal of helpful information for the ongoing case manager to use.
3. **Can identify the effects of family violence, substance abuse and mental illness on the children in the home.**

**Unacceptable** of Rating of 1 is defined as: Cannot articulate the effects of family violence, substance abuse, and mental illness on the children in the home and rarely sees the effects of family violence, substance abuse and mental illness on the children in actual cases.

**Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate the effects of family violence, substance abuse and mental illness on the children in the home and can see the effects of family violence, substance abuse and mental illness on the children in actual cases as reflected in assessments and case plans.

**Superior** or Rating of 7 is defined as: Can consistently articulate the effects of family violence, substance abuse and mental illness on the children in the home. Can see the effects of family violence, substance abuse and mental illness on the children in actual cases, and skillfully integrates the family violence, substance abuse or mental health problem into the family assessment and case plan.
CPS: ONGOING CASE PLANNING AND CASEWORK (8)

1. Demonstrates knowledge of and ability to assess Family Functioning (coping skills, parenting skills, social support systems, substance abuse, domestic relations, communication skills, decision making and problem solving skills, housing, employment, physical health, resource availability and management, child characteristics) using the Strengths and Needs Assessment Scale (Form 458) based on:
   - interview results
   - observational results
   - record review results
   - assessment for case planning

   **Unacceptable** or Rating of 1 is defined as: Cannot document strengths and needs in a family based on interview results, observational results, or record review results in order to develop a case plan based on the comprehensive assessment of the family.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally document strengths and needs in a family based on the interview results, observational results, and record review results in order to develop a case plan based on the comprehensive assessment of the family.

   **Superior** or Rating of 7 is defined as: Does an excellent job of documenting strengths and needs in a family based on the interview results, observational results and record review results. Develops extensive case plans based on the comprehensive assessment of the family.

2. Can gather the appropriate participants for a Family Team Meeting in order to co-construct, with the family, timely Case Plans.

   **Unacceptable** or Rating of 1 is defined as: Cannot gather the appropriate participants for a FTM. Does not co-construct, with the family, timely Case Plans.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally gather the appropriate participants for a FTM. Generally co-constructs, with the family, timely Case Plans.

   **Superior** or Rating of 7 is defined as: Always gathers the appropriate participants for a FTM. Co-constructs, with the family and with great detail and insight, Case Plans.
3. Can write ongoing CPS Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues.

**Unacceptable** or Rating of 1 is defined as: Cannot write Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues. Tends to ignore certain pieces of information.

**Minimally Acceptable** or Rating of 4 is defined as: Can generally write Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, and goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness, and child abuse/neglect issues.

**Superior** or Rating of 7 is defined as: Always writes Case Plans that focus on safety factors and risk factors and also include family strengths, family needs, and goals, and steps to promote changes in family behavior as well as steps for ongoing domestic violence, substance abuse, mental illness and child abuse/neglect issues.

4. Demonstrates knowledge of and executes appropriate time frames for initiation and completion of ongoing assessments.

**Unacceptable** or Rating of 1 is defined as: Does not know or follow the required time frames for initiation and completion of ongoing assessments.

**Minimally Acceptable** or Rating of 4 is defined as: Knows and meets the required time frames for initiation and completion of ongoing assessments.

**Superior** or Rating of 7 is defined as: Knows and meets the required criteria for initiation and completion of ongoing assessments all of the time. Is more thorough in documentation and completes it earlier than expected. Able to manage timeframes for multiple cases and prioritize those cases.
5. **Utilizes appropriate documentation for ongoing CPS case plans (Forms 387 and 388) including appropriate services and resources that will be made available to the family.**

*Unacceptable* or Rating of 1 is defined as: Does not correctly document case plans (Forms 387 and 388). Does not include services and resources that will be made available to the family or services and resources are inappropriate or inaccessible for the family.

*Minimally Acceptable* or Rating of 4 is defined as: Does correctly document case plans (Forms 387-388). Includes services and resources that will be made available to the family. Services and resources are mostly appropriate and accessible for the family.

*Superior* or Rating of 7 is defined as: Does correctly document case plans (Forms 387-388). Includes services and resources that will be made available to the family. Services and resources are always appropriate and accessible for the family.

6. **Demonstrates ability to conduct and document ongoing CPS case management work within the best practice time frames. Documentation must include the progress or lack of progress for each goal and step on a monthly basis using Forms 452, 458, 387 and 388 as reference and Form 460 for 90 day Reassessments.**

*Unacceptable* or Rating of 1 is defined as: Does not conduct and document ongoing case management work within the best practice time frames. Documentation does not include the progress or lack of progress for each goal and step on a monthly basis. Forms are not kept up to date.

*Minimally Acceptable* or Rating of 4 is defined as: Does conduct and document ongoing case management work within the best practice time frames. Documentation does include the progress or lack of progress for each goal and step on a monthly basis. Forms are kept up to date and reassessments are conducted in a timely basis.

*Superior* or Rating of 7 is defined as: Does conduct and document ongoing case management work within the best practice time frames. Documentation does include the progress or lack of progress for each goal and step on a monthly basis. Progress is happening because of their engagement with the family, children and collaterals. Forms are kept up to date and reassessments are conducted in a timely basis.
7. **Demonstrates ability to conduct ongoing CPS case contacts, face to face contacts, contact with collaterals, service provision and case reassessment during routine visits with the family and child. Visits must assess protection and safety of children, establishing provision of services, assessing progress toward goal achievement, participant involvement, etc.**

**Unacceptable** or Rating of 1 is defined as: Does not conduct case contacts, face to face contacts, and contact with collaterals in a timely fashion or document results of those visits. Does not ensure service provision. Does not conduct case reassessment thoroughly or within time frames. Visits do not document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, participant involvement, etc.

**Minimally Acceptable** or Rating of 4 is defined as: Does conduct case contacts, face to face contacts, and contact with collaterals in a timely fashion and document results of those visits. Does ensure service provision. Does conduct thorough case reassessment within time frames. Visits do document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, participant involvement, etc.

**Superior** or Rating of 7 is defined as: Does an excellent job of conducting case contacts, face to face contacts, and contact with collaterals in a timely fashion and document results of those visits. Does ensure service provision. Always conducts thorough case reassessment within time frames. Visits do document assessment of protection and safety of children, establishment of provision of services, assessment of progress toward goal achievement, and participant involvement.

8. **Demonstrates knowledge of and collaborative working relationships with resources and community partners who are available to assist in the preservation of families.**

**Unacceptable** or Rating of 1 is defined as: Does not know the resources and community partners available for successful preservation of families. Does not have a collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Does not know the protocol for matching resources with families.

**Minimally Acceptable** or Rating of 4 is defined as: Generally knows the resources and community partners available for successful preservation of families. Has a basic collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Generally knows the protocol for matching resources with families.

**Superior** or Rating of 7 is defined as: Thorough knowledge of the resources and community partners available for successful preservation of families. Has an excellent collaborative working relationship with resources and community partners who are available to assist in the preservation of families. Always knows the protocol for matching resources with families.
1. **Demonstrates knowledge of when to use legal authority and when to consult with a supervisor and/or SAAG (Special Assistant Attorney General) around legal procedures.**

   **Unacceptable** or Rating of 1 is defined as: Cannot articulate when to use legal authority and when to consult with a supervisor or SAAG around legal procedures.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate when to use legal authority and when to consult with a supervisor or SAAG around legal procedures.

   **Superior** or Rating of 7 is defined as: Is exceptional in articulating when to use legal authority and when to consult with a supervisor or SAAG around legal procedures.

2. **Demonstrates knowledge of legal documents as well as how to read and understand court orders and other legal documents. Knows when to use each document, what to include in each one and how to fill out each accurately, e.g., fact-giving complaint petition, reasonable efforts, etc.**

   **Unacceptable** or Rating of 1 is defined as: Cannot articulate what goes into each legal document or when to use documents. Rarely completes a document accurately.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate what is necessary for each document, knows when to use each document, and completes documents accurately.

   **Superior** or Rating of 7 is defined as: Can articulate what is necessary for each document, knows when to use each document, and completes documents accurately and with extensive detail that aids in successful case disposition.

3. **Demonstrates knowledge of proper and effective court and testifying preparation, behavior and documentation.**

   **Unacceptable** or Rating of 1 is defined as: Cannot articulate proper court and testifying preparation, behavior or documentation, rarely prepares for testimony, does not testify well, rarely handles cross-examination well, not appropriately assertive in court.

   **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate proper court and testifying preparation, behavior and documentation, prepares for testimony, testifies adequately, handles cross-examination adequately and is appropriately assertive in court.

   **Superior** or Rating of 7 is defined as: Can consistently articulate proper court and testifying preparation, behavior and documentation, thoroughly prepares for testimony, testifies well, handles cross-examination well and is appropriately assertive in court.
CPS: CASE CLOSURE (2)

1. **Demonstrates knowledge of reasons for case closure and can accurately assess which current cases should be closed. Closes cases appropriately and not prematurely and can assess if a case has been open too long, having addressed all safety and risk issues.**

   - **Unacceptable** or Rating of 1 is defined as: Does not know the reasons for case closure and cannot accurately assess which current cases should be closed.

   - **Minimally Acceptable** or Rating of 4 is defined as: Can generally articulate the reasons for case closure and accurately assesses which current cases should be closed.

   - **Superior** or Rating of 7 is defined as: Can articulate the reasons for case closure and is exceptional in accurately assessing which current cases should be closed.

2. **Exhibits knowledge of documentation to be used in case closure, such as Forms 460, 458 and 452. Can document that risk has been eliminated or sufficiently reduced.**

   - **Unacceptable** or Rating of 1 is defined as: Does not know what documentation to use in case closure, such as Forms 460, 458 and 452 and does not demonstrate that risk has been eliminated or sufficiently reduced.

   - **Minimally Acceptable** or Rating of 4 is defined as: Knows what documentation to use in case closure, such as Forms 460, 458, 452 and demonstrates that risk has been eliminated or sufficiently reduced. Forms are generally completed with a minimum of errors and are fairly specific and measurable.

   - **Superior** or Rating of 7 is defined as: Knows what documentation to use in case closure, such as Forms 460, 458 and 452 and consistently demonstrates that risk has been eliminated or sufficiently reduced. Forms are always completed with no errors and are specific and measurable.